

Science and storytelling: Making physicians' voices the loudest in the room

At the November 2021 Section Meetings, the plenary session discussion on Nov. 6 focused on the need to elevate physician voices to protect patients and this nation's health.

Featured topic & speakers

The pandemic has revealed so much about the expertise and resilience of our nation's physicians—but it has also revealed the need, now more than ever, for elevating their voices. When it comes to medicine, the AMA believes physician voices should be the loudest in the room—and the AMA is working hard to make that happen.

Special guest

- Peter Hotez, MD, PhD

Panelists

- Jerry Abraham, MD
- Daniel Choi, MD
- Fatima Cody Stanford, MD
- Megan Srinivas, MD

Host

- Todd Unger, AMA chief experience officer and senior vice president

Transcript

Dr. Harmon: Good morning and welcome to the plenary session and the opening of the November 2021 section meetings. I'm Gerald Harmon, president of the AMA and it's my honor to join you and to

help kick off this session.

You know, one of the most concerning aspects of the last 19 months has been an outrageous amount of misinformation and half-truths, that's been brought to you by a lot of so-called experts. As the people who are on the front lines of this pandemic, who dedicated to saving lives, it's been disheartening and it's frustrating and even sometimes downright devastating. You know, I have a radical idea. When it comes to medicine, health care advice, I think doctors should be the loudest, most vocal in the room. Not politicians, not TV hosts, not celebrities and not the folks peddling conspiracy theories. How about we put our trust in doctors to pull us out of this crisis instead of the politicians and the media personalities we so often see on TV? How about we listen to physicians when it comes to issues of public health—to vaccines, COVID treatments, gun violence, e-cigarettes—instead of lobbyists who might be getting rich at the expense of public health?

That seem radical to you? We've seen during the pandemic how much the public needs our guidance. More than ever, they need our help to make sense of all this and to tell them what's safe and what's not. If you told me years ago, maybe even 18 months ago, that I'd have to be warning people repeatedly against taking horse dewormer as a treatment for this deadly virus, I'd have thought you were crazy. Or had to warn them against gargling with betadine or ingesting bleach to protect themselves against COVID, I'd have been dumbfounded. This is where we are. We've arrived at a place where the public, many of the patients we serve, can be likely to listen to the uninformed opinions of politicians or media personalities than taking the advice of their own personal doctor.

You know, there are many reasons why we're here but that's not important right now. What's important is how we, the doctors, can cut through this nonsense and take back the ear of America. How we can make sure ours is the truest, loudest, most stable voice in the room when it comes to health care, to health policy and to what's necessary and prudent to keep the public safe. That's not radical. That's just good sense.

The issue today will help us get there. This session is about science and storytelling. We'll hear from experts who have successfully cut through this nonsense to deliver sound and honest medical advice in a time of great need. By the end of our time together, you're going to have clear, executable steps to follow elevate your voice on the issues that matter the most to you and to your patients—to be viewed as a credible source for information in a time of so much misinformation and untruth—and you'll have a clear understanding of what the AMA's doing to help you get there.

I want to extend my thanks to all of you on behalf of the AMA board of trustees for all that you have done during this incredibly difficult time. Doctors continue to need an ally on their side and I'm proud to say the AMA has been there from the very beginning of the pandemic. That's a credit to you and to physician leaders everywhere who have stood together. I thank you for your commitment to those we serve and for taking the time to be a part of these virtual section meetings we're having.

Got a lot to get through, so let's get started. It's my honor now to introduce my friend, my colleague, AMA chairman of the board, Dr. Bobby Mukkamala. He's going to tell you more about what we have in store for you today.

Dr. Mukkamala: Thank you, Gerry. Good morning and thank you all for joining the sections' plenary session. I want to start with a special thank you to the members of our 12 sections for keeping the AMA's policy making, leadership development and engagement efforts strong by participating in these virtual section meetings. The stakes in medicine today have never been higher and because there is so much attention on matters of public health, on equity in medicine, on science and health technology, physicians have an opportunity, and we would say, a responsibility, to be ambassadors for truth, science, and sound health care policies in ways we simply haven't before. This is our charge as physicians and as leaders in medicine.

The AMA will help us get there. It will give us the tools and support we need to deliver our message but it is up to each of us to make it happen. We need to let the public know all that we are doing on their behalf and we need to let them know whom they can trust at a time when so many are actively trying to deceive them about their health.

Let me close by saying, I hope you all recognize that the work you are about to engage in—shaping policy to guide the AMA—is more critical today than it has ever been. We need your expertise and we need yours to be the loudest voices in the room. So thank you again for being here.

With us today is a friend of the AMA and a frequent guest on our COVID-19 video and podcast series, Dr. Peter Hotez. Dr. Hotez has been one of the more recognizable faces throughout this pandemic and has managed to do exactly what we are talking about today—cut through the chaos of the moment to deliver sound, informed advice about this virus, its proven treatments and the science behind vaccine development. He has appeared on CNN, MSNBC, Fox News, Meet the Press and 60 Minutes, among others, and this year, he can also be seen in a new role as grand marshal of Houston's beloved HEB Thanksgiving Day Parade, which is honoring and celebrating frontline workers.

Dr. Hotez regularly shares his expertise on social media, radio and in newspapers across the country. He is a physician, professor, scholar, author, infectious disease and health policy expert, as well as the dean of the National School of Tropical Medicine at Houston's Baylor College of Medicine.

He is joined today by Todd Unger, a face and a voice we have also become very familiar with during this pandemic. Todd is the AMA's chief experience officer, and of course, the host of the AMA's popular COVID-19 Updates and Moving Medicine video and podcast series.

Dr. Hotez, Todd, thank you both for joining us. The floor is yours.

Unger: Thank you so much, Dr. Mukkamala and thank you to our next guest, Dr. Peter Hotez, for joining us on this important segment. Dr. Hotez, we've been really fortunate to have had the chance to talk with you a number of times during the course of the pandemic and it's been inspiring to me and really helped to inspire the theme of this plenary session. The pandemic has revealed a lot about the need for expertise and the resilience of our nation's physicians but it's also revealed, more than ever, how important it is to elevate physician voices. I know it sounds like kind of a wild idea but when it comes to medicine and people's health, we believe that physicians should be the loudest voice in the room. And we are really making an effort to make that happen.

So in keeping with that topic and those efforts, this year's theme for the plenary session is "Science and Storytelling: How to Make Physicians' Voices the Loudest in the Room." And we couldn't think of a better way to kick it off than a voice like yours. So while you've been vocal on important issues throughout your entire career in medicine, during the pandemic, you've been a strong, trusted voice of science, capable of cutting through the noise and being heard. We want to learn more about how you do that and what your secrets are, so we're going to ask you to share that expertise with us today.

