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BOSTON UNIVERSITY SCHOOL OF PUBLIC HEALTH
PUBLIC HEALTH CONVERSATION
PROMOTING MENTAL HEALTH AMONG CHILDREN AND YOUTH
MONDAY, JUNE 5, 2023
11:30 A.M. ET
A CONVERSATION WITH U.S. SENATOR EDWARD J. MARKEY &
U.S. SURGEON GENERAL VIVEK H. MURTHY

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>> DEAN GALEA: If I may convene us. So we can stay on schedule for online.

Good morning or good afternoon, good evening. My name is Sandro Galea. I have the privilege of serving as Dean of the Boston University School of Public Health. On behalf of our school, welcome to this Public Health Conversation. These Public Health Conversations are meant as spaces where we engage with the ideas that help create a healthier world. We welcome speakers who lead us in discussion about issues of consequences for health. Thank you for joining us for today's event. In particular, thank you to the Dean's Office and Marketing and Communications team, without whose efforts these conversations would not take place.

In recent years, we have seen an increase in mental health challenges among young people. These problems in many ways intensified during COVID. Additionally, social media and smartphones have created new challenges for the mental health of this population. The scale of the crisis reflects the importance of encouraging mental health at the level of public

society, to create systems that support better mental health for all. Mental health is public health, and supporting mental health is core to everything we do and core to our School.

At this school, we have recently launched a Center for Trauma and Mental Health, dedicated to researching and developing public health strategies to address the health consequences of stress and trauma. I very much look forward to speaking with our guests about how we can continue to advance progress on this issue, shaping a better status quo around mental health.

To discuss this topic today, we are privileged to welcome Massachusetts Senator Edward Markey and Surgeon General, Vice Admiral Dr. Vivek Murthy. We are pleased to welcome these distinguished guests to our community. Following opening remarks from Senator Markey and Dr. Murthy, the two will engage in a conversation on promoting mental health among children and youth and then taking questions from our audience. There are papers for you to write down your questions, and there are ready runners which will take papers then pass them on to the stage.

I now have the honor to introduce Senator Ed Markey. After serving for 37 years in the U.S. House of Representatives, Senator Markey was elected to the U.S. Senate in a special election in 2013. He has a prolific legislative record engaging with a range of major issues, including climate change, clean energy, safeguarding privacy, nuclear nonproliferation, investor protection and preserving an open Internet that spurs competition and consumer choice. Senator Markey is a national leader on telecommunications policy, technology, and privacy. Senator Markey is also an excellent representative. Following his remarks, Senator Markey will introduce and welcome Dr. Murthy to the stage. Senator Markey, over to you.

>> SENATOR MARKEY: Thank you so much, and good morning. Our thanks to the terrific team at the Boston University School of Public Health, including Meredith and Erica, for their work to bring us together here today. And thank you, Dean Galea, for that warm introduction.

Dr. Galea, we are grateful for your leadership, advancing innovation and education in public health and mental health across the Commonwealth, the nation, and the world.

Among his many contributions to the field, Dr. Galea is the Chair of the National Academies of the Sciences' assessment of the impact of social media on health and well-being of adolescents and children in our country. He is a titan in the field. And while he already has tremendous accomplishments to his credit, we hope and expect he will continue to build upon his important work. Dr. Galea, there is clearly so much left to do that requires your vision in this field, and we thank you so much for everything you do for our country. Thank you so much.

(Applause)

Many Massachusetts leaders from our healthcare, education,

and justice systems are joining us virtually and in person, from Cape Cod, as a reflection of our statewide network of service and care. Thanks also to State Representative Marjorie Decker for joining us here in person today. We thank you so much for all of you-all's work up in the State House. (Applause). And I know that Senator Patrick O'Connor and Representative Joe McGonagle, Kip Diggs, and Bill Driscoll will also be participating online here today.

A special shout-out to BU School of Public Health alum Lisa McClure, who leads my Senate healthcare work in my Boston Senatorial Office. Stand up so people can see what a BU healthcare -- School of Public Health leader looks like. We are very proud to have her.

And I am honored to be here in conversation today with a national leader, Vice Admiral Vivek Murthy, the 21st Surgeon General of the United States. He is on the front lines of fighting the youth mental health crisis, addressing the risks of social media in our kids and taking on this scourge of sadness and pain across the country. We are fortunate that Dr. Murthy has called Massachusetts home, including when he was an internal medicine resident at Brigham & Women's Hospital. We have worked together for many years on solutions to the greatest public health challenges our country faces, the opioid epidemic, the coronavirus epidemic, and now the youth mental health crisis. So we thank you, Dr. Murthy, for joining us today here at the BU School of Public Health. Thank you so much.

