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Dialogue4Health Webinar

**"Talking About Gun Violence:
Changing the Conversation
To Move Policy Forward"**

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**ROUGH DRAFT TRANSCRIPT
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>> Joanna Hathaway: Hello, and welcome to "Talking About Gun Violence: Changing the Conversation to Move Policy Forward." My name is Joanna Hathaway, and I will be running today's web forum with my colleague Lotta.

Closed captioning will be available throughout today's web forum. Steve Clark, with Home Team Captions, will be providing realtime captioning. The text will be available in the media viewer panel, which can be accessed by clicking an icon that looks like a small circle with a filmstrip running through it. On a PC, this is in the top right-hand corner of your screen; on a Mac, bottom right-hand corner of your screen. In the media viewer window, bottom right-hand corner you see the show/hide header text. Click on this in order to see more of the live captioning. During the web forum another window may cause the media viewer panel to collapse. However, you can always reopen the window by clicking on the icon that looks like a small circle with a filmstrip running through it.

If you experience technical difficulties during this WebEx session, please dial 1-866-229-3239 for assistance. The event will be live tweeted from both @Dialogue4Health and the UCLA Luskin School of Public Health and Affairs @UCLA Luskin. Please chime in there.

The audio portion of the web forum can be heard through your computer speakers or headset plugged into your computer. If you are having technical difficulties regarding audio, please send a question in the Q&A panel and Lotta and I will provide teleconference information to you. Once the web forum ends today, a survey evaluation will open in a new window. Please take a moment to complete the evaluation for us, as we want to improve our web forums.

The recording and presentation slides will be posted on our website at www.Dialogue4Health.org as soon as the event is over.

We are certainly encouraging you to ask questions throughout today's presentation. To do so, simply click on the question mark icon, type your question in and hit send. Please send your questions to all panelists. We'll be addressing questions throughout and mostly at the end of the presentation.

We will be using the polling feature to get your feedback during the event. The first poll is on screen now. Please select your answer from the available choices and click the submit button. We are wondering how are you attending this web forum: A. Individually, B. In a group of 2-5 people, C. In a group of 6-10 people, or D in a group of more than 10 people.

It is my pleasure to introduce Dr. Georges Benjamin, Executive Director of the American Public Health Association, the nation's oldest and largest organization of public health officials. For the last 20 years he has practiced public health at the local, national and international level. He is the publisher of the American Journal of Public Health, The Nation's Health Newspaper, and APHA Communicable Disease Manual. Most importantly, he is always a pleasure to work with, and we are so honored to have him here today.

Dr. Benjamin, please go ahead.

>> Georges Benjamin: Well, thank you, and I'm glad everyone could be here with us today. One of the things we really want to do is begin trying to advance this discussion around gun violence, and to this end remind you that this is the third in a series we've conducted with Dialogue4Health. What we've looked at are firearm injury as a public health problem, the epidemiology of firearm related

injury, looked at emerging firearm safety technologies, talked about the legal aspects of firearms in the United States, and then a fair amount of discussion around coalition building and advocacy to advance the concept.

I think what we want to do today is understand that we know we live in this echo chamber where we have an increasingly polarized society, we talk to ourselves, listen to ourselves, answer our own questions through our own lenses. We find in this debate people are camped out in their individual sides of the ring, so to speak.

What we want to do today is have a conversation about the need to find common ground, that clearly protects the public's health, recognize the rights of gun owners, but also ensures our public safety. This is the conversation to begin talking about how to really have a conversation between all the various views on this very, very difficult issue.

I kind of talk about trying to burst the bubble. What we kind of advance the discussion to improve the likelihood we get new alliances, new conversations, new compromises that really try to move us towards constructive action.

So with that, I'm going to bring up poll number 2, and ask you to take this poll. Again, how familiar are you with the ways in which dialogue and framing can influence policy? Give you a few minutes to answer that poll.

[Pausing]

OK. With that in mind, hopefully everyone has had a chance to answer the poll. I'm going to bring up and introduce our two amazing speakers. We're going to hear from two people today. The first one is Dr. Linda Degutis. Dr. Linda Degutis has a long history in both emergency medicine and public

health. She's been an emergency department nurse; she's run the Preparedness Center at Yale; she most recently served as Director of National Center for Injury Prevention and Control at the CDC. She's had a long history of engagement in the whole world of injury prevention, and has a particular interest in injury through firearms. She certainly is one of my friends and a past president of the American Public Health Association, as well as serving previously as chair of our executive board. She's very much an active participant in a range of organizations that you can see on her bio, here in the injury prevention area.

Second speaker we're going to hear from is Franklin Gilliam. He's a Dean of the School of Public Affairs at University of California at Los Angeles. He is a longtime professor in public policy and political science, and his area of expertise is strategic communications, public policy and racial and ethnic policies. You're going to really hear, I think, a lot of really interesting things from Frank. He's an amazing speaker and quite knowledgeable in all of these areas.

Again, the two of them today will help us think broadly about how to rethink and recommunicate in this very polarized world.

With that in mind, I'm going to turn it over to Linda. Dr. Degutis?

>> Linda Degutis: Thank you. I'm very pleased to be here, and thank you all for joining us this afternoon.

I would like to start out, first of all, by saying I want to reiterate some of the goals and objectives that Dr. Benjamin mentioned as far as what we want to do in this session. We really want to describe, I'm going to describe the current conversation around gun violence, then summarize some of the barriers we have to open dialogue around gun violence. And the other thing we'd like to

do is challenge you all to contribute to changing this dialogue so that we can come to solutions that are mutually agreeable.

This quote from Michael Moore says a little about violence, I think, in our society. I think this is one of the core issues that we're dealing with, is that people see violence as a solution, and often don't actually sit down and talk, they don't listen, people don't talk about compromise, because it's hard. It takes a lot of effort and a lot of initiative to do it. So I think this is a very appropriate quote to start this with.