So I'm just going to start with a little bit of a background question. Obviously not something they teach you in medical school. At some point in your career, this is something that's become very important to you. Can you take us back in time? When did you decide to start speaking out, becoming more visible?

Dr. Hotez: Well, first of all, before I do that, I just want to put in a good word for you, Todd, because you and the AMA have been out in front on giving physician voices during this pandemic. When I identify who were the standup organizations during this pandemic that really tried to put the voice of the medical community out there in a no-nonsense, straightforward way, you and the American Medical Association are pretty high on that and get high marks for that. So just thank you for all of your effort and advocacy. It's been very meaningful for me to be talking with you these last two years.

With regard to your question, it's kind of an interesting ... I'll say it this way. I ran into my old roommate from college, who himself is a very important professor at Harvard Medical School, Matt Waldor. And he said to me, "Pete." Back then, they called me Pete in college. "We always knew you were one of these guys going to be an MD, PhD, scientist studying parasitic and tropical diseases." I even knew that in college. He said, "The part that no one figured on was all the public engagement that you were doing and being out there in the public domain." And I think he's right because the whole idea was for me to be a laboratory investigator. I knew I wanted to study parasitic diseases and tropical diseases and develop vaccines. The public engagement piece came later in life.

It really started back when I was the department chair of microbiology in Washington, D.C., at George

Washington University, when the diseases I was studying were named by the Millennium Development Goals as "the other diseases". And I said, "Wait a minute. I'm devoting my life to something called 'other diseases'? Hell no. I'm not going to do that."

So I got together two colleagues from the U.K., David Molyneux at the Liverpool School of Tropical Medicine, Alan Fenwick at Imperial College London. We started rebranding them as "neglected tropical diseases" and being our own advocates, scientists as advocates. And it was very effective. Now more than a billion people get treated every year for neglected tropical diseases, in part because of coming up with some good ideas for solutions and the branding. And I found it meaningful. And this has always been the struggle my whole life, is I love the science. I love the lab meetings. I love writing the papers but I also like the other piece too, the public engagement. And it's not easy to do both. You wind up doing two full-time jobs as a consequence. But in its own way, it reinforces each other.

And then around the vaccines, when we first started getting acquainted, even pre-pandemic, I'd written this book, "Vaccines Did Not Cause Rachel's Autism," about my daughter and standing up to this very aggressive anti-vaccine lobby that had gotten so strong here in Texas. Again, it was to fill a need. There was a gap. There was a void and there was a place for a physician scientist to say, "Hey, wait a minute. This is not reality. Here's the reality." And to be able to use my voice to explain the science.

And this, of course, has happened, and this prepared me well for COVID-19 because we had been working on coronavirus vaccines for 10 years, in addition to our parasitic disease vaccines. And each time, whether it was neglected tropical diseases or vaccines and autism, and then now COVID-19 vaccines, I found myself uniquely positioned and would say to myself, "Well, if I don't do this, who will?" And felt that it was an important public service. And because I enjoy explaining the science, it just seemed to work with me.

Unger: I read your latest book, which is a lot about preventing the next pandemic, and you lay out this kind of, for lack of better words, an ecosystem that can lead to a really bad result in terms of the next pandemic wave. One of the key things that you focus in there is on misinformation, anti-vaccine skepticism. It seems like these days, whether it's hydroxychloroquine, ivermectin, even betadine, people are really following a lot of non-experts and believing misinformation out there. I have to ask you, what are we doing wrong?

Dr. Hotez: Yeah, no. This misinformation or disinformation, disinformation referring to deliberate intent, has really gone off the rails, of course, in COVID-19 like we've never seen. I've been actually predicting it for a while, just seeing the trends that are happening and it took a pandemic to bring it to full fruition, unfortunately.

The tragedy is this, Todd. If you think about what's happened over this past summer into the fall, we've lost a 100,000 Americans to COVID-19, despite the availability of safe and effective vaccines.

So these are individuals whose lives were needlessly lost. They could have been saved, had they gotten vaccinated but they didn't, either because they believed the disinformation or, in too many cases, they were defiant that belonging to the tribe or the club meant not getting vaccinated and taking alternative cures that don't work, like hydroxychloroquine or ivermectin or crazy vitamin supplements.

I don't even call it misinformation or disinformation anymore. I call it anti-science aggression because that's what it is. This is not random stuff. There are groups that are actively perpetrating this and actually feeding our internet with aggressive anti-science disinformation. I know there's a lot of attention right now in the social media companies and our Surgeon General, who is a terrific guy, Vivek Murthy, has been going hot and heavy on Facebook and some of the other social media platforms. But what I've told Vivek and others is, yeah, they're a mechanism for the information but it still doesn't get to the source of the disinformation.

And that's the hardest to talk about because as a physician or physician scientist, it takes us way out of our comfort zone to talk about where the sources are. Because as physicians, physician scientists, my training was always, "Hey, you don't talk about politics. You're supposed to be above all that." But what I found is, I don't know how to talk about it without talking about it. So I talk about it and a lot of it is coming from political extremism on the right.

We saw this at the CPAC conference, where members of Congress were getting up there and saying vaccines are instruments of social control. Or literally they would say, "Well, first they're going to vaccinate you, then they're going to take away your guns and your Bibles." And as ridiculous as that sounds to us, there are large segments of the population that believed in. And then it was amplified on some of the conservative news outlets. They would go after me. I'd be sitting there and somebody would call me. "Hey, did you hear what Laura Ingram and Governor DeSantis said about you on Fox News?" And I'm like, "Why is the governor of Florida talking about me? I'm not even connected to Florida in any way."

That's the hard thing to talk about, right? Because all of our training says you don't, but at some point, to save lives, you have to be able to have a frank discussion. And the way I say it, Todd, and I've said this before to you, is I'm not politicizing anything. Those guys are politicizing it, and it's up to us to say, "You know what? Anti-science does not belong in this agenda. This is not your fight. Take it out of whatever political things you're doing. Stop it, because now it's causing loss of life on a scale I couldn't ever imagine before."

When we talk about the things, we build infrastructure to fight, things like nuclear proliferation or global terrorism or cyber-attacks, we invest millions, maybe billions, every year as a country on infrastructure to stop that sort of thing. But anti-science, anti-science aggression, it's killing more Americans than all of those other things combined. And yet somehow we feel we're not supposed to talk about it, much less put up infrastructure to combat it. I think we have to face that. And we do it

because we're caring physicians and physician scientists, and it's our obligation to start putting up ways to confront it in a non-judgmental way. Just say, "Look, as a society, we can't tolerate this."