(Applause)

And I might just add my wife was Assistant Surgeon General of the United States and a two-star admiral in the Public Health Service. Dr. Murthy is a three-star admiral. But I, as a former Specialist First Class in the United States Army, I knew -- and I still know 38 years later how to salute a two-star admiral at home. And much of what I am going to be talking about is just informed by those conversations at the dinner table for 38 years talking about all of these issues. She was the Chief of Behavioral Medicine at the National Institutes of Health when I met her.

So today, young people are burdened by the challenges that generations before them caused and refused to solve. They are watching their communities brought down by rising sea levels and intensifying storms fueled by climate change. They have lost connections and loved ones to pandemic. They have watched their parents balance the bill, sometimes succumbing to bankruptcy and even homelessness due to medical bills. Schools, once the place of refuge for our kids, have become training grounds to run, to hide, or even fight in the face of preventable gun violence. They are losing their parents, their siblings, and their friends to fentanyl and to opioids. And even when our young people organize, mobilize, chant, protest, strike, or plead, our progress on these challenges is too slow, too incremental, and

simply too late.

We put the weight of the world on the shoulders of our young people, and it is making them sick. According to the Centers for Disease Control and Prevention, one in three high school girls contemplated suicide in the past year, up 60% from a decade ago. At least one in ten girls attempted suicide in the past year in the United States of America. One in ten girls. Among LGBTQ youth, the number was more than one in five attempted suicide last year.

Emergency department visits for opioid-related overdoses increased by 41% for boys and 10% for girls age 12 to 17 in the fall of 2022 compared to the year before. In 2021, 16% of students in Boston seriously considered suicide. In 2021, 16% of students in Boston seriously considered suicide.

And a recent study found that teens age 12 to 15 who spent three hours per day on social media face double the risk of poor mental health. Outcomes like depression and anxiety. This is real. It is happening. It is right now.

The ubiquitous smartphones and social media apps exacerbate the mental health challenges young people face -- social disconnection, isolation, insecurity, self-esteem. To put it plainly, big tech is a big problem for young people in the United States of America today. Big tech CEOs are leveraging data about kids and teens and using it against them, serving up an endless stream of toxic content that grabs their attention and keeps them scrolling. And that's why I am proud that at the end of last year, Congress passed into law my Legislation to finally fund at the National Institutes of Health and Department of Health and Human Services research on the impact of technology and media on children and teens. I was able to secure \$15 million so that this research finally could be done by the federal government, dedicated to this research initiative. And I aim to continue to build on this foundation. We need a definitive statement by the federal government of the impact that social media is having upon the children in our country, and that \$15 million I've been able to secure is now beginning to do its work and the research at NIH and HHS.

But sadly, when kids start to show signs that they need help, it is often lacking. Of the more than 100,000 psychologists in the United States, only 4,000 are child and adolescent clinicians. For every 1200 students, there is only one school psychologist. We simply do not have enough therapists for them. The wait for substance use disorder treatment is long. Educators, school administrators, and social workers try their best, but without more training and resources, they are left to do too much with too little.

But even in these dark days, the strength and resilience of children and teens are a beacon of light. They can and they do build communities online, creating a future that is inclusive and equitable for trans, disabled, Black, and brown kids. They

encourage each other to talk about their mental health struggles without stigma and shame. They are standing up to demand a healthier planet and safer schools. And they are making clear that the fight for a more just future marches forward. And we will march forward. History has shown us that we can. We added seat belts and car seats to vehicles to make children physically safer. We added child-proof caps to pill bottles to make sure that children were protected. Today our charge is to improve and protect their mental health. And there are solutions. First, we have to legislate and pass my bipartisan Children and Teens Online Privacy Protection Act, also known as COPPA 2.0, to stop the big tech data practices that are contributing to today's youth mental health crisis. And that means in this legislation -- and my goal is to get it passed this year -- one, banning advertising that targets children. If a 13- or 14-year-old girl with bulimia or anorexia goes online to get information about that disease, she should not be targeted, then, by advertisers that will only exacerbate that problem. Two, creating a digital marketing bill of rights for our teens. And three, creating a youth marketing and privacy division at the Federal Trade Commission.