Currently, we're at this stalemate. We're at the stalemate where the minute anyone sits down with someone who has a different opinion or viewpoint on what we should do about firearms or firearm safety, a barrier goes up, and the barriers are related to a number of issues.

What is the language we use? In the past, the term "gun control" was used quite extensively, and we've really moved away from that, because that's not really the issue. There are so many other pieces of this. Perhaps we really need to look at public safety or gun safety, and how do we make things safer? Given that we know some people do own guns for legitimate purposes and this is something that is, in the United States, something very common. So we need to keep that in mind.

One of the other issues is beliefs. There are beliefs about what works, not necessarily based on data, but based on sometimes emotion, based on perception. And again, some of the beliefs and perceptions are basically about what others with differing opinions might think. So someone might say, well, everybody who is liberal wants to take all the guns away. Or everybody who is an advocate for gun ownership doesn't want background checks. Those absolute statements aren't necessarily true, but they do help create some of the stalemates.

Emotion is another big part of all this. Emotion leads to a lot of polarization on all sides. It makes it hard to have a discussion, hard to thrive in intellectual debate or debate that allows us to come to some reasonable conclusions and solutions. And these defensive barriers generally stop the conversation immediately and put people in positions where there's no opportunity to have a discussion.

Often we see the issue being diverted to other issues. Recently, from the issue of gun violence itself, it moves to other areas. Often this is part of the conversation. Not everything relates to Second Amendment rights. Mental health is another issue brought up quite often. It's a very small number of people with mental health, but we get diverted into one of the only ways to deal with this is to do something about mental health or about people with mental health issues.

Then we have the multi-victim, high-profile incidents, which get a great deal of attention, but because so far incidents have not led to in the outcomes for any initiatives to prevent future events, that we have been successful in these initiatives. We neglect the events. The young men and women killed by gun violence in a lot of our cities, the people who die by suicide, which is a larger number of people than the number of people who die due to firearm-related homicides. So we need to look at that, and bring attention back to this.

Another thing is public health issue, and it becomes an issue of public safety and the conflict between individual rights versus public safety. We see that it belongs in various parts of public health. We see it when people talk about how it impacts the health of a whole community. We see this argument quite often. The impact on community health, we know there are longer term impacts. Children exposed at early age are much more at risk for chronic disease or having problems with

disorders and other issues into adulthood. So we know that it has a long-term impact on the community and certainly has impact on the ability for people to participate in community activities, to go out and walk around their neighborhoods, enjoy their communities fully.

Science is the other piece of this. We have data on gun violence, but there are data we have limited or no outcomes with, that we might want to use in order to look at what really happens with respect to gun violence. The data are timely. Right now, we look at the data, we're looking at mortality data and we're in 2014, so we don't have the most recent mortality data. This is the industry when we look at various forms of violence.

Also, for many people there's violence against -- it's more what people believe in, rather than what science supports. This creates difficulties in having the conversation. Research is lacking. There has not been funding for research on gun violence, and it's been limited. It's been restricted, due to actually research on gun violence has been restricted. For example, the funding to CDC, to people to do research on gun violence, was eliminated in 1997. In other places there's a real lack of focus on the gun violence.

The other issue is certainly politics. Certainly, politicians want to get re-elected. They fear sometimes losing the election. There might be opposition to people who are very vocal and who perhaps are providing funding for their campaign, so campaign funding ties into this. And there are a lot of people who contribute to campaigns and contribute to campaigns in both parties. It's not just one party.

We're starting to see new strategies with funding when we're taking funding for something coming from individuals, a large amount of resources, some of this now comes from [inaudible] these are focused on some initiatives. We don't know whether they're [inaudible].

So the question is can we come to a common goal? How can we change the conversation and create a dialogue that will lead to solutions, that will ensure we are safe as a public and our communities are safe?

Thanks. I'll turn this over to Frank now.

>> Franklin Gilliam: Hello, everyone. Thank you very much, Linda, and hello to everyone on the call. I'm honored to have a chance to speak with you all today. I appreciate Dialogue4Health for organizing this, and I thank Dr. Benjamin for the warm introduction.

Let me see if I can get my slides up here. They're not coming up so if I can get some help from the support staff. There we go.

Now, let me talk -- let me start this way: I think my remarks are going to be a little bit more deeper dive into how public conversations are constructed and how they are deconstructed, and the relationship of those dynamics to people policy preferences.

So the communications task, for advocates in particular, is always figuring out what are you up against, what are the default ways that people think about a progressive agenda, I guess you could argue a conservative agenda or any other kind of agenda, but how do people default on your issue? What are the values, and I'll come back to this discussion of values, that undergird these positions? I'll show in a minute. People do not come to these positions because they walk around thinking about the particulars, but rather larger issues, typically embedded in values. Then finally, what's the

alternative? How do you reframe, if you will ways of thinking and do so in a way that moves public support in the desired direction?

So let me talk a little bit about how this public conversation comes to be, how it works both internally, that is cognitively for people, then how it works externally with a broader audience.

So this quote from Roger Schank I have always liked, because it points out several things. The first is the headline, "Communications is storytelling." What we know from the cognitive literature is that as people search through their RAM, if you will, to find a way to situate a new piece of communication and label it, they're looking for that familiar element, they're looking for a way to understand a news story, as Schank says, and distill it as if it were an exemplar of the old story, the old element.

That's sort of the second point. I go through the cognitive Rolodex, we land on a story that tells us or is familiar enough to us that allows us to understand this new information. This last point that Schank makes, though, is extremely important, particularly for advocates. He says, "Understanding means finding a story you already know, and saying, 'Oh, yeah, that one.' Once we have found the story, we stop processing."

This goes a bit to Linda's point about empiricism and why the facts and frames are oftentimes at a disjuncture, that people think they know, they stop thinking, they stop cognating about it. I'll suggest in a minute why that is so.

