GSA Scientist-Citizen Episode 02 Transcript

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Narrator (00:02):

Welcome to the GSA Scientist-Citizen Podcast, celebrating individuals committed to proactive public engagement that improves understanding of science and policies that support all of us as we age.

James Appleby (00:15):

Welcome to the GSA Scientist-Citizen Podcast. I'm James Appleby, CEO of the Gerontological Society of America. GSA believes that scientists and other experts have an important role to play beyond the laboratory, clinic, or classroom. Scientist-Citizens use their knowledge, experience, and voice to advance understanding and action on issues that matter to all of us as we age. Today, we're joined by someone who has lived that idea in extraordinary ways, Dr. Leana Wen. She is an emergency physician, public health leader, author, medical analyst, and one of the most visible voices in the public conversation about health and science. Her book, Lifelines, has both a memoir and a powerful examination of what public health really means and why so much of the work that protects our health is invisible until it is suddenly missing. Dr. Wen, welcome to the GSA Scientist-Citizen Podcast.

Leana Wen (01:13):

Thank you so much, James. It's a pleasure to join you today.

James Appleby (01:16):

Thank you, and thank you for making time. I've been so looking forward to this conversation since you presented to the GSA plenary session at its last meeting. Your messages were so compelling. I was glad you could make time for us to chat today. And may I call you Leana?

Leana Wen (01:31):

Yes, of course.

James Appleby (01:32):

Leana, your journey from immigrant child to emergency physician to public health commissioner and national communicator is remarkable. When you look back, when did you first realize that being a physician meant having a responsibility well beyond treating the individual patient in front of you?

Leana Wen (01:53):

It's a great question, and I'm not sure that I can pinpoint a single moment, but rather a collection of moments in my medical training when I realized that I was doing everything I could from the standpoint of being the clinician, but that we were still sending our patients out there, if you will, to a world that is not prioritizing their health. I remember seeing this one patient, for example, who came in with a seizure, and his wife explained that he had epilepsy, and this was a known condition for him. These were the days before the Affordable Care Act, and he was unable to get health insurance because of this preexisting condition. And I thought, look, we can stop the seizure that this patient has, we can help prevent his next seizure for a period of time, but then he's not going to be able to afford his medications, he's going to come in again for seizures, and what are we really doing here?

Leana Wen (02:50):

The same thing for patients with diabetes or heart disease. We would tell them, "You need to eat healthier foods." But then if they said, "The closest grocery store to me is a Whole Foods, I have to take two buses and then walk 10 blocks, and then the food is too expensive for me to afford," how are we really helping them? And so I became, I think, acutely aware of how it wasn't just the care that we provided our patients in that moment that was determining their health, and that's when I thought that there is a responsibility, there is a duty that we have to help our patients in every way, and that includes this type of systemic change too.

James Appleby (03:29):

So even if you can, in the immediate term, sort of fix whatever issue the patient is presenting with, there's this whole ecosystem surrounding that patient that is perhaps an unappreciated part of the process for many people and has to be addressed if we really want to help those patients remain healthy.

Leana Wen (03:47):

Sure, and we can do everything possible within the four walls of the hospital or the clinic, but that is not where our patients are spending the vast majority of their time. And that goes into, of course, the concepts of social determinants of health that I know all GSA members know very well: there's a lot more that determines health than just the healthcare they have access to.

James Appleby (04:09):

Indeed. And one of the central ideas in lifelines is that public health may save your life every day without you knowing it, because public health prevents something from happening. You've talked about your goal of making the invisible hand of public health visible. Why is that invisibility such a communication challenge?