We must invest in community health centers and community-based mental wellness and resilience programs to guarantee care is available when and where it is needed. And we must empower public health departments and clinicians in order to ensure that they get the resources which they need in order to deal with this crisis so that we get the help to where the problems are.

Young people are 20% of the -- (Applause) -- 20% of the population, but 100% of our future. If we are asking them to be resilient and work for a better tomorrow, then we must give them the tools to do it. We can follow their example by working together to meet this moment.

So we thank you, Dr. Murthy. We thank you, BU School of Public Health, for all of the work which you are doing on this issue, and everyone who is in this room. We need a national conversation on how to put in place the safeguards that are needed in order to protect these young people.

As the great Coretta Scott King said, "The failure to invest in young people reflects a lack of compassion and a colossal failure of common sense." Let us invest in those solutions that will give our children and young people the healthy, just, livable future that they deserve.

And we don't have, in this country, a greater champion for public health, for the protection of the young people, to give them the tools which they are going to need in order to survive and thrive in a 21st century country. We have with us today one of the great leaders in our country. We welcome you, Dr. Vivek Murthy, to this great, great gathering.

(Applause)

>> SURGEON GENERAL MURTHY: Thank you very much for your kind words and for your work, not just in the Senate, but in the House as well, representing our State of Massachusetts.

I want to thank Dean Galea and the entire School of Public Health here to give us this opportunity to have a conversation about an issue that I firmly believe is the defining public health issue of our time, and that is a mental health crisis in America. And on a personal note, I will say it is just wonderful to be back in Boston. Senator Markey alluded to I spent many years here. I was here for college. I was here for my medical training. I stayed on a number of years afterwards as a faculty member and physician at Brigham & women's Hospital. I lived close to here, in Brookline, Massachusetts. It's good to be back.

I want to recognize Senator Markey's wife, Dr. Susan Blumenthal, who in her own right is a dedicated public health leader, dedicated to improving health for decades. I was grateful she was a member of our Public Health Commission Corps, one of the uniformed services in the U.S. Government, one of the eight in fact, and the one that is solely dedicated to health, the one that the Surgeon General is privileged to be able to lead. But to have her as one of our two stars is certainly a privilege.

Lastly, I learned who my commanding officers were when I had the chance to serve under my first stint as Surgeon General. My stars are my wife and kids who tell me what to do. I salute, I say yes, and I move forward.

(Laughter)

But they are beautiful, they are wonderful. But I mention them because they are an important part of why I am here today too. Because I am here not just as Surgeon General, but as a husband, as a parent of two small children who is looking at what is happening to kids in our country and who is deeply worried about what's going on.

My kids are young, and I still remember what it was like when my wife and I first learned that we were going to be expecting our first child. For those of you who may have been in a similar boat at some point in your life, you know that's a moment that you will never forget. But I know in the days that followed, you know, that moment, we got a lot of advice from friends. One piece of advice we got was that your kids will sometimes listen to what you say. They will more often listen to what you do, so make sure you set a good example for your kids.

But the one I think about often is the advice we got that signing up to be a parent is signing up for a lifetime of joy but also a lifetime of worry. And that even when your kids are past 18 and they are out of the house, you are going to be worried about that. But you do it because the joys are so great.

And as I talked to parents all over the country as I have traveled, I felt that joy, but I have also sensed that the worry has been increasing. Because parents everywhere are seeing kids in crisis. Whether it's their child or a child at their kid's school, they are worried. They see more kids who are attempting self-harm. More kids who are lost to suicide. They see the depression and anxiety have become all too common among young people. They are also looking at the new forces in children's lives, like social media and technology, which parents didn't have to deal with when they were growing up and which are rapidly evolving, fundamentally changing how our kids see themselves and each other in the world. And yet the entire responsibility for managing that has fallen on the shoulders of parents. And that is not a reasonable thing.

And so I sense this worry from parents, and for good reason. Because when we look at the statistics as well, we see that the numbers bear out what parents are concerned about. You know, in the decade prior to the pandemic, we had a 57% increase in the suicide rate among young people. In the decade prior to the pandemic. And the pandemic has poured fuel on a fire that had been burning for a number of years. But we also see, as Senator Markey was mentioning, some of the recent CDC stats. And in 2021, one in three girls seriously considered taking their own life. One in three adolescent girls. That should not be happening. That should not be happening anywhere, and it should not be happening in the United States of America, where we recognize that our kids are our most important investment. They are our most important charge. It's not just a general responsibility; it's a moral responsibility we have to take care of our kids and the next generation. And through stories and statistics, our kids are telling us that we are falling short, and we need to do better. And that's why we are here today.