Unger: I heard you say, in that response, a bunch of answers to the following questions but we're here to encourage physicians to become more visible, become those advocates because we are in a situation where the reality is that there is that anti-science aggression out there that's killing people. What else do you see that prevents physicians from becoming more visible? How do we get more physicians on the air, whether it's through traditional broadcast media or social media, you name it?

Dr. Hotez: Well, part of the problem, Todd, is the ecosystem doesn't encourage physicians to do this, especially at academic health centers. Right? I mean, I can promise you that your department chair, your attending, your dean is not going to berate you for not being out there on social media more or writing op-eds and things like that. And that's because we haven't caught this, at least the academic health centers especially, have not caught up. I mean, academic health centers tend to be fairly risk averse and they are more often than not don't like their docs and physician scientists speaking out on social justice issues and everything else. They're out there to protect the institution. And so the message is you kind of do it at your own peril and rather than something that's actively encouraged. And we have to figure out a way to make that culture shift to basically say speaking out on issues and finding productive ways to engage the public, whether it's through writing perspective pieces for medical journals or writing op-ed pieces for your local newspaper and some social media. There's some unproductive ways to do social media too, is encouraged and recognized.

And even I'm evaluated every year as a professor and dean. And what's on my annual evaluation form? Well, I'm not seeing patients anymore but I'm evaluated on my grants and my papers. That's what they want to see. And even the single author books I write, there's no place on the form for it. So we've got to figure out a way to say that this is important. It's not for everybody. Not everybody wants to do it or would be particularly good at it. But for those who, especially among some of the young physicians, who really want to be out there, then there should be these outlets. So we have to change how we do our medical training to provide ways that how you can engage the public in meaningful ways.

Sort of dos and don'ts. So get a sense of what's not going to be productive, how to cultivate your brand to be out there and make meaningful statements and do this in your residency education. And even for junior attending physicians. And slowly, we can kind of turn that page and make it more commonplace. But it's still, the message still is very much, do this at your own peril. At best we'll tolerate it, provided you don't get too out of line and say anything that will embarrass the institution. And if that's what's in front of you, then you think two or three times for being out there.

Unger: Yeah. I think what you said is so important. It is almost like the rules changed. We have well-coordinated efforts in that anti-science aggression group. And we have to change our rules basically to address that as well.

Dr. Hotez: Yeah. I mean, these are not mom and pop or grassroots organizations anymore. These are well-organized, well-funded organizations. The Center for Countering Digital Hate, it's amazing we have to have an organization called the Center For Countering Digital Hate, based in Washington, D.C., identifies about a dozen organizations, non-governmental organizations called the Disinformation Dozen that are monetizing the internet, well-organized, well-funded. Then you have the political aggression from political extremism on the right. And we've seen that play out and responsible for so many lives lost.

And then even state actors like the Russian government under Putin doing this and using this as a wedge issue to divide our country and targeting scientists and physicians, which is part of the authoritarian aggression as well. And so we have to be able to report on that aggression, what it is, in order to begin counteracting it. And you're right. I think it's accelerated. I mean, there were pieces there that I've been writing about, we've been talking about over the years. But it's accelerated like never before during these very unstable times.

Unger: Well, in addition to kind of making the decision to become more visible, a big part of this is around how to communicate the message. I think we've learned a lot over the course of the pandemic about communicating science. And the name of this session is about science and storytelling and the ability to combine both of those because I think we're finding that throwing numbers and data works for some people, not others. How do you blend science and storytelling in a way that the facts still are the hero but it's persuasive?

Dr. Hotez: Yeah. Well, one of the things that I do, that I found very effective, is I'm not afraid to go into some complexity and to go into some detail without the use of jargon because that confuses people. But spending a little bit of time explaining the assumptions, that's really worked well for me. And I think too much, the old style of communicating was they would tell you, "Well, to talk about medical science or medicine, you have to talk to the American people like they're in the fourth grade or the sixth grade." And I found the opposite to be true. I think that's an old fashioned idea. When everybody still had dial-up modem computers and compact computers and Ask Jeeves was the major search engine. I mean, the world has changed. People are a lot more sophisticated now.

And I think the old style of communication still says you have to communicate to the American people like they're in the fourth or sixth grade. And I think some of our health and human services agencies still make that mistake. What I do is, people know when they see me, I'm going to talk about some of the science and some of the straightforward and people seem to like it. And I think people are willing to tolerate more complexities than they have in their past if their lives depend on it or if the lives of

their loved ones depend on it.

The other thing I do I don't mind showing flashes of emotion, whether it's I've cried a couple of times on CNN and MSNBC because it's just so freaking sad the information I'm conveying. And that builds trust. What people want people want to see as much as accurate information is authenticity. And by doing that, it provides reassurance that you're a real person. It's actually not too different from when I used to see patients when I was a pediatric infectious disease attending. I would sit in the hospital room and talk to the parents and talk like a real person. And I'd even give them my own home cell phone, my home number or my cell number, and that built a lot of trust. So I think that's ... don't be afraid to show who you are. And people respond to that. And so I think those things are important as well, being able to have people show you that you're not just some nameless or faceless person, that you're a real person, that you care about this stuff and you're able to convey passion.

And look, let's face it. I'm not on the cable news networks for my good looks, right. I mean, clearly they keep having me back because I'm conveying information in a very authentic—

Unger: It's the tie.

Dr. Hotez: Well, the bow tie, that does help and it adds some IQ points, too. So that's always good. Yeah. No, the other message is start wearing a bow tie. And just think, Todd, where you'd be right now. That would definitely be a presidential candidate by now.

Unger: Well, I say I thought about you last week because I received a kind of a nasty message on Instagram, which just completely mystified me from someone that I don't follow or I'm not connected to. And I checked out their profile and it was a person who in their profile said they were facts free and fought tyranny or something like that. So the light went on. I was like, clearly someone had seen COVID-19 updates that we've been doing and was kind of—

Dr. Hotez: Yeah, yeah. Watch out for the guys who you have the word freedom in their profile because it's this phony health freedom movement. There's nothing about freedom. It's about authoritarian control. And so you see these buzzwords, freedom, a lot of choice stuff, tyranny, that they're fighting tyranny. They're not. They're actually victims. They're victims of the anti-science aggression. And they've bought into this in ways that are actually more than self-defeating, in some cases outright dangerous. It could lead to loss of life.