Just wanted to be foundational a bit here. There's a lot of talk these days about framing. I wanted to try to lay out a definition for my colleagues at the FrameWorks Institute and one related to this idea of communications or storytelling. As we've tried to express here, a frame is the way that a

story is told, and it is a function of the very particular set of elements you use to communicate, whether it's values or symbols or metaphors or messengers or numbers and data. But the idea is that this frame triggers, this is the critical part, a shared and durable cultural model that people use to make sense of the world.

So it's not fleeting; it's not a one-off. But it's rather a deeper and more consensual way of thinking, way of understanding the world. Think of the children's story of the little engine that could. All I have to do is say that, one can concoct a whole story, and can use that and apply that to any number of new situations.

Now, frames are powerful, because they let us understand what a piece of communication is about. But what are you talking to me about? This really matters, because we think, we advocates, professionals and experts, think that we're communicating to them what we are trying to tell them. But what they are hearing may be something quite different. So now we're trying to direct their attention and tell them what the communication is about. We're trying to tell them what counts and what can be ignored, what is important to the issue and what is not.

And the power of the frames comes from this capacity they have to fill in missing information for people. So you don't need the whole story. You're able to fill in the particulars of a story, based on a frame of the story, the way that you know this story unfolds and the way that you know that is you've called it up from memory as this old story that you now use to interpret the new information. And that then influences the kinds of decisions, in our case the kinds of policies preferences people have.

Now, this concept, sort of a dense text here on this slide, but there's two or three things that you should take away from this. The first is that there is something called a dominant frame, what is known among social psychologists as something that is chronically accessible or top of mind. So people have expectations when they receive information, and it's that expectation that drives perception.

So, as Debra Tannen says here, people aren't blank slates. People don't approach the world as pristine fishbowls, if you will, waiting for you to drop your bright and shiny fish into your pearl of wisdom, into their brain. They're not sitting around going, Gee, I wish somebody today would tell me about gun violence. They have a whole stored, archived catalog of experience and, as Tannen calls them, they're veteran of perception. These stored prior experiences is where they draw from, and the prior experience takes the form of expectations.

So for example, this is the obvious case, again, I'll talk about it in a minute, the race-crime connection. Right? I've done a series of experiments where we've shown people newscasts, not shown them the race of the perpetrator, they infer that the perpetrator was African-American or Latino. But the reason they do this is the argument that police give for profiling, that it is an efficiency, in this case it's cognitive efficiency. I don't have to figure it out every time, if I just make the blanket, create a blanket expectation.

So another way to think about this is, look, people aren't blank slates. They're looking for mental shortcuts to make sense of a complicated world. This is to Linda's point earlier, understanding is frame-based, not fact-based. I like to use what I call my Johnnie Cochranism, which is if the facts don't fit the frame, people reject the facts, not the frame.

The incoming information then stimulates, activates, cues in our head that we connected to what Litman called the pictures in our head, to understand information. And the second-to-last bullet is an important one; it's about expectation. We develop these thoughts or habits, we groove in many ways the synapses if you will, in such a way that we try to configure the incoming information to conform to this dominant frame particularly we have.

So therefore, to change opinion, you have to shift the frame. For us it's not about persuasion. You don't persuade people that their position is wrong and they ought to take another one. The trick, as you'll see in a minute, is trying to make something else salient for them in such a way that that will lead them to reason to a conclusion you want them to reach.

The two type of frames, my colleague at Stanford, Engar, was first to talk about this, this is important for gun violence, the notion of the attribution of responsibility. It's the way a frame is constructed, the elements of that frame and how they are constructed has a significant influence on how people attribute responsibility, both to the cause of the problem and to the solution or for the solution of the problem.

He talks about episodic vs. thematic frames. The easy way to think about them is episodic frames focus on episodes involving individual people, specific places and time with no context there. They're private. If the individual is the prime actor, then the answer is to fix the individual. Right? If this is really about a person, think about gun violence, think about bad people, then what do you do? You remove the person.

Thematic frames, on the other hand, are more contextual, environmental, ecological, public. The answer isn't just to get better information, saying stay away from the bad people, but to get better policy so you can fix the condition.

Come on, slides. Need some help here. Slides aren't moving. Or aren't showing. While they're helping me, maybe I'll talk us through here. You there?

>> Joanna Hathaway: Dr. Gilliam, yeah, I'm here. I'm trying to get them to, but I'm not sure that image is showing up. I'm sorry.

>> Franklin Gilliam: Yeah. Can folks hear me?

>> Joanna Hathaway: Yeah.

>> Franklin Gilliam: OK. Let me go on, and if we get the slides fixed that will help, obviously.

>> Joanna Hathaway: Thank you. Please continue.

>> Franklin Gilliam: The next slide really talks about this idea that I raised earlier, that people don't walk around thinking about specific policies. What we now know from the cognitive sciences is that people essentially reason from large ideas to specifics. They don't walk around thinking -- here we go. See if I can advance it is the question. Maybe if I click on it, it will. Nope.

[Laughter]

It disappeared on me again.

This is an important point, that people don't walk around thinking, Gee, what do I think about limiting access to assault rifles? They think about bigger issues, safety, freedom, liberty.

So think about how people come to the issues at three levels of thinking. The first level, this level 1, is about values: What are the big ideas? What's at stake with the issue?

Think of the second level as being about the domains. What are you talking to me about? Is this about health? Is this about welfare? Is this about policing? What is it about?

Then at the very specific level, where the policies are. So now you've said what's at stake, what's this about, and now is when you say how would your particular policy help the problem? So people reason from the abstract to the specific.

I'm going to move on, only because I don't think I can forward the slides. I'm going to sort of skip a slide or two and get to the last --

>> Joanna Hathaway: Dr. Gilliam, I'm sorry for the inconvenience. I'm re-uploading your deck in hopes it will move.

>> Franklin Gilliam: I will keep talking. I think I am running out of time.

>> Joanna Hathaway: Please do. Thank you.