Now, it's not all doom and gloom. When I think about what's happened in the last two years in particular in terms of the investments that we have made in mental health, in terms of the bipartisan growing sort of I would say partnership that we have to move forward on extending access to care and investing in prevention, when I think about how much awareness there is in the population now, in part driven by young people who have chosen to think and talk differently about mental health than prior generations, I feel encouraged. Because this is something I had not seen in almost 30 years that I have been in public health. So there's a lot more happening now than ever before. But we need to do more because time is of the essence. Kids only get one childhood, and every day, every week, every year matters for a child and for their development. And that's what we are here to talk about is not just what needs to be done but how we can start doing it. And ultimately, tomorrow depends on today, on what we choose to do today, on how we choose to talk differently about mental health and the urgency that we bring

with it. Tomorrow also depends on the investments that we make today, not just in treatment, but in prevention. And I say this in particular because as a country, we have been so much better at treatment in general for illness than we have been at preventing illness in the first place. But we cannot afford to let our investments in prevention fall further and further behind.

So that's what we are here to talk about today, and I will just say, again, not just as a public servant, but as a father, that I want the world to be better and more secure for my kids and for your kids and for all of our kids. I want our children to be able to grow up in a world where if they need care they can get it and they can get it quickly; where they don't feel ashamed to ask for help or think that somehow it's their fault or they are broken if they are struggling with anxiety or depression. But I also want them to know that they are growing up in a compassionate society, where people care about them, where others are looking out for them, where if they stumble and fall there are people who will reach out and extend a hand to lift them up, and where they understand it's important to do the same for others as well. That is what we need, but it's also what we can build together. We just have to decide that this is what we are going to do. And today we are here to talk about how we go about starting that journey.

So I am grateful to be here with you for this conversation. So grateful to our hosts, and especially to Senator Markey for being our conversation partner. Thank you all so much.

(Applause)

>> SENATOR MARKEY: Thank you, Dr. Murthy, so much. Let me just begin by asking you to reflect upon those statistics in terms of young people and their actually attempting suicide or thinking about attempting suicide. And maybe just lay out what you think are the real issues that we are going to have to deal with if we are going to reduce those numbers significantly in the years ahead.

>> SURGEON GENERAL MURTHY: Absolutely. And let me say why this is so important to all of us here. Mental health is not just one more issue to add as a long list of health issues that we are dealing with as a country. Mental health is a fuel that allows us to show up in our lives, for our family, for our friends, in our workplaces, in our schools, in our communities. When kids -- and adults, by the way -- struggle with their mental health and well-being, it impacts all dimensions of their life. That's what we've got to recognize is that investing in this is not just about mental health. It's about physical health. It's about productivity. It's about making sure our kids get the most out of their educational experience. It's about ensuring that people participate and engage in society. All of that is worse when people struggle with their mental health.

Now, some of the numbers that Senator Markey and I were talking about that speak to the depth of this crisis right now among young people, you know, they are out there, they are public, but they are worth underscoring. The number one in three of adolescent girls who considered taking their life in 2021, that is an extraordinary number that we should never allow ourselves to get used to or numb to.

We also recognize that nearly half of high school students in America are saying that they feel persistently sad or hopeless. At a time where we hope that young people are feeling optimistic and excited about the future, that is another major red flag.

Sometimes people say, well, are these numbers just a fact that young people are more willing to talk about mental health and admit that they are struggling? And I'd say no, this is not entirely explained by that. That might explain, perhaps, more people reporting that they may have struggles with their mental health and well-being. But what we are seeing is sharp increases over the last decade or so in hospital visits, emergency room visits for psychiatric emergencies. We are seeing a rise in the rate of attempted suicides and completed suicides. This does not happen just because people are more willing to talk about the fact that they are struggling with a mental illness. So there is something real happening.

And to get to the root of it, as Senator Markey was saying, we need to understand where this is coming from. One thing I want to be super clear on. This is not just every generation having its usual struggles with growing up. Right? We do know that middle school is hard for a lot of generations. It was hard for me. It was probably hard for the generation before me and the generation after me. Change is always difficult. Growing up is never easy. But there are a set of circumstances that young people are dealing with today that are different on top of all of that. They are dealing with the increasing and deepening threat of climate change, which many of them speak about and talk about. And they worry that they are not seeing enough action on it. So what they ask about is, is the future really brighter than the past? Because they see these existential threats going unaddressed.