Unger: I'm curious from you, you've mentioned before there is some personal risk at doing this. When you advise physicians on dos and don'ts of becoming more visible, is there any additional information, not just beyond personal risk but ways to make this happen?

Dr. Hotez: Well, I think one of the messages also is there's so much suffering in this world. There's so many issues you can take on. Do ones that are meaningful to you and do ones that are kind of

consistent with your career. I mean, the reason I got into combating anti-vaccine sentiments because I was a vaccine scientist with a daughter with autism. But there are other things out there as well. So if you're going to take on socially important issues, try to do it in a way that's consistent with your career path. And by that, that means knowing where you're going. Try to create a roadmap for yourself. Build your own brand and do what's meaningful. And that means trying to really think about what does your future look like as a physician?

And in terms of what does success look like 10 years from now? What problem do you want to solve in life? And then the social engagement comes naturally rather than making it a one-off thing that has nothing to do with your career interest. Try to create a consistent story. I use the word brand sometimes. I even wrote an article in Public Library Science about cultivating your physician or scientific brand. And do that so that it's joyful and meaningful to you and so that the passion is real. Don't just pick an issue because you think it's the topic du jour and you think you have to take a stand on it. Try to be strategic in the social issues that you take on and thoughtful. And try to find things where you can make a difference where your knowledge as a subject matter expert can really make an impact.

Unger: We talked about this not necessarily being in the comfort zone of a lot of physicians. But a lot of young physicians out there are more adept on social media. In terms of training those next generations to deal with the reality that we've got in front of us right now, is this something we should be teaching in medical school? Who's going to do this training?

Dr. Hotez: Yeah, well it should be taught but not just the social media. So I'm on social media, mostly Twitter. And I do it in order to, mostly to anything that I've written or I've spoken about, to get it kind of out there. What I don't do on Twitter is get into Twitter wars or Twitter fights with people. I think that's a rabbit hole. That's just a big time sink and designed to make you look awful and make you feel bad about yourself as well. So I use social media as mostly Twitter as part of a tool in a toolbox. It's just part of one thing that I do in terms of social engagement, along with my books and my perspective pieces and op-ed pieces, which actually I find more meaningful than social media. Social media is just one small component of what I do.

And I think then you'll find it more meaningful as well. It shouldn't only be about social media because it's not that rewarding at the end. I mean, I think it's important to do it, get your name out there, get your brand out there. But it's not always fun. It's usually not very fun. So, and it's hard to build your, I use brand, build your identity just around social media. And part of the problem is they don't teach that in medical school or residency. But I think you could do it in a way of how to build your brand, how to build a portfolio of public engagement. I think young people would love it. But it's, again, it's just not part of the ecosystem. The academic health center is not set up to do that. It basically sends the message, well, if you have to do it, do it. But do it at your own peril. We're not too thrilled about it.

Unger: Well, what can the AMA do to support this elevation of physician voices?

Dr. Hotez: Well, I think you're already doing that. I mean, the fact that we're having this discussion at a major meeting of the AMA is sending a very important signal that, "Hey, this stuff's important." If we don't have a voice, look what happens in terms of lives lost because of misinformation, disinformation or anti-science aggression. And so this is a response of just by the fact that we're having this discussion now is in itself, is landmark. I can tell you this would not have happened even five years ago probably. So I think that's one.

I think second, putting out training courses on how to do this. I mean I had to learn mostly through trial and error, more error than trial. But there are methods for doing this and bringing on board people who understand communication, and in a modern sense, not the old way but the new way of doing that. And also providing platforms and what are the opportunities. And the point is it goes way beyond social media and how to work with your university office of communications or your academic health center office of communications or hospital office of communications. And how to enlist them, engage them in this because there's a way to do that, too. And not to be someone who just goes off and is rogue all the time and a headache to the office of communications, I think is really important.

And maybe even provide some training modules as well. I think that could be interesting. And also providing examples of how it's made a difference, how it's beneficial to the medical community to do that. And I think right now, AMA is one of the few professional organizations for physicians that's really stepping up to do this. And I think it's having a big impact, Todd. I think this is going to be an important new activity for the organization. And I think, and people will love you for it, because it's saving lives.

Unger: We're just getting started. Last question for you. You're talking to a virtual room here of people who are incredible advocates, just incredible people. How can they help you? What advice, final words would you want to share with them?

Dr. Hotez: Well, first of all, I'm hoping next year at this time I could be in Chicago in the fall. It's—

Unger: Me too.

Dr. Hotez: There's no better place to be than Chicago in the fall. It's—

Unger: Or Hawaii as the case may be.

Dr. Hotez: One of my—

Yes. Well, Chicago's one of my favorite cities. I just love it. You should look up sometime what Norman Mailer said about Chicago. So he was very disparaging of New York and San Francisco. But

Chicago, he called the great American city for a number of reasons.

But in terms of help, getting the support on social media is great because the aggression is pretty brutal. So getting the odd tweet every now and then that says, "Hey, we've got your back and we see what these guys are doing." I think that in itself is really helpful. And I would just say just trying to focus on your patients and getting accurate information out there and recognizing from this that your patients are the victims here. They are the victims of the anti-science aggression. And as a consequence, they're doing things which are injuring their health. And getting educated about why this is happening and slowly trying to diffuse how aggressive this is.

Unger: Number one thing for everybody out there, just get on Twitter and follow to Dr. Hotez and share the important statements that he makes on Twitter. And similar, Surgeon General, Tom Frieden, Paul Offit. These are a lot of the very outspoken physicians we get a chance to talk to you out here.

Dr. Hotez: Just don't spend too much time on Twitter.

Unger: There are lives to be saved.

Dr. Hotez: And go write a perspective or a commentary piece in a journal of your area of interest. And get credit for getting a publication to advance your career or maybe a piece in your local paper and that's equally even more important.

Unger: Well, Dr. Hotez, thank you so much for being here. That wraps up our discussion for today. We're going to use the information, the perspective that you shared with us to wrap up our efforts to elevate physician voices and thanks again for all the work that you do for our country and the patients across this nation and for just being a strong voice in a really challenging time in health care. We're going to have a short video followed by a live Q&A panel with some physician leaders you might recognize who are ready to share their experiences and answer your questions about making your voice heard. Thanks again.

Dr. Srinivas: The society we live in has taken what was an objective science, objective public health messaging and turned it into having a political spin.

Dr. Damania: Everybody's siloed off. You don't know who to believe. Misinformation spreads six times faster than regular information.

Dr. Choi: Anyone can say anything they want and really represent themselves to be whoever they want.

Dr. Abraham: And actually, what they need to hear is from physicians and from medical and scientific experts about the recommendations, the facts and the science.