Leana Wen (04:35):

Yeah, one of the most frustrating parts of my job when I was the Baltimore City Health Commissioner was arguing for our funding. And that's because, look, I'm, my kids go to public schools in, to a public school in Baltimore. I, of course, believe that we should be funding

education. Of course, I believe that we should be funding the Department of Public Works and, and, and so forth. But those are things that people can see, right? They can see what is a school and why we need to be paying teachers and why we need to be paving roads and so forth. But people may not intuitively understand what is public health because by definition, we prevented something from happening if we are successful at it. There is the picture that you can see, there's the image of a child who was lead poisoned, but what's the image of a child who could have been lead poisoned except for the remediation efforts that were done in their home, except for the diagnostic tests that were done to pick up on early sign, what is the picture of that person?

Leana Wen (05:32):

Or what is the picture of someone who, of a child who could have died if not for the programs that were implemented early on to get them their routine vaccinations, to ensure that they have adequate housing and so forth. It's really difficult to explain, to put a face on something that literally didn't happen. And I think that as a result, and your question was why is this a, a problem, right? Why is this a challenge? If people can't see it, they won't fund it. And then we will find out the hard way of what happens when that public health safety net is not there. And so I think it's really our responsibility as Scientist-Citizens, as public health advocates to be able to communicate that message.

James Appleby (06:15):

At GSA, of course, our members focus on the complex issues associated with aging across the life course, not just when we hit 65, but across the entire age continuum. And it seems that this story of prevention would have particular relevance for aging, all the many things you think about that allow us to live longer, healthier lives, preventing falls or vaccination or preventing chronic diseases and safer communities, they're all success- successful pricely, precisely because something bad doesn't happen. How, how do you continue to tell that story about something that didn't happen because of an effective public health policy worked?

Leana Wen (06:56):

I think one way is to show the things that did happen. And what I mean is not necessarily to show the terrible stories of someone who fell and broke their hip and then ended up in a nursing home and then died, right? I mean, I don't mean that we need to show just the dire stories, although sometimes that can also be helpful if we are talking about why people should pay attention to these issues of the downstream consequences. But I think there are ways for us to demonstrate the impact of our work by showing what are the services that we are providing. For example, one of the most striking, most memorable experiences I had as Baltimore City Health Commission was one day when we had our, our remembrance day, an awareness day about overdoses, and people came to give testimony about how their lives were saved because they were given naloxone, the opioid antidote by community and by people in the community.

Leana Wen (07:51):

P - then there is the face that you can put on these individuals, right? These are people who are saying, "If it were not for public health, I would be dead, but I am here now because of public health." So I think that's a very tangible, very specific example. Other examples would be when we started a program to give free glasses to every child who needed them in our schools. That was a picture that you could show, right? Kids who were wearing glasses, who are now able to read in class, who would attest that before they had trouble seeing the board, but they just didn't know that was a problem. When it comes to aging, we all are aging, right? I think that people can relate to aging as part of their lives. Some programs that, that we did in this regard, for example, around food deserts, we started a program that delivered food and fresh produce to people in community hubs, whether they were senior centers or libraries or apartment blocks, and there were pictures of individuals receiving their food and talking about the before and what they were eating before versus now.

Leana Wen (08:53):

So I think that it's important for us to present the direct services that are offered as a visual picture to demonstrate to people what does public health look like in practice?

James Appleby (09:07):

Well, it sounds like you've come up with very effective ways to truly make the invisible visible. Is there... And so you're constantly having to tell a story instead of just bringing data, I mean, to the, to the audience. Is there any particular secret that, that you work with to figure out how to make the story particularly compelling, how to hook people in? I think our GSA members, many of whom we're trying to teach how to be better storytellers, w- would love to know, is there some particular way that you always think of when you look at an issue to say, "That's the hook that's going to get them?"

Leana Wen (09:39):

Yeah, so I think there are a number of different things that you should think about. Start with, what attracts you to a story? Why do you read this book and not that, right? Why do you pay attention when you're turning on the news in the car when you're driving. Or TV, why do you listen to some stories and not other stories? What gets your attention? And I think there are several things usually. One thing could be relatable characters. And so when you're thinking about the story to tell, finding a protagonist, that person could be you. It could be, why are you doing this kind of research? Why are you drawn to this field? Right? Your own story and a connection, and usually many people have a story associated with that. It might be that you had a family member who had this condition and that prompted you to do research into this, or you yourself had an experience with a patient or whatever the case is.