They also, though, are dealing with trauma, and trauma in particular from violence. Gun violence has now become the number one cause of death among young people in the United States. Number one cause of death. That was not true when I was growing up and when most of us were growing up. It is true today. And that trauma is profound. It can last for years, not just for a child, but for their family as well.

Many young people are also struggling with loneliness. Earlier this year -- in fact, last month -- my office issued a Surgeon General's Advisory on Social Media and Youth Mental Health. One of the things we pointed out is one in two adults

in America are reporting loneliness, but the numbers are actually highest among young people. Loneliness, we know, increases your risk of mental health concerns. In fact, social disconnection increases the risk of depression, anxiety, as well as suicide.

>> SENATOR MARKEY: Can you talk about it seems like a paradox because the Internet connects young people to their friends. You know? To a world that can help them to avoid isolation. And yet the more that they are online is paradoxically the more they feel isolated. So can you talk about that and this inherent paradox? That there's a Dickensian quality to it, it's the best and the worse simultaneously. It can enable, it can ennoble, but it can also degrade and debase and do it all. So talk about that paradox in terms of young people feeling isolated, even as they are in an interconnected world.

>> SURGEON GENERAL MURTHY: Thank you for asking that. This is the number one question I get from parents, "Is social media safe for my child?" They want to know. We think about technology as connecting people. Social media in particular, many of these platforms are designed to strengthen connection. But what we are finding is actually -- this is literally what young people are telling us directly -- is they are telling us it's not exactly working out that way. If social media can have some benefits for some kids, helping them feel more connected, giving them a chance to have a voice in the larger platform, finding community, sometimes at times when they may not be able to find one as easily offline and in person, we know that those benefits can be real. But we also know is that for many young people, there are harms that are associated with their use of technology. So the most common thing young people tell me, things young people tell me when I travel around the country about social media, they say, number one, it often makes them feel worse about themselves as they compare themselves constantly to other people and then despair. That compare and then despair, that cycle just repeat, repeat, repeat.

Second thing they often say is it makes them feel worse about their friendships. Interestingly, they see their friends online doing all of these things without them, and they often feel left out.

The third thing they say I think is often quite telling, which is they can't get off of it. Because the platforms are designed to maximize the amount of time that kids and all of us are spending on these platforms. But what I care about as a parent and doctor is maximizing the health and well-being of our kids, and all of our kids. The platforms need to be designed for that outcome. But the fact that they are designed to maximize time is reflecting in what we see, in the sticky features, infinite scroll, and the fact you can use these platforms if you are a child all around the clock. That's why

it also worries me that one in three adolescents are now saying that they stay up until midnight or later on weekdays -- weeknights, rather -- on their screens. That's predominantly time used on social media. That's important because if that's robbing their sleep, that is a risk factor for children. The bottom line is technology at the end of the day is a tool. It can help us or hurt us depending on how it's designed and how it's used. My worry right now with technology and with social media in particular, as you know, I stated two weeks ago when we issued an advisory on this topic, is that there are not adequate safety protections around social media platforms that help kids and parents. You know, when a child -- when a parent is looking for a car seat, as my wife and I were a few years ago -- and we still use car seats for our kids -- when you are looking for toys for your kids. When your child turns 15 or 16 and you are thinking about allowing them to drive and to get into a car, there are safety standards that leaders in government, like Senator Markey and others, have put forward over the years that manufacturers have had to adhere to. We don't tell a parent, you know what? Your child is ready to drive. Why don't you go out and inspect their brakes by yourself, go ahead and check their frame out, test it to make sure it's adequate in case there's a collision, look under the hood and check out the engine. We don't tell a parent to do all of those things because it's not a reasonable expectation. Here too, where you have platforms rapidly evolving, where you've got some of the best designers in the world using the latest in behavioral science and brain science, to design platforms to design maximum use, to tell a parent and kid to rely on your willpower to manage your use of that platform, it's not realistic, not reasonable, and not a path toward good mental health. That's why some of the legislation Senator Markey was mentioned earlier on, the combination of protection that is will protect them from harmful content, harassment, and bullying and from features that manipulate them into excessive use, all of these are important and essential when it comes to policy-making.