Dr. Offit: A physician has an enormous amount of sympathy and understanding of what patients go through.

Dr. Damania: If we defragment the politics out of it, and actually stick with just communication and understanding humans, physicians are the perfect people to communicate things like medical stuff because that's what we do. Something as simple as a flu shot can decrease hospitalizations by 70%.

Dr. Stanford: For physicians and medical students who are looking to have their voice resonate with others, I think that the key advice that I can give you is to know that you matter. I think a lot of time, we are caught up in just thinking that we're just one individual and our one voice can't make a change. And I think it's that thinking that really detracts us from using our voice to communicate across the spectrum of our thoughts that can really have hopefully, a very positive influence on the direction of medicine.

Dr. Srinivas: As physicians and medical students, we're very privileged. We've had access to education, to training, to information, to resources that the average person doesn't. And because of that, it's important that we use that background, use our knowledge to understand scientific literature but then interpret it. So, if we can just continue to have students mask in schools, having to spend a lot of money on ventilation isn't going to be as big of an issue, especially as more and more people get vaccinated.

Dr. Ranney: I hope to be perceived as someone trustworthy, honest and kind but also someone who's not afraid to call things out when it's time for change in the status quo, or for a different way of approaching a problem.

Dr. Varshavski: I want to be an effective voice for accurate, evidence-based medical information. To me, it's not about being the loudest voice in the room, the first voice in the room, it's about being the most effective and the way you do that is by being human first. We scientists follow the evidence, evidence changes. As evidence grows, as we learn more about the pandemic, as we learn more about the things that are happening with the reopening process, we'll continue to update and make these changes.

Dr. Choi: The public is looking for good information and they're looking for experts who have the training to give them the evidence-based knowledge and guidance that they seek. That's it.

Dr. Damania: Showing people that you're there with them in the present moment with understanding knowledge, compassion, that leads to trust.

Dr. Ranney: Find yourself a platform, whether it's Instagram, Twitter or TikTok, or whether it's print media or traditional academic research in journaling, a place to start to share your voice.

Dr. Offit: Understand that there is no venue too small. Whether it's going to your child's elementary school and talking about vaccines or science or picking up the phone and calling an editor of an article, either online or a newspaper, a magazine or television show but don't let any misinformation go by without responding to it.

Dr. Damania: You have the training; you have the knowledge.

Dr. Abraham: When you step up and speak out, your patients will trust you and they'll do the right thing.

Dr. Ranney: Our voice can make a difference.

Dr. Damania: So just go out and do it.

Unger: Wow. Everyone knows I always feel this way but today I'm feeling just especially lucky and proud to be part of this organization. And especially because I get to participate in this live panel discussion on science and storytelling with four, just outstanding physician leaders and AMA ambassadors who are known for using their voices to promote science, combat misinformation. They're doing exactly what we've been talking about today, which is cutting through the clutter and being heard. And with that, I'd love to welcome Dr. Jerry Abraham, a family medicine physician in Los Angeles, Dr. Daniel Choi, an orthopedic spine surgeon in New Hyde Park, New York. Dr. Fatima Cody Stanford, an obesity medicine physician in Boston. And Dr. Megan Srinivas, an infectious disease specialist in Chapel Hill, North Carolina. We're so excited to have you all here to bring your voice to this important discussion.

And as you know, from hearing from Dr. Hotez, we are at a place we never thought we'd be before in medicine, we're facing well organized, well-funded anti-science aggression that's dramatically and negatively affecting the nation's health during this pandemic alone. Even when there's been a safe and effective set of vaccines available, we've lost another 100,000 lives.

Physicians have the expertise and the experience to fight this movement and you, including all of you out there watching this, are truly the voice of science. And while each physician sitting here today will take their own path and use their own voice in different ways, we can be coordinated in our efforts. And it's our hope, and it's our plan, for the AMA to provide you with a platform upon which to elevate your voice. We're here to provide you with a megaphone and help you be the loudest and as Dr. Mike said, most effective voice in the room and today, we'll learn from each other and help others in our audience find new ways to be heard.

And so I'm going to start by now turning to our panel and Dr. Abraham, why don't we start with you? Last time I talked to you, I actually talked to you from your clinic, which was really amazing and you've been so vocal about disparities and about educating underserved communities about vaccines. I know you've used unconventional ways to reach these communities. Tell us about your approach and how you make sure that you're heard by the people you're trying to reach.

Dr. Abraham: Thank you all. Dr. Jerry Abraham, director of Kedren Vaccines here in South Los Angeles. And I'll just remind everyone, use your gift, your gift of being a healer, of being passionate, an advocate for the patients we serve, whether you're a medical student, a resident, a fellow or practicing physician. Even in later career, we all have a role to play in advancing the health of the public and advancing science. And so I think we all can find that as a common thread, a part of this tribe, this true guild, if you are, we are all a part of it. And so I'll say, for me, it definitely was reminding myself that I'm a physician, and part of my oath was to advocate, advocate for my physicians and positions. And so I picked up the phone on Christmas Eve and I demanded, "Where are our vaccines?"

I knew that my community in South LA, Black and brown LA, they could not afford to be left behind again. This atrocity, the needless loss of life, these vaccines would save. And so what many of you guys do, I did that day and I picked up the phone and I demanded from the Department of Public Health, "Where are our vaccines?" And from there, that led to nurses and patients getting their vaccines. And from there now, over hundreds of thousands of patients vaccinated in our community. And I know every one of you too know how to pick up the phone, how to speak up, how to step out. And those are the skills that our whole medical community and our patients really need from us right now.

Unger: Dr. Abraham, thank you so much. Dr. Srinivas, you too became especially vocal during the pandemic about a number of issues, including masking and disparities in rural areas to name a few.

Tell us about your journey and what that was like. How and why did you first start speaking out? What avenues did you pursue? And how did you make sure your message was heard?

Dr. Srinivas: Well, I'm affiliated with the University of North Carolina, I'm on faculty there but I'm actually based in rural Iowa, which is where I grew up. And so one of the biggest things I saw when the pandemic was coming around was just a complete lack of information coming to people in rural areas because everybody thought this was an urban disease, that this was going to be dependent on population density. So there was an assumption that people in rural areas were safe, that a pandemic wasn't going to reach them. So behind that was also all these questions surrounding the fear of what was being said on the television, on the news every night. And it was so laden in scientific terms, everything was at this level that people were confused as to what they could do on an everyday basis. And so I just started answering questions.