Leana Wen (10:32):

There is a story that you personally have and people relate well to those personal stories. The element of surprise is also helpful too. I'm not saying that always needs to be there, but in the stories that I find, for example, having an element of, "Oh, I didn't know that before," that's surprising, I think is also helpful. Stories have a beginning, middle, and end. So when you're

telling stories, thinking about how you'll paint the picture, give the context, describe the person, describe the individuals, and also describe the importance as it relates to that person, right? And so I think thinking about chronology, thinking about person, thinking about context, that's important in telling any story. I have two little kids. I have two kids in a, in elementary school, and we tell each other stories, right? I tell them stories at bedtime. They tell me stories about what happened during the day.

Leana Wen (11:23):

I think that it's a very natural thing, storytelling, that's a part of our being human. So I think we all have this ability just be intentional about honing it as it relates to how do we tell this for advocacy purposes.

James Appleby (11:39):

And it sounds like you're also talking about how to make sure you're speaking into the listening, I think is a phrase I've heard once, that you understand your audience and what will resonate with them as well. That must be a big part of what you think through as you're creating

Leana Wen (11:52):

Different communications. Absolutely. And let me give you three examples of stories that I've re - that I've written recently and why I thought that those would be the effective ways of telling the story. I just wrote a story about the measles outbreak in Pennsylvania, and the person... I could have just written a story that was based on the numbers, right? The numbers are already quite stark and I could have just written it based on a, just from a purely scientific standpoint, that could have been a story. But I thought it would be more powerful to illustrate the, what was the perspective of a pediatric infectious disease doctor who is treating patients at the center of this outbreak, who told me that prior to this measles outbreak, he had heard of one case of measles when he was a trainee, but never really treated measles, but in the last month or so has treated 15 to 20 cases in his hospital.

Leana Wen (12:49):

And through his eyes, what was he experiencing in the hospital, right? That was his background, right? That's where he came from. And what is he currently seeing? It gives him credibility and makes him a relatable character in this, and his stories of what he's seeing. For example, he thought that he would see kids who came in with respiratory issues because he though that's what measles, those were the complications with measles the most. But he was seeing kids with hepatitis. He was seeing kids, he is seeing kids who have encephalitis, who may have permanent neurological damage as a result of measles. And I think that is so much more powerful of a story than simply measles is a bad disease that you don't want to contract. Let me give you a second example of this. I wrote about how the vast majority of deadly ovarian cancers don't originate in the ovaries, but in the fallopian tubes, and how fallopian tube removal is a cancer prevention surgery, but that is not one covered by many types of insurance.

Leana Wen (13:49):

I could have just written that piece, again, as a factual piece, but I didn't think that it would have the same impact, and I think there are many ways to approach that. You could also approach it by interviewing a patient who has ovarian cancer, who could have had the surgery, et cetera. I chose to interview doctors, including surgeons who had no idea about this and who found out and why they took action, why they became evangelists and advocates for women understanding their options and helping to educate other clinicians, right? So I think that choosing the people is important. Choosing the story is also, and I'll just give you a third. I interviewed maybe about a year ago, two older pilots in their 70s and 80s who flew across the Atlantic to try to set flight records. They did so to raise awareness about polio.

Leana Wen (14:39):

And when I interviewed these two gentlemen who are just incredible in how they think about the world, they told me that they're really passionate about polio awareness, but they thought that if they just started talking to people about polio, they would tune out. So they said, "We're going to try to reach a new audience by setting flight records, and people are going to turn up interested to learn about flying. And by the way, we're also going to tell them about polio." And so I think that to me also illustrates how you could be a citizen, not even a Scientist-Citizen, but just anyone, and you can tell a good story that draws people in to, to something else that you feel passionately about.