>> Franklin Gilliam: So when people approach an issue, it is not as if they have one singular frame to reason the issue with. In fact, public thinking is more like a swamp of things. I'll see if I can move it. I'm moving it. This was the slide -- now I lost it. This was the slide, I assume people can see it, about the levels of thinking. I think that's important.

I'm going to now sort of jump through to the swamp. I'm saying this idea that there is a swamp, there's a lot of stuff out there that can eat up your message. And the question is can you activate those things in the swamp that best help your message?

Linda talked about some of this. There are all kinds of things floating around in the swamp of gun violence. There's question of basic freedom, there's questions of rights, questions of constitutionality. There's questions about personal and public safety and national security. There's a

lot of discussion of public health and relatedly mental illness. There is discussion of the so-called "mean world" syndrome. And as evidenced by the violence in the media and the broader culture of violence, are we prone to violence as a culture?

Now, the one I've left out on this one is the one I want to walk you through a little bit, and that is race. So all these things are lurking in the swamp, and we know that there is a very strong race-violence, race-gun violence connection in the public's mind.

So as you are communicating, this element is in the swamp. And once activated, it can eat your message, as can some of the others, but race is extremely powerful. And people will use one of these things, these swamp things, if you will, as a way to guide them in their thinking. So if it's about rights, there's nothing you can tell a person who believes they start from this idea that I have Second Amendment rights, and they reason straight on down through it, and therefore I'm not going to support some of the reforms that have been offered by folks seeking to control guns in the culture.

But this idea that in the swamp something can eat your message. So when it comes to race, there is the connection of race and violence and what the race frame is, and the dominant thinking, and we've done a lot of research on this one, is that the playing field's been leveled, the law supports that, and if people aren't making it, it's because they come from a dysfunctional culture and are deserved to be treated as such.

The point is, it doesn't matter about its truth, its veracity, its empirical correctness. That is where people start. And so obviously, that is not something you want to activate. Now, there is a place you can deal with the messaging, and I'll be happy to talk about it in the questions.

Let me end with this slide, if I can get it up. So here's a sample message template for re-framing gun violence, using this level 1, level 2, level 3 model. Level 1 you have to talk about a value. In this case a value -- by the way, not really empirically tested, so I'm sort of doing a little guessing here, and we have tested prevention in other instances. For example, people will say, when you say prevention of gun violence, Well, it's not preventable. Also, by the way, you could use safety here. There are problems with the safety frame as well, because people individualize that.

Nonetheless, you get the idea that you want to start with a value, you want to either, in this case I put the domain as gun violence, but what we have found is sometimes you can push your message through a different issue category. For example, child development. So for example, this is about the corrosive impact of violence on children in these communities, and that changes the conversation entirely.

Then whatever your policy ask is. I put assault weapons ban. But it could be any number of things. The point I'm trying to make is that you would use this template to curate a story that triggers, that begins by triggering a value you know people believe in. For example, it could be the future. Let me do the children one. It's the future. We want a bright and prosperous future. That's the value. Well, what's going on? What prevents that? Well, children are being harmed by gun violence, and it is corrosive in the society and makes it very difficult for us to see through to a shiny future.

Therefore, what fixes it, you put whatever in here, early registration, assault weapon bans, whatever you like. The idea is you're going to tell a story around that. So I think my point is how a story is told, the order in which it's told, and its elements matter greatly for public -- for moving public will.

I think I will end there. I think I've gone on too long. Thank you. And I'm supposed to pass it back to Georges?

>> Georges Benjamin: I got it. Thank you. We want to go back, and we're going to remind the panelists to submit your questions. We have the Q&A feature there on the right side of your frames. Then please submit your questions to all panelists.

With that, I think we also have to remind you we're doing the closed captioning. And look down in your media viewer if you need that service.

Then we have the third poll. So the third poll is do you believe changing dialogue changes minds? We'll give you a few moments to do that particular poll.

[Pausing]

OK. So with that, let's maybe begin trying to get some of these questions, get these questions answered. Again, remind you submit your questions in the Q&A section of the web chat. When you submit those questions, make sure you're submitting them to all panelists. All right. I'm going to start with some questions. I think this is for either of our panelists. Let's talk a bit more about the whole idea of framing our arguments to be more understandable and relatable to the other side. Let me start by asking both you, Frank, and Linda, you know, the issue of firearm safety, the NRA obviously promotes firearm safety education. But yet, even that has been a series of controversy about the whole idea of teaching people both to use a firearm, to store their firearms more safely, and of course teaching kids that if you see a firearm, don't touch it, go get an adult. Do you want to maybe comment a little bit about that?

>> Linda Degutis: Sure. I can comment a little bit about the -- let me start with what you just mentioned about children and the issue of going to find an adult, you know, not to touch it, but to get an adult.

There have been some studies done where children have been left in a room with a toy gun or gun, something that looks like a real gun, and they've been -- these are kids who have been taught not to touch a firearm, and basically in those studies they have touched the firearm. They're curious. Children are naturally curious. So it's not all that surprising.

So sometimes, as we know in public health, education alone isn't necessarily enough, and that some of the interventions that are most effective are those that sort of put the object that has potential harm at a distance from the person who is at risk from being harmed by it. And that's really one of the core principles of injury prevention, in many ways.

So I think there's a strong interest in firearm safety on the part of, certainly, a lot of gun owners, and I think we need to probably get away from just referring to the NRA. There's a lot of other groups and organizations and a lot of people who are gun owners who aren't part of the NRA but strongly believe that it's an important thing to do as far as firearm safety and keeping people safe.

>> Georges Benjamin: Dr. Gilliam, any thoughts? You may be on mute still.

>> Franklin Gilliam: My two cents worth on this, thanks, sorry about that, is, first, to leave the particulars to you experts, but it is to note that the amount of time and energy groups like the NRA devote to communications, and it is an intentional and constant stream, and one that, in some cases, runs up against the facts.