It started as a few simple posts online because I wanted people in my area to actually have information that they could understand in bite-sized pieces so they didn't seem overwhelmed but then also, make actionable decisions upon that information. And then eventually I decided, "Well, this isn't enough." I started to work with radio stations, local news stations, writing op-ed pieces for first our local paper and then our statewide paper and a couple national papers too because it just became something that really needed to resonate with people who were decision makers, as well as those on the ground trying to make the decisions themselves.

Unger: Thank you so much. Dr. Stanford, you've been a strong, clear voice on what many consider difficult topics to discuss, including what you've called three pandemics, obesity, racism and COVID-19. Some physicians may be nervous to discuss hot button issues. How do you approach difficult topics and why is it important for physicians to become a voice in these spaces?

Dr. Stanford: So I think our voice is by far the most important voice in the room and this is not just because we have the MD degree after our name. We spent our lives dedicated to really gathering information to inform our patients and now we have the wherewithal to inform the public. When I was received my Gold Congressional Award 20 years ago from Congressman John Lewis, he told me one thing and he told me never to stop fighting injustice. I made that promise to him. We lost him in 2020 and I think that I've stuck with my word of making sure that when we're looking at issues, particularly surrounding racism and its impact, for example, in medicine and how that's played out in our current pandemic, that collision of the three pandemics that you brought up a bit earlier, Todd, I have wanted to make sure that my voice is heard.

How do I make sure that I do that? I do it in different ways. And I think that in that video, that opening video, we saw the different avenues and mechanisms that people can utilize to make sure that their voice is heard. Whether it's op-eds, whether it's social media, whether it's local television, whether it's actually national television, which all the people in the panel have done. I think each of these are important. And so people ask me, "Well, when you have time to do it?" It's not that I have time to do it,

I make time to do it because who matters are my patients. I am just the deliverer of the message. I have the knowledge, why not share it with the world?

Unger: Dr. Choi, Dr. Abraham, Dr. Srinivas, anything to add about stepping into these uncomfortable spaces? We heard Dr. Hotez refer to arenas like politics, which we typically kind of are told to stay away from. How do you navigate and step out of your comfort zone in these arenas?

Dr. Srinivas: I think I had a very unique pathway in that because I was a doctor who also ran for office and a partisan office. So I already had this tie to a political background but I was still a doctor in the community. And so when the pandemic started and it looked like it was going to be politicized, I wanted to make sure that I got information out in nonpartisan ways so people could trust me as a physician and think, "Okay, this goes beyond the politics that we're seeing. This is somebody that we know, that we trust her credentials, that we trust what she has to say, even if it goes against the person who I believe in as a political leader." But that was just one step of it. As Dr. Hotez says, we have to be a part of the political conversation.

And doing the advocacy side, I treated that really as a separate branch. So there was my public facing persona that I used on social media, that I use when I'm talking to my patients in the clinic or even in the public setting. But then from the advocacy side, I worked directly with the legislators, I've led protests. I've worked actually on the Biden-Harris COVID Council back in fall of 2020. I worked with different representatives from different states, including Representative Grijalva. We actually have done several op-eds together, he's from the Arizona delegation. And we're really active in trying to get vaccines to undocumented immigrants in our country. So there is that side that we also have to take up as physicians. But because you take up politics in one avenue of your life, it doesn't dictate everything that you do. And it's important that your patients realize that and that when you're relating to people on a one-on-one basis, they realize that too.

Unger: Dr. Abraham, Dr. Choi, anything to add before we move on?

Dr. Choi: I think that politics is always uncomfortable on a public facing account to thrust out there. And I'm not sure if that's the best strategy also, to also maximize your reach, if you have a message that's evidence based and you're really out there trying to speak to patients. We want to speak to all patients, whether they're on the right, whether they're on the left, we want our message to reach both. And so as physicians, we have a lot of knowledge. We know how to analyze evidence, we know what the truth is. We know where that truth lies and my encouragement to anyone who's out there who's trying to navigate the political maze is stick to your truth. Stick to what you know is evidence based and what you know is right. When the pandemic on the early days of the pandemic we saw a lot of things that were out there by the Trump administration that were pretty ludicrous.

And I remember he was accusing doctors of stealing masks at some point. And I went on social media to say, "That's not true. That's not happening. I have colleagues who are working in the ICUs.

They are using one mask a week." That wasn't partisan. It was just, "This is my experience and that's false." On the other hand, when Governor Cuomo was sending patients out of the hospitals and into nursing homes, well, I said, "That's not right either. I'm not an infectious disease specialist but how are you sending COVID-19 patients who have not tested negative into the nursing homes where the infection is spreading like wildfire?" And that's someone who's on the left. And so you have to speak your truth. I think we don't need to be partisan where you can be, if you'd like, that's your own choice but I think you reach the maximum number of people when you're out there speaking to everyone.

Dr. Abraham: Todd, I'll just add really briefly. I believe people listen to God and their doctor. They listen to their priests, their Imams, their rabbis and they also want to hear it from you. Just remember how much of a trusted voice you are in people's lives. You may not be at their dinner table. You may not be going home with them but they are seriously taking what you tell them and they are sharing that with their loved ones and they're using that information to make decisions about their own lives and the lives of the people they care about, including their families and their communities. So just step up, step out. I remind people that just as much as a principal is visible or a religious leader, physicians are visible members of the community and they're looking up and they're listening to you and really embrace that.

Unger: Absolutely. Dr. Choi, you've been an advocate for both physicians and patients on the topic of surprise billing, even creating a grassroots effort among physicians and traveling to Washington prior to the pandemic. How'd you go about rallying support from your physician colleagues to amplify your message?

Dr. Choi: Absolutely. So just the topic, surprise billing, it's a very esoteric health policy topic that not too many people are aware about or really have any interest in learning about, to be honest. I learned about it, this is the beauty of social media. I read one small blog post by an emergency medicine physician and realized quickly that this was bigger than just out of network or surprise billing, this was actually the largest transfer of capital from physicians and hospital systems, who are nonprofit, all the way to the for-profit insurers. This was their legislative tactic of basically maneuvering that capital over and I realized that this was a big problem for our generation of physicians, especially who are entering this job market and seeing health care consolidation and independent practices going under. And at that point, I felt that it was a mission for me to try to educate our colleagues about this issue, especially physicians who are active in the AMA.