James Appleby (15:18):

Those are wonderfully concrete examples, and I think our listeners really benefit from hearing those. It makes me think, too, you're mentioning the situation in Pennsylvania with measles and some of the concern about a, a loss of, uh, of trust in science perhaps. How, how, how do you find common ground with individuals as you're traveling and reporting? H- how do you find common ground with individuals who don't feel that science and public health are relevant to their lives?

Leana Wen (15:45):

I think that it may be, in my view, solely an issue of terminology. I think many people prior to the COVID pandemic never thought about public health at all. And now they associate public health with quote unquote lockdowns and restrictions and things that they would rather forget about or things that they feel like were improperly handled during COVID or whatever negative associations they have with it. And similarly with science, I think it's, well, I personally think it's extremely unfortunate that science has been so maligned that there are now people who see science as a dividing line on both sides, as you're either pro-science or anti-science. And if you're pro-science, it means that you're aligned with one political thought or one political party. And if you're anti-science, you're with another. I think it's really unfortunate to have that define the understanding of science in some people's minds.

Leana Wen (16:43):

And I think as a result, if we know that these words are politically charged, and again, I do not believe that they should be, I think it's a really terrible thing that they are. But understanding that is the reality, I think there are other ways of getting to your goal without using the words that may be triggering to some people. And what I mean is, I think there are a lot of services that public health provides that are really not controversial at all. For example, programs that help pregnant women and postpartum families to improve health for their newborns. Not that controversial. Providing better healthcare for seniors, not that controversial, right? Helping overcome issues of food deserts to provide healthy produce for families. Not that controversial. And so if there's a way for us to be concrete about the work that we're doing, I think that is the most important thing.

Leana Wen (17:42):

And I'll give another piece of advice here too. If you're speaking to someone and you're trying to, to get to, to them, so for example, you're trying to influence a policymaker, you're trying to influence your state legislator, you're trying to get a point across to a person in a position of, of decision making, I would highly urge you to do your research on that person, especially if they're public figures, they have given many speeches, right? A politician has given many speeches. They will have a lot of social media where they tell you what issues are important to them and what is the language that they use to convey what's important to them. Use that. If somebody talks about public safety, it's your job to connect why your issue in public health, maybe the issue that you feel most strongly about is homelessness and mental health treatment.

Leana Wen (18:36):

There is a direct line you can make between that and their interest in public safety. If what they care about most is education, you can certainly talk about how school health and providing care for vulnerable children is really important for making sure that kids are able to learn in school. If what you care about is food insecurity and somebody is talking about job readiness, there are endless examples of this where you need to be the one to do that research. You need to figure out what are the issues that this person cares about. You need to figure out what is the language that they use and therefore what's the language that you should be using to connect with them. That all the tools are out there, right? There is so much information out there. And back to your point, James, that you raised earlier about listening.

Leana Wen (19:22):

If it's somebody who maybe is not a public figure and you want to discuss more with this person, you need to listen. You need to understand. You need to understand their point of view. And I think that is also just, I cannot underscore enough the importance of listening and again, mirroring this person's needs and their priorities in your discussion.

James Appleby (19:46):

I love how you reinforced, Leana, how important the language is and how sometimes perhaps as scientists, we get caught up in a certain jargon that's not helpful to the conversation

because of the audience that we're speaking with. And in fact, it can work against us in trying to communicate our message because certain language can trigger certain thoughts or impressions or assumptions. And also the reminder to members about doing the research. The vast majority of GSAs, more than 6,000 members, are all researchers at heart. They have the abilities to figure out who their audience is before they start to, to communicate with them, and that's a, a very, a very good reminder. There have been several recent surveys indicating that trust in science and expertise is declining. And I know you've lived through this and you're such a champion throughout, uh, COVID-19 pandemic of effective communication and trying to be clear about what we know and what we don't know.