I don't know if people saw the video today, but an instructor was trying to teach a 9-year-old how to shoot an assault weapon. She couldn't control it, and she shot the instructor. So the evidence, in many ways, doesn't matter. People will isolate that event. But the point I'm trying to make, I guess, is that one of the ways that people control the public debate is by being serious and intentional about their communications. I'm not sure that's come from the other side quite yet.

>> Georges Benjamin: Let's talk about some other successful framing for this, for this issue. How would you do that? If you wanted to change the framing around firearm safety, and teaching children the proper way to handle firearms, when not to handle firearms, the policy of what age they should do it is a separate discussion, I think.

If the child is of an age in which everyone could agree, or young adult, adolescent, whatever, so that from a development perspective you're comfortable that you could communicate effectively with them. How would you frame that discussion?

>> Franklin Gilliam: I'll take a crack at this one. I'm not -- I don't know that I would even accept your framing of the question, Dr. Benjamin.

>> Georges Benjamin: I understand.

[Laughter]

>> Franklin Gilliam: With my new favorite phrase, "with all due respect," which means, of course, I'm going to disagree with you and insult you.

[Laughter]

But with all due respect, I wouldn't -- what works is an empirical matter, and you can't stick your finger up in the air and come up with a bumper sticker. Much as the work is done on the empirics of the

substantive questions, the same work has to be done on the communication. It's not a guess. So the

answer is we don't know. But if we want to know, and my question -- my sort of pushback on the

question was, first, what is your real ask? What is your goal? What are you trying to accomplish?

You're trying to accomplish gun safety for kids, or are you trying to do the converse, which is to find

ways to restrict access for children? As you all can argue over whatever the appropriate

developmental age is.

Wherever you want to go, there is an empirical way to discover it. Then the question is who

are you trying to reach? Policymakers or a more general audience? Are you trying to get a ballot

initiative? What are you trying to do? Whatever that is, there are ways to discover. It's discoverable.

>> Georges Benjamin: Some real clarity around your question?

>> Franklin Gilliam: Clarity around your goal and research on what actually works in moving people

toward that goal.

>> Georges Benjamin: Linda, would you agree there's an age, from a development perspective?

Obviously, one safety training doesn't fit all, even young people versus adolescents, versus adults.

>> Linda Degutis: That's one of the issues. I don't think it's necessarily easy to say that at a given

age, every child is ready to handle a firearm. I would point to what we know about driving and driver's

license restrictions. What we found is that for young people, using a graduated driver's licensure

approach decreases the number of crashes that they have. Some of it has to do with the maturity of

the brain, the impulsiveness sometimes of the teenage brain. So there's a number of things.

I think it's very difficult to say that there's an age at which children, every child would be able to

understand exactly what a firearm can do. I would point out also the example that Frank just used

that has been in the news for the past day or so about the 9-year-old who was being taught how to

fire -- she was actually firing an uzi, I believe. Unintentionally killed the instructor, who was teaching

her how to do it.

So I think these are the -- these are the kinds of things that you take that one incident, it's the

kind of thing, again, that can create a diversion or talking about the whole issue about should children

be taught how to handle a firearm, at what age. Is that really the most important issue we need to

deal with, or are there other issues we should be addressing first?

>> Georges Benjamin: OK. All right. Continuing with this idea of framing, how do we get

beyond -- it's important to understand your goal, as Dr. Gilliam just previously said. How do you get

to those, even though you may have a broad goal, how do you prevent getting to predetermined

solutions as an end point?

The other thing he talked about was the need for conversation, to figure out how you

compromise. How do you begin to go through a path with a general goal, without people using their

framing and their experiences, which cause them to leapfrog to assuming you're trying to get to an

end point that you may not necessarily be trying to get to?

>> Franklin Gilliam: My response to that would be that what you are trying to identify are values that

are widely shared, that may be equally important to people, but that are more recesssive and finding

ways to activate those values.

So it is the search for, in many ways, it's a trite answer, common ground, but the common

ground is on the values, where people agree with you about a particular value, and that that value

sets up a productive conversation to get where you want to go.

Obviously, at some point there has to be a goal. Doesn't have to be the same one all the time. You can pursue multiple goals. However you do it, if you are looking to expand your base, then you have to find ways to activate values in people, recesssive ones that lead them to drink. The water, I meant. Like a horse to water.

[Laughter]

Might lead them to drink; I don't know.

[Laughter]

>> Georges Benjamin: One of our participants from Connecticut has talked a bit about in their question that they've tested different types of framing, mostly around the value of child safety. But of course, they've not been successful in that. Every time they've done that, the policy change has always resulted in a no result. Do you or Linda have any way to think about, so if the value of child safety is there, what's the pathway to yes?

>> Franklin Gilliam: Well, for me, child safety isn't a value, it's an issue area. That's why when I was trying to frame it that way, I talked about responsible management or stewarding the future, about community. Things larger than simply that issue. Then see if you can work to child safety. I don't know if I'd call it child safety. I might call it child development. Again, empirical.

>> Georges Benjamin: Dr. Degutis?

>> Linda Degutis: I think that's a good point. Perhaps saying child safety, for some people, again, even saying something like that generates a negative reaction when you start to talk about requiring child safety seats to be used or any sort of what people perceive to be as restrictions on their personal choices.

So when you say child safety, that may create that same kind of negative sort of response, but I think what Frank just said about community and maybe community health or living in a healthy community, where it's healthy for everybody, that may be more a way of framing things, creating this healthy approach to community, creating an environment in your community, where people feel as though they can go out, walk outside and not have to worry about somebody being fired on or somebody being in a gunfight, which we do see in some of our communities. So I think that may be a way to move forward with it.

>> Franklin Gilliam: I think that's a really interesting point. Because, if you asked people what is a healthy community, they're certainly not going to say a community in which there's a lot of gun violence.

>> Linda Degutis: Right.