And I went on Twitter, I started tweeting about this issue. And it wasn't something that picked up a lot of traction but eventually what ended up happening was one of the things is that I framed this argument. I didn't get into the weeds about insurers or health policy or anything legislative. I just framed this as, "Look, we're going to lose access to care for our patients. Specialists are unable to take ER call if this legislation passes." So I was framing this in a message that really addressed who my audience was, which was my physician colleagues who may not be so well-versed in health

policy, bringing them in and we actually formed a Twitter chat that had a lot of ER physicians that were very concerned about this that ended up basically responding to reporters or also health care economists and also creating a public conversation around this issue that generated a ton of awareness. That also translated into an Instagram video that we did that went viral. It generated 8,000 emails that was sent to members of Congress within one week and also generated a lobby day. We actually had about 15 to 20 physicians actually go to D.C., including myself, try to lobby for this specific issue. This is just one of the powers of social media. And everyone here has some burning desire to talk about an issue that really bothers them or concerns them. Social media is a great place to start.

Unger: Well, on that topic, you heard Dr. Hotez talk about the medical profession not necessarily being designed to support physicians speaking out, like you all are doing. I think he said something about doing so at their own peril, because we find a lot of academic health centers or systems are risk averse and are not necessarily encouraging that kind of speaking out. How do we shift this way of thinking and understand that it's really important to speak out and support science? It's not risky, it's necessary. Dr. Stanford, why don't you kick that off?

Dr. Stanford: Yeah. Actually, I was hoping you would let me kick that off. So one of the things that I think that we can do, particularly in academics, where a lot of us live and breathe, is to make sure that people are given credit for their work to the community. I think that the work that you hear us talking about in this panel is work that we're not being compensated for, work that we're doing because we care about the greater good of humankind. Why not reward that in academic promotions and pay, et cetera, not being risk adverse, recognizing that we can be on brand, we can align with our institutions and actually elevate the platform of the institution to be doing this work, particularly surrounding issues in social justice, looking at vaccine disinformation, et cetera, that we're seeing out in the public? Why wouldn't you want that?

Actually, for example, here at Harvard Medical School, they do, every day, a release of the key news stories that are coming out and who's been profiled in the Harvard system. So they do care about it. For them to do that on a daily basis, every single day, that means that they care. So if that's what we care about, why not elevate? Why not lift up the physicians and the medical students? I want to not forget the medical students.

Some of the most active voices that are delivering really great quality information to the public are medical students, some of my medical students, like Lash Nolen, the first Black president here at Harvard Medical School. She has raised her voice, has really gotten herself out there, making sure that she's doing the work, particularly in the Black community, surrounding the COVID vaccines. So we need to elevate these voices across the continuum of the academic trajectory. And I think that's what we need to encourage. We need to encourage it with regards to promotions, we need to encourage it with regards to pay and then we'll see the dynamic change because you'll have more

troops on the ground doing the work.

Unger: It's so fun to get to talk to Lash Nolen and find out that you were one of her mentors. It was a great surprise. Dr. Abraham, what do you think?

Dr. Abraham: Yeah, I'll just say that I think Dr. Hotez and Dr. Stanford have really hit this. We know there are those conflicts of interest. We are working at institutions, and yet, we do have our voice and that voice is protected. And you need to know that and you have every right to speak up and speak up for your patients, speak up for your profession. I think this is a really important thing that we need to address as a profession is preserving private practice is critical. We need to make sure there are spaces for that independent physician voice.

Because as more of us are employed, that's the reality, as the academic medical centers are a critical piece of health care delivery, we need to make sure that our voices are protected and that you're not afraid to speak up. And yes, it is a risk and you need to be brave. We believe in you. We know you have the courage. And when you believe you need to speak up, you need to do that. Your patients will back you up. Your institutions will be there. Your profession is behind you. But when you need to, you use your voice. It's a very important tool and don't ever forget that.

Unger: Dr. Srinivas?

Dr. Srinivas: I have to echo the sentiments that everybody has said so far. Dr. Cody Stanford put it perfectly in saying that it's really about having people who are in positions in these institutions, in the academic world, studying the trend and saying, "This is important, and we're going to value this." Unfortunately, right now, it's not as value as it should be, so people have to do it alongside everything else. But hopefully, hopefully down the line, we can set that trend to show why. And I think the pandemic is actually a very great turning point for that to show why academic institutions need to invest in being more public facing and value physicians who are, value medical students who are because that's really where we can make a big impact that goes beyond just the bench or the bedside and can have more of that public good, that translational science approach.

And in fact, NIH is starting to look that direction. The National Center for the Advancement of Translational Sciences has really, over the last couple of years, started to emphasize the need to take things from the bench, the bedside, all the way to the policy side and the work that we do. And so we see the trend. It's going that way. It's just going to take a little bit more time and we have to use moments like this to demonstrate why it's important.

Unger: Dr. Choi?

Dr. Choi: And just a comment with what Dr. Abraham was saying about independent practice. This is one of the reasons why I'm so passionate about the importance of independent practice for young

physicians is that even during the height of the pandemic here in New York, I had colleagues who were texting me, who were messaging me on Twitter, on social media saying, "Look, my hospital has run out of this. My hospital has run out of oxygen tanks. We're covering 20 to one unsafe staffing ratios." They couldn't speak out about it. And I get it. They were given specific instructions in some cases, they couldn't speak to the press. And health systems and hospital systems, even academic centers, unfortunately, they have a PR arm that they have a job to do, which is to protect the reputation of that system. And so no bad news is acceptable, unfortunately, even if it's not good for the patients.

And so the independent physician, I have nobody looking over my shoulders. And so guess what? In March and April and May, I was tweeting all that information out. I was saying, "This is what's happening in this county. This is what's happening in Harlem. This is what's happening over there." I was getting press inquiries about that. And look, even then, I was still careful about not tweeting anything that was false or inflammatory but at least I was able to get that information out. And I think it is something that ... But even my colleagues in academics or hospital systems, I would encourage you never to feel muzzled or censored. The truth will set everyone free and you should put it out there, if you really feel it needs to be out there.

Unger: Agreed. And I've had so much fun watching your Instagram feed about opening of your practice. That's been really fun to follow. Last question for the group here. Since our theme is about science and storytelling, let's talk about how we communicate the message to make sure it resonates and it's understood. One thing Dr. Hotez talked about was this idea of not talking down to people and he's not afraid to get into this arena of complexity. We've seen a lot of, I don't want to call them necessarily missteps, during this pandemic but where the public is seeing conflicting, changing messages, they're probably just not used to this developing set of data. So let's finish off this discussion by talking about your tips, your secret sauce in being effective communicators, using all the different media at your fingertips, so to speak. Dr. Abraham, will you start for us?