James Appleby (20:41):

But do you, do you have any, any thoughts around what it is that scientists can do to try to earn that trust back? And that scientists is public health is across the range perhaps of government. And any thoughts on what we ought to be doing?

Leana Wen (20:54):

I think that there is trust in scientists. There is maybe less trust in institutions than there were before, but I think that there is trust in individual scientists. I think I have several thoughts here about what it is that we can do more of, right, that we can do better of. I think we do need to tell our own stories and humanize ourselves as scientists and clinicians. I think people need to understand why we came to this work. There appears to be some mistrust about intention, and I think that virtually every scientist and clinician I know came to this because of some personal experience in some way, someone that we really care about was diagnosed with something and that helped us really commit ourselves to this profession. I think the more people understand how strongly we feel about our work and what drives us every day to find out, I think that's a big part of it, of what we can perhaps do better of.

Leana Wen (21:55):

I also think that we need to be really intentional about working in coalitions, coalitions including with patient groups, but coalitions also of other scientists who are all trying to do the same thing and are trying to get across the same priorities. And then I think a third point is that we should also be really transparent about our process. I think we are anyway, I think people -- my kids are learning in school in third grade about the scientific process and how we come up with a hypothesis and then we test it, and how there's a lot that we don't know as well. So I think that being transparent about the uncertainty, embracing the uncertainty too, and talking about how science is not this rigid ideology or methodology, that it really is an ongoing process, I think that helps to rebuild trust too.

James Appleby (22:52):

That's such a key point, Leana. One of the beautiful things about science that most people don't appreciate is that it is self-correcting. It might take a week, a month, or years, but someone is always checking, reconfirming, and trying to prove something wrong. Is your sense that being upfront about that makes us more credible, not less?

Leana Wen (23:19):

I think it's the truth, and it's important for us to be honest about the scientific process—what we know and what we don't know. One misconception about the COVID response arose when people asked, “Why did you change your view? Why did you first say this and then say that?” Scientists can do a better job of conveying that good science means constant reevaluation. We also need to explain that policy is not dictated by science alone. When scientists become too dogmatic about the impact of science, we get into trouble.

Leana Wen (24:09):

And what I mean here is that we have to be careful to separate what we know based on the data and what conclusions we draw for policy implications, as in we could have data showing that this type of mitigation measure, if used, can prevent X number of infections and save Y number of lives. That may be data, right, and that could be determined by science. But to then say, "As a result, we need to implement these measures," that is not science. That's a value question. That's a policy question. That should be, that question should be decided based on the science, but it is not science alone, certainly, that, and not science at all, in fact, that is used to make that decision. The reason that decision was made was policy. It was based on values. And I think making sure that is separated helps to preserve the voice of scientists while also helping to explain that science itself should not be the political dividing line, that the science itself produce the data and the data are being used together with other values in making that decision.

James Appleby (25:23):

And you've had so many opportunities to work there at the intersection of science and public policy. And sometimes I sense that perhaps there are a lot of folks in the scientific community who are frustrated that they feel like the evidence is there, but public policy hasn't caught up yet. Any insights as to what we ought to be encouraging people to do, who believe the science is there and they want to try to inform that public policy?

Leana Wen (25:50):

I think that people who work in a particular field can become a bit myopic and can think that this is just common sense to me and it's common sense to my colleagues because they also do work in this field and therefore why doesn't everybody else get it, right? There's a sense of this great frustration of why I can't believe that other people don't see what we see. I would encourage you to turn that frustration into action and to think it is a fact that other people are not seeing what you're seeing. So how can you better connect with them in the words that they understand using the examples that are relevant to their lives, how can you make this happen for them rather than perhaps blaming them for not seeing something that to you is so evident? And, and I think that change is really important so that you are not experiencing burnout and frustration all the time, and so that you're able to channel those feelings that are very much understandable into something that's positive.