>> Franklin Gilliam: Right? Then I think you have to get also this idea of interconnectedness or linked fate or shared fate, that all of these communities are connected together, you don't live in isolation.

>> Linda Degutis: Right.

>> Franklin Gilliam: If you want a broader community to be healthy, it's incumbent upon all of us who live in it. I think that's -- we have to what we call the graveyard of framing hypotheses. We always say that sounds good, then we go out and test it, it doesn't work. I would bet a Coke on that one.

[Laughter]

>> Georges Benjamin: Go ahead, Linda. I'm sorry.

>> Linda Degutis: I was going to say, the other piece of it that I just want to throw in there, when we talk about healthy community, we're also just not talking about gun violence in the context of violence, person-on-person gun violence, but when you talk about suicide too, if you have a healthy community you have the opportunity or the likelihood that you're going to address the mental health issues and the issues that might put somebody at risk for suicide. So the lack of connectedness, if you have a healthy community, you may have a higher rate of connectedness. So you're addressing more than just the issue of firearm-related homicide or assaults.

>> Georges Benjamin: The whole framing issue, as many of our participants today are pointing out, there are folks that don't utilize the term "gun violence." They don't see those two words in any way linked whatsoever. And so how do you have a dialogue around that, when you have folks that don't see the concept of gun violence? They see violence; and they see injury with a firearm. And they understand the concepts of linkage, but they won't put those two words together.

>> Franklin Gilliam: Well, because the guns, in and of themselves, don't cause violence. That's the logic of it.

>> Georges Benjamin: Mm-hmm. And yet, you know, automobiles in and of themselves don't --

>> Linda Degutis: They don't crash. Without a driver.

>> Georges Benjamin: Yeah. Yet we've been able to reframe that, that whole debate differently. By the way, those of us who are around remember how tough that was.

>> Linda Degutis: Right.

>> Franklin Gilliam: Yes. Very difficult.

>> Georges Benjamin: Well, motorcycle helmets.

>> Linda Degutis: Let me ask Frank this, given his expertise on communication theory and communications. If we're dealing with a group that's talking about injury with a gun, and refuses to use the term "gun violence," is there a way that we can automatically -- that we can continue to raise that and say, Oh, so you're talking about gun violence? Is there a way that we can create that association so that it doesn't get pushed aside, without stopping the conversation, but can we do it so it raises the awareness of a third party, perhaps, policymaker or somebody who would then understand what the connection is?

>> Franklin Gilliam: You know, it's interesting. Again, I'm going to plead ignorance, because I don't know the answer to that, and I do think it's an empirical question. But we see it a lot, where advocates either are extraordinarily reluctant to give up a term. So for example, in the reform of the legal and justice systems, the advocates were wed to the idea of criminal justice reforms. But they, upon seeing some evidence, moved to public safety. So you can change. By the way, the best way to do that, of course, is to be able to win somewhere with your message. So I don't know that that helps you a lot. Because, I don't know that you can sit and have a conversation, because it gets rhetorical very quickly.

>> Linda Degutis: Right.

>> Franklin Gilliam: They're defending theirs, you're defending yours. So it gets very difficult. That's why I always say you have to elevate some other thing that you both share. One of the things, for example, just a thought, sometimes we've actually used communications itself. Right? So everybody can agree. People tend to agree that either the communication isn't good, isn't effective or it's a problem, and that sometimes is a common enemy that unites people. Then you're able to start

showing folks what the issues are, and get them to talk about communications, as opposed to talking

about violence. I've seen it work in communities.

>> Georges Benjamin: I've always been perplexed why the safety message wouldn't work. I was

more perplexed when I saw that even putting out a high-technology gun, the old James Bond

signature gun seems to now be rejected as something that's OK, everybody wants to say, Hey, let's

go back to the old ways. Let's keep with the old ways. I'm fascinated, because if you imagine having

that discussion over rotary phones, where we would be today? It's a fascinating rebut of an attempt

to try to make a firearm safer.

>> Franklin Gilliam: I think you have two -- my snap analysis would be you have two things lurking in

the swamp that make it difficult. The first is the general fear of innovation. I mean, I think that

Stephen Hawking showed that many of these discoveries were discovered a generation earlier, but

nobody would believe them. And it's just that people don't -- so you have technology where people

are just still distrustful. Right? Are you going to -- you're going to get my fingerprints some way and

do something nefarious with them. You're going to violate confidentiality in some way. That's really

what you're after. That's what I suspect many people would think. You've got that lurking out in the

swamp. So the rejection of innovation, and the fear of technology. I think those are the two things,

and they work together. They sit out in that swamp and eat your message. It's an easy one to make.

        You think about, for example, the public conversation about drones. There's a TV story today,

this morning, about Disneyland using drones, and the resistance to them using drones to activate the

puppets in the -- because people were afraid what the drones would do to them. So they were

collecting information about them. So I think you have those things in the swamp that are very, very potent and are easily activated.

>> Georges Benjamin: That's a good point, because context is very important. So again, it's OK to have your iPhone activated by your fingerprint, a device that is designed to send information, but it's not OK to do that on a firearm, which is not designed to send information.

>> Franklin Gilliam: That's right.

>> Georges Benjamin: Thinking it through.

>> Franklin Gilliam: Well, they can't. They stop. That was the point of the slide I tried to show earlier in my presentation, about the Schank slide about processing. Because once they think they've landed on the story, whether it's a right or wrong story, they stop processing; they don't think it through. They in fact do not cognate it through.

By the way, you still have that other thing lurking out in the swamp, and that's this sort of Second Amendment stuff. You want to constrain my rights, restrict my rights. And on top of it, you want to do it in a way that's new, I don't trust, and with a technology that I'm extremely suspicious about.

I guess the point is if I can make a narrative up that quickly, and make it logically coherent and make it sound like I'm reasonable and not crazy, you can see why that gets to be compelling, and particularly when there's no counter narrative.