Dr. Abraham: Yeah. I'll just start by saying we don't all need to be experts at every platform, every avenue, everything. That's a lot of pressure to put on ourselves. So just know, do what you do and do it really well, and go from there. Be as prepared as you can be. You never know when you're going to be called upon to speak up on critical issues that affect the lives of your patients or the community. In my capacity here, running this large scale vaccine program, I've had to remind everyone I work with, many policy makers and others, that the Kedren Way, we value people's experience and time. We've met our patients where they are. That means we go to where people live, work, worship, play, where they go to school. We vaccinate the homebound in their homes. We're meeting people where they are and we acknowledge and respect the dignity and worth of every individual.

When we take that approach, as we all did, we learned this in medical school, we were trained this way as residents and fellows, and we do this every day as practicing physicians, that approach, no

matter how daunting the task of bridging that gap between the science, the facts, the information and helping patients navigate towards making that decision, whether it's to get vaccinated or adhere to a medication treatment. They see that, they hear that you are genuine, you truly care and there is nothing that can replace that. And that is something that is so valued and no one can take that away from you, and that is what our profession brings to the table.

Unger: Dr. Srinivas?

Dr. Srinivas: I think that this is a very important question, and I have to disagree with Dr. Hotez a little bit on this. When people want to know in depth information at a very high level, I think it's important that we give it to them. But we also have to recognize that not everybody has the same level of health literacy, and I see that a lot amongst my undocumented immigrant patients, amongst a lot of my patients who don't have access to regular health care. And so we do have to keep that in mind. I still give them the same information. I still explain to them how exactly the mRNA virus works, except for you do have to do it at both a cultural competency, as well as a health literacy competency level that touches the population that you are trying to tailor your information for.

And so I think it's important that we realize we're going to be dealing with different levels of understanding, we're going to be dealing with different types of identities. And it's so important that we relate everything to people in these different populations and customize our message to those people. It's one of the reasons when I was working with some colleagues, we actually created information that was tailored for the Latinx community, because they're not going to relate to a baseball image or an American football image the same way they might relate to an image of J.Lo or Shakira dancing, or something about their grandmother and the importance of the maternal figure in a Latinx household. And so we partnered with a lot of community engagement programs in the Latinx world to create videos that dealt this message out there in a way that was customized for this population. And it's important that we keep this in mind. Our message has to be targeted to who we're trying to talk to.

Unger: And I heard that too, from Dr. Choi. Dr. Choi, what else would you add to this?

Dr. Choi: Thanks, Todd. I think that the way I've approached social media, and this was a little bit back in the days when I was actually employed by a group and not running my own practice, I had a little more spare time so I was actually studying social media platforms. I have a YouTube channel, 25,000 subscribers. I have a TikTok, 30,000 subscribers. Instagram is where I put a lot of my content. So I did explore going into different platforms. I was also active on Twitter. And the advice I would give the participants here is that you don't have to do all the platforms. Pick one platform, study it, study it like you studied organic chemistry when you were a pre-med or any other physiology, study it by look at some of the big influencers.

Every platform has its own algorithm. So when we talk about Twitter, Twitter is a lot like the art of writing a headline. You only have a very short space to get your point out. You can write tweet

threads. You can go to Instagram. When you look at Instagram, it's really like micro blogging. People are like, "Why do I want to even put up filtered selfies of myself?" Well, it's not really about the picture. The picture's going to actually generate the traction on the algorithm. That's going to generate the hits and the impressions but it's your messaging in the actual caption that you're trying to get across to your audience. When you go to YouTube, there's ways of designing your video in terms of planning and how you talk and how you cut and how you edit, so you can study that. Different ways of getting your content out and there, and knowing that algorithm, knowing your audience are going to be key in amplifying your very critical, important message to your audience. So I encourage you to just study the algorithm.

Unger: Dr. Stanford?

Dr. Stanford: Yeah. In addition to everything that Dr. Abraham, Dr. Choi, Dr. Srinivas have said, I really want to talk about going and targeting the community where they live. A lot of what I do, particularly as I think about underrepresented minorities, particularly the non-Hispanic Black population here in the United States, is think about, where would they like to consume their information. It's in a lot of the church or faith based communities that this work is going on, where the trusted information is coming from. If I'm a doctor in that setting, delivering that work in that way, then I am even more trusted because I'm going to where they live. If it's at the beauty parlors or the barber shops, we've seen a lot of that work coming out of the Black community. This is where people live. This is where they're consuming information. This is where they're getting their trusted guidance. So why not be in those spaces?

You can utilize those spaces, tie that to what you're doing in social media. That's important to do also. And then recognizing that this is what we're going to need to do from here on out. We're not going back to the dark ages where social media doesn't influence the conversation. We are here. It's here to stay. It's going to continue to proliferate. And what we need to do is utilize these platforms, tie them with our message and go out into the community, recognize that going out into the community is going to be the far most effective way to reach communities that may be vulnerable, difficult to reach, challenging to reach but need the information much more than other groups.

Unger: All right. Well, can I just have an amazing virtual round of applause for these panelists? You all have been so inspiring to me, even before pandemic but just been an honor to be able to talk with you over the past year and a half. When we came up with this idea for the theme of today, science and storytelling, I couldn't have imagined it turning out ... This is actually what I dreamed about. So thank you for being here today. As I mentioned at the beginning of the discussion, elevating your voices has become and will continue to be a big part of what we do at the AMA. I hope you've noticed that. We're growing our digital platforms—video, podcasts, social media, our newsletters, our website, to give more spaces and outlets for physicians to share their expertise.

Because as Dr. Harmon said up front, when we think about people's health, we think physicians'

voices should be the loudest in the room but that can only be done if you're heard. Here are just a few ways for you to get started if you're not doing it already. Make sure to follow the AMA on all our social channels, @AmerMedicalAssn, A-S-S-N. Different ones across Instagram, Twitter, Facebook. Really, really important, safe things for you to share with all your colleagues. Follow the folks on this program today and other health care sources and influential physicians. We tweet many of those out, again, on our AMA channels. And finally, big plug for our AMA Ambassador Program, which all four of our panels are members. You can find out more information about that at ama-assn.org/ambassadors. You get lots of important information, announcements, special training and resources. With that, thanks for being here. Just a few words in closing from our chair before we go. I'll hand it over to Dr. Mukkamala but thank you for joining us.

Dr. Mukkamala: Thank you, everyone, for your participation in today's session and for being the leaders in medicine our country needs in this moment. The tragedy of COVID-19 has reminded all of us, just how important our voice is, as advocates for science, evidence and most of all, for our patients' good health. I hope you learned some valuable insights from our experts on how to cut through the chaos of the moment and elevate the needs of patients and our physician colleagues. Know that the AMA is your ally in this work and that we are here to support you every step of the way. Thank you again and I look forward to all of us meeting together in person before too long.