James Appleby (26:51):

And Leana, you had the opportunity to participate in our opening general session where we talked about the role of the Scientist-Citizen, of course, the idea being that individuals who work perhaps in a lab or a clinic or in the classroom need to take that expertise well beyond those settings in order to improve all of our lives as we age. I'm wondering i- if you could give every researcher, clinician, educator out there two or three rules for becoming a more effective Scientist-Citizen, what sort of rules would you recommend to them?

Leana Wen (27:26):

I think one very important thing is knowing that you exist in an ecosystem. You don't have to do all the work yourself. You don't have to carry all the water yourself. I think that there are a lot of scientists who I've certainly engaged with over the years who are my colleagues and my peers who've said, "I didn't go into this to be an advocate, right? I went into science to do the work. I went into this to do the research. I want to know the truth. I want to find out. I want to cure this disease. I want to find better treatments, et cetera." I really hear that, and I understand that. And I think that you should not feel like you are a failure or that we need you at this time and you have to do this. I, and, and unless you do it exactly this way, that you're not doing your job.

Leana Wen (28:09):

I don't want people to feel that way. I want people to understand that they're in an ecosystem where everybody does their part, and you can do your part as a Scientist-Citizen without writing all beds, without marching, without doing things that you may see other of your peers do that's appropriate for them, but may not be right for you at this point in your life or just based on your personality or whatever the case is. It's okay that there are different ways to engage. You can be engaged by simply doing your work. You can be engaged by talking to your neighbors about your work and why this is important. You can make a difference in your field by being a mentor to students. There are so many different ways to engage, in my view, as a Scientist-Citizen. So I don't want people to feel guilty, but I just want them to be intentional about what they're doing and understand that they exist in an ecosystem with others.

Leana Wen (29:04):

I think for those who want to do more, again, I think that working in coalitions is crucial and finding patients and patient groups with whom they can engage also very important too. And then I'll just add a third here as well, which goes back to that idea of making the invisible visible, that we may think that the work that we do stands alone and can tell its own story, right, and can justify its own presence and so forth. And that may be in the world that we reside in, right? We publish papers and it may be evident why this is important to our peers and so forth, but to the public, if that message is not resonating, it's our job to make it resonate. We cannot expect others to find our work really appealing who have no knowledge and no background into our work.

Leana Wen (29:56):

And so it's also our, it's also our job, our responsibility... Ability to make our work more visible and to make the connection between our work and people's daily lives even more clear. There are many tools we can employ to do that, but starting with listening, starting with what it is that people, the people that we're trying to reach really care about, I think that is how we can make sure that people don't forget about public health or science or worse, malign it.

James Appleby (30:26):

That is so helpful. Thank you. Is there one thing that you would tell Scientist-Citizens to be sure not to do? I'm sure you've had bumps and bruises along the way and some learnings. Is there one thing when communicating with the public you'd say, "And be sure not to do this if you can help it"?

Leana Wen (30:43):

It's such an interesting question. I'm not sure I've actually specifically given this advice to people, but I think if there's something that I would encourage people not to do, it's to make it us versus them. As in it's to say, unless you believe this, then you are stupid or you are uneducated or you must have this political belief or something else. First of all, it's not true, right? I think there are people who hold different viewpoints for any number of reasons, including that was just their exposure. This is the community in which they live. They may have other data points that are, that they interpret perhaps differently than you, but it's also just not helpful, right? It's just not helpful to help if your goal is to convince them to your point of view to label them as something. And I think it just makes both sides more dug in and more entrenched.

Leana Wen (31:34):

And so I think beginning from a posture of I want to understand rather than I have already judged is a much better way to communicate and to affect change.

James Appleby (31:48):

Uh, I like that. I like that. Wonderful advice. And we only have a couple more minutes left. I wanted to ask one question about, because we have over a thousand members of GSA are junior scholars, emerging scholars, people starting their career. And I just want to ask, because my interactions with you, you're always so upbeat and so focused on what's possible. What, what gives you hope about the future of public health, about making the invisible, visible, and about our ability to rebuild trust in science?