>> Georges Benjamin: Which takes us to one of the next questions, is so many years ago, the CDC was prohibited from doing research on gun violence. It seemed to be that no one wanted to know or ask the right questions, and it would seem to me that it would be the opportunity to not only find out

information that might be beneficial to not only gun owners who were interested in less restrictions, but also getting information obviously for folks that were interested in more restrictions. But to the extent of getting the facts, in many cases we're having this debate without having the information and the data that we need to really begin having a fact-based discussion.

Again, going back to the question of at what point should -- the question about whether you're safer with or without your firearm, safer with or without certain kinds of firearms. We're all relying on lots of scientific results from other countries. Of course, that's good, but we do lose the cultural context.

>> Franklin Gilliam: What we also know, Dr. Benjamin, we've tested this in a few issue areas, that when you try to bring evidence in from other countries, people say move to those countries. We did this with -- we did criminal justice. We just did a paper on this. I think we reported some of it in a blog on the FrameWorks website recently, where we gave them facts about international incarceration rates, and it actually made people more punitive in the United States.

[Laughter]

So that the lower international incarceration rates actually made people more willing to support punitive crime policies.

>> Linda Degutis: I think that is a challenge when we do talk about other countries, because we've seen it in also other types of policy, when you talk about alcohol policy or impaired driving policy. There's this resistance, because it's "Well, we're not like them" or "We're different." We do get that same argument when you talk about guns. So I think that's one piece of it.

One of the other things, one of the other challenges we have in all of this too is that the laws are on a state-by-state basis, but certainly when somebody crosses a state border there's not somebody checking to see whether someone's complying with the law for the next state that might be more restrictive than the state they've come from, or there's nobody stopping someone from crossing a state line to purchase a firearm in another state that has more liberal purchasing policies.

We still don't know, to a large extent, about what works, because we don't have the research data, or we've had restrictions even on access to data from the Bureau of Alcohol, Tobacco and Firearms. Those restrictions limited some of the data available for research. The funding for research is nil, mostly from the private sector at this point. So we don't know what works here in the United States. We don't have a good documentation of what's effective.

>> Georges Benjamin: Good point. Let's talk about reframing. The whole idea of in this debate we often hear the concept of freedom being discussed. Of course, it is often that word is used without any context, but sometimes very specifically. But what about freedom from injury, or freedom from death or -- in other words, the whole life, liberty and pursuit of happiness concept has two sides to it. How about in part of the debate reframing what has historically been the retort of the NRA and others around the freedom argument, how about the counter argument back? Frank, does that work as part of a discussion, or does that become too combative?

>> Franklin Gilliam: Well, two things. One, our answer has always been don't ever use the other guy's frames. It's based on George Lakoff said "And don't think about an elephant." Right? You say, Oh, well, freedom isn't really simply about the freedom to do what you want, and go where you want to go, and do what you want to do and pursue life. Freedom is to be free from being killed,

freedom -- no, it's not. You just told me it's about freedom from government. Understand what I'm saying?

So it is very difficult to argue the other guy, the other side's frame. You have to find an equally compelling frame and elevate it, so that it's now part -- becomes part of the conversation, and one that better suits your goals.

>> Georges Benjamin: In that context, so one of the debates always comes up, of course, knowing that more than half of gun-related deaths are due to suicide, and of course, we point out that easy access to firearms contributes to that. But then the argument always comes back, is that these folks will find a way to kill themselves anyway. Of course, as an ER doc, when I was practicing emergency medicine, I would come back with, Well, yeah, but it's easy for me to address a brick injury or near hanging that was not successful, or cutting the wrists that was not successful, or pill overdose. Granted, not completely, but often, the gun, firearm-related death or shooting is usually more immediate, more devastating and often irreversible. Where these other methods may not be as permanent, may not be as irreversible.

Again, that's a framing don't. How do you handle that one?

>> Franklin Gilliam: Well, for me, I would say what evidence do you have that they go find something else, that they get it somewhere? There's absolutely no kind of -- they can't prove that. For starters.

Secondly, I really like the way Linda was articulating the community health frame. There's a way that you can work in a kind of suite of issues -- or excuse me, particular issues or policies. So healthy communities are not communities in which people kill themselves a lot, more than other

places. Right? So why is that? Well, there are a number of factors, but one of them is the availability of firearms.

There's a way to walk down to that conversation. So I get off of, well, you know, at least they didn't -- if there were guns, the worst they'll do is hit themselves in the head with a brick, or whatever it is, which is a different conversation because that focuses on a lot of sick people, as opposed to a sick community, which affects us all, and infects us all.

So I really like Linda's articulation of the community. I'm still not -- kind of an empirical question whether community health is the exact right phrase, but I think it's the right concept. Because now, I can walk down to this idea of, well, healthy communities just don't have high incidences of this. I suspect that if we did a GIS mapping of cities and where suicides are, I'd be very curious how that overlays with other things that are like the lack of access to primary care, transportation, fresh food, all of that.

>> Linda Degutis: Right. Right. I think, yeah, there's probably a number of factors, and that ties back into the social determinants of health sort of concept, that there's all theses other things that contribute to someone's health, and obviously contribute to the health of the community that they're living in. So whether they have access to healthy foods, whether they have access to a place where children can play safely.

>> Franklin Gilliam: Or they have easy access to guns.

>> Linda Degutis: Right, right, right, exactly.

>> Franklin Gilliam: It fits right in that conversation.

>> Linda Degutis: Yeah, yeah. So in the context of creating a healthy community, what are those components that are really important, and perhaps one of the things is for a person in Connecticut who asked this question, I wonder if one of the things that you might want to do is to try and create some community sort of forums or community meetings where you actually talk about what makes the healthy community, and use those to put some pressure on the legislators, use the results of those meetings. Because, are people going to say that in order to have a healthy community they're going to need to have laws that allow them unrestricted access to firearms? What will they say? Maybe that's one way to start some of the dialogue.

>> Franklin Gilliam: No, I think that's promising.

>> Georges Benjamin: I think one way for communities to begin having these kinds of discussions around safety and at least beginning the dialogue. You do have to deal with, as you said, misinformation. Of course, one of the problems with having debates around community safety is often having the data. Of course, we're in a vicious circle here. So we're not collecting data around the firearm-related injury and death, and then sharing that information, and then trying to figure out ways to resolve those problems in a comprehensive way. And we have so many barriers along the way, including the data collection, because of people's fear about knowing, A., they have a firearm, B., issues around overlaying that, using GIS to other communities. Obviously, you're going to find certain types of firearm-related injury in certain types of communities, probably. Don't know what those communities would be. But we don't have a lot of data around that, and just because your wealthy, these people commit suicide as well as poor people. So we run into a lot of stereotypes

around the communities, as we are trying to address some of that stuff. I think that's probably the

challenge here.

Again, you pointed out, Frank, that people then begin just to lock off the discussion and

thinking, because they decide stereotypically that this problem is only occurring in one community.

But they haven't looked at the data, and in some cases data isn't being collected. In some cases the

data is available. Obviously, there's police data, but it doesn't get cross-walked across other pieces

of data in a way that allows you to -- like we would do for an infectious disease. If this was the scare

of the moment, Ebola, then people would be clamoring for us to track it, know every person who has

it, report it to public authorities, and then make sure they know everyplace in the world, certainly in

their community, where anyone who might even possibly have an infectious disease like Ebola is,

because they're afraid of it.

Yet, the more likelihood in some of our communities of them getting injured by the firearm is far

higher than their potential remote, even someone in their community having Ebola. Again, as people,

we don't manage risk very well. We don't think about that. A lot of that, I think, has to do with

framing.

>> Linda Degutis: I think that's very true. I think the other thing I'm seeing in some of the questions is

this question about even how to start, in some way, start this conversation amongst people who are

already involved in treating people who have firearm-related injuries. What do people do in a trauma

center? What do people do in the emergency department in order to decrease the toll they see on a

daily basis?

I just wanted to bring that up in this context. Clearly there's the framing issue, but these are people who have a really important role to play in the framing and in telling this story, and being able to tell some of the individual stories of what they see and the impact of gun violence on the families that they see come into the emergency department, on the community that these people live in, and on engaging in the community and perhaps engaging in some of the community forums.

So I think those are some important roles for some of the health practitioners who are involved in caring for people and get frustrated because they keep seeing people come in, and they don't see any end to this. And it applies to both homicide, assaults, and suicide and suicide attempts.

>> Franklin Gilliam: I was looking at a couple of the questions, and I wanted to respond to a couple of them. There's a stream earlier about storytelling in this field. And I think I mean storytelling in a different way, and even to some degree different than what you just said, Linda. Story is about a meta story, not about telling the story either of individuals or using storytelling with patients or the like.

Mine is about the public discourse. So I wanted to be clear about that. It is true that people understand the world in terms of stories. We all do. We all do every day. Right? You're going to leave this call, and you're going to say something, you're going to describe it to your friends, your spouse, your colleague, and it's going to be a story about any number of things that happened on this call. But you're not going to go home and simply, I went, I got on the phone, then I did this, then I did that. People don't understand the world in that way.

Second thing is the question about Connecticut. I think it's a really good question. They said that they've been framing it mostly around the value of child safety. You asked that before, but I wanted to go back. The safety part of that is very tricky. Even if you get child out of it, and just talk

about safety as a concept it's a very tricky concept, because in many cases people understand it as

personal security. Not back again to community security.

By the way, there sometimes are multiple dimensions to it, to a value. And part of the

empirical job of the communications researcher is to figure that out.

>> Georges Benjamin: Well, let me thank you both. Let me just make sure that we have some time

for each one of you, if you have any questions or any final comments you might want to make. Let

me go first with Dr. Degutis.

>> Linda Degutis: OK. Well, I think this has been a really good conversation. I appreciate all of the

input as well as the questions that people who are listening to the call have raised. I think they will be

pretty helpful. I think that I would like to say this is valuable and it's valuable to hear some of the

concepts about communication that perhaps we aren't all familiar with.

I'd like to challenge everybody on the call to really think about how they can work on engaging

in a conversation and in changing this dialogue, and also to continue to be interested in this issue,

because it is an important one and it's certainly someplace that we need a lot more work. So thank

you all.

>> Georges Benjamin: Dr. Gilliam?

>> Franklin Gilliam: Thank you. Dr. Degutis and Dr. Benjamin, I am honored by the chance to be on

the call with you. I feel a bit like an interloper since I'm not a public health person, and so probably

the least knowledgeable person on the call. But to the extent that I can contribute to the

conversation, I would say the following things: That there is a science to communications, and a lot

of the questions, I saw the questions people were asking about specifics about framing for this field,

are really only resolved empirically. There are ways to discover what works and what doesn't work.

We do know -- in fact, the reason I'm on this call is a very interesting story. I got a call, and said, You

may not remember me. I saw you talk 15 years ago. You gave a -- you told us to do this; we did it,

and it worked. We've seen it, in a more national example, with everything from car safety to smoking.

So it can be done, but I think it requires very systematic and intentional thinking about

communications. I know it's not the easiest thing to do, and sometimes it goes against the grain of

what advocates and experts are conditioned by training to do or say. But to me the right question is

does whatever it is you're advocating take hold and improve the lives of people.

>> Georges Benjamin: Well, thank you very much. With that, I think we have another poll question.

Poll number 5. We'd like you to answer these questions.

[Pausing]

All right. With that, I want to certainly thank our presenters today, and turn it back over to our

behind-the-scenes folks. I want to thank them as well. And Joanna and Charlotta, thank you very,

very much for all of the help in getting this done.
[Webinar ended at 1:00 p.m. Pacific Time, 4:00 p.m. Eastern Time]