Leana Wen (32:20):

I think what gives me hope is exactly the young people. The graduates, the people who are still in school or the very young people I see in my, in my kids and their friends, they are so hopeful about the world. And I don't think any of us come into this world thinking I'm going to do bad things or I'm going to... I don't want people to have good lives. I think we all, at the end of the day, want the same thing. And I think there are a lot of people out there, a lot of young people, but also a lot of people across all age spectrums who understand that we're

here for a reason. And whatever that reason may be a little bit different between each person and whether it's, uh, something very disease specific or very specific to science or something else. But I think we're all here because we want to make the world a better place, right?

Leana Wen (33:10):

We want people to live healthier lives. We want the next generation to have access to resources and education and the ability to live to their fullest potential. And so I think that gives me hope that at the end of the day, I think we want the same thing.

James Appleby (33:27):

Indeed. Such, such a positive message and well articulated. One question we always end with, Leana, and that is, if a GSA member's listening right now and thinking, I'm a scientist, I'm a clinician or I'm an educator, but I'm just not that comfortable with public communication or sharing my science beyond a journal or beyond a scientific symposium at the annual scientific meeting. What, what's one thing you might say to that individual thinking about how they might lean into the role of Scientist-Citizen? One, one thing they should think about doing tomorrow?

Leana Wen (34:02):

I think that people should first of all say that's okay. That you should do what's comfortable for you and not feel guilty about how you choose to engage. So I think that is first and foremost. But I think the next question should be, what is the impact that you want to have? In your ideal world, what is it? You just wrote this great paper, for example. Do you want more people to know about it? And if that's the case, how can you go about doing it? It does not have to be you talking to a bunch of reporters and holding a press conference, right? You could do that, but that's not necessarily what you feel comfortable doing. That's okay. But if you want more people to know about this, what else can you do? Maybe it's working with a patient group. Maybe it is teaching students.

Leana Wen (34:48):

Maybe it is working with a reporter but giving them information on background so that you're not cited. Maybe it's referring a reporter to a colleague of yours who wants to be out there and be out front talking about it, right? Whatever your goal is, there is a way to get there in a way that's comfortable for you. And what I would say about being a Scientist-Citizen is that can manifest in any number of ways. You are a Scientist-Citizen if you are a teacher. You are a Scientist-Citizen if you do great research. You are a Scientist-Citizen if you promote your work, you are a Scientist-Citizen if you advocate for more funding for science. You're a Scientist-Citizen for being a scientist who is also a citizen of this world who's trying to do the right thing by the world. These are all ways to engage.

Leana Wen (35:31):

Find the way that is, that speaks to you, that is the most right for you.

James Appleby (35:37):

That's a wonderful place to leave our conversation today. Dr. Wen, thank you for joining us and for sharing not only your expertise, but the experiences and lessons that have shaped your approach to public health and public engagement. This is exactly what we mean by being a Scientist-Citizen, taking knowledge beyond the laboratory clinic or classroom and using our expertise to help people understand the issues that affect all of our lives and to participate meaningfully in the conversations that shape our future. Thank you. Thank you, Dr. Wen for joining us.

Leana Wen (36:10):

Thank you, James.

James Appleby (36:11):

And a final thank you to our listeners. At a time when science is being challenged on all fronts, we in the scientific community have the exact skills needed to defend the integrity of research and the importance of science and to ensure that the next generation of scholars is prepared to continue our work. Scientist-Citizens are critical to a society where science is valued, facts matter, and democracy drives. Visit geron.org/scientistcitizen today to learn how you can move forward on your journey as a Scientist-Citizen. I'm James Appleby and this has been the GSA Scientist-Citizen podcast.

Narrator (36:48):

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