>> SENATOR MARKEY: So when I was a boy growing up here in Boston, it was a different time, no question. Mothers were home. And school recess at noontime so all the children could go home. It's a different era. But on Boston television, on Channel 4, WBZ-TV, every noontime, on came Big Brother Bob Emery, and every child in greater Boston watched it. And Big Brother each day -- you'd go home and watch cartoons in the middle of the day before you went back for your afternoon classes. That's how it was in Boston when I was growing up. And Mom was home.

And Big Brother, each day he would urge all of us to tell our mothers to buy a big jar of Bosco so that we could put it into a big glass of milk. And then we would look at Dwight David Eisenhower and the American flag floating in front of his

face as they played "Hail to the Chief," and we would toast to the President of the United States. So kids, make sure you get your mom. And then we would cut and we would all chug-a-lug a glass of milk with Bosco every single day all over Boston.

So it came to pass that Den 9 of the Cub Scouts in Malden that I was in, we were in the Peanut Gallery. And we are wearing our uniforms, sitting there, and Big Brother says: And make sure you tell your mom to get a jar of Bosco so you, too, can toast to the President of the United States. And then Big Brother lifted up his glass of milk with Bosco in it, and we are looking at him, and as they are playing "Hail to the Chief," he puts it down without drinking any of it, and he picks up an empty glass. Big Brother does not chug-a-lug a glass of Bosco every single day. So I was looking at it and saying what a rip-off. Big Brother is lying to us. He is marketing to me, a ten-year-old, to harass my mother. And so in the 1980s, I became the Chairman of Telecommunications in Congress. And one of the very first things that Ronald Reagan did with his Chairman of the Federal Communications Commission was to take all of the children's advertising protection laws off of the books. And the Chairman of the Federal Communications Commission said that a television is nothing more than a toaster with pictures. It's nothing special. As though it was just another inanimate object in the house. When we all know that a television is a lot more than just a toaster with pictures in its influence on our society.

Well, I was able to get all those laws put back on the books that had been passed to protect children in television advertising. And they're still the laws today. But in social media, they have escaped that responsibility. So as the author, the principal democratic author of the 1996 Telecommunications Act -- by the way, in 1996, not one home in America had digital. So it's not that long ago. Not one home had digital in 1996. And it rapidly expanded across the country.

And I tried to get an online privacy bill of rights, but the companies fought it. So in 1998, knowing that children are going to get targeted by these technologies, which I had learned from age 10, I was able to get a child online privacy protection law passed for kids under the age of 13 in our country. So when you see Facebook fined billions, Google fined millions, it's all under that one law; the Federal Trade Commission uses that law. But we don't have any protections for 13, 14, 15, 16, the kids we are talking about right now, on the books. And we have to put that protection on the books, saying, one, that parents should have the knowledge that information is being gathered; two, notice that it's being reused for completely different purposes; and three, that you have a right to say no as a family. No. Stop targeting my child. Because we can see the mental health consequences of this. So it was more benign when it was Big Brother Bob Emery and his glass of Bosco that he

never did drink. It's much more pernicious, it affects the mental health of children. So is it imperative that we do pass those protections for kids, for teenagers especially, in our society? Because there are laws for younger kids, but none -- it's not illegal to do anything to those kids who are 13, 14, 15, 16.

>> SURGEON GENERAL MURTHY: And I am so glad you raised that because kids who are 13, 14, 15, especially that early stage of adolescence, they are in a different phase of development than older or younger individuals. And at that stage of development, where their brain is actively developing, their social relationships, their sense of self is developing, they are more susceptible to social suggestion and to peer comparison. And if you think about it, that is what exists in overwhelming abundance on most social media platforms. So yes, those kids do need protections as well. People often ask me, well, you know, that question I told you I was getting from parents, the most common one: Is it safe? Is social media safe for our kids? It's a reasonable question to ask for a car seat, for a car, for medication. But when it comes to social media, we looked at the data, and there is not enough data for us to conclude that, in fact, social media is safe for our kids. But we should be demanding the same kind of safety, especially at a time when 95% of our kids are on it, and when we are in the middle of the worst youth mental health crisis in recent memory, we should be demanding these kind of safety standards.

And lastly, I will just say this. Some people will sometimes say well, the toothpaste is out of the tube already. Everybody is already using it. What can we really do now at this stage?

I reject that notion for this reason. When we made sure that there were safety precautions in cars, when we put seatbelt laws into effect, cars are already on the road. Nobody said, you know, a car is already out there. What's the point in trying to make them safer? When we recognized we were losing so many kids to drunk driving accidents, no one said to Mothers Against Drunk Driving, you know what? It's already happening. There is no point in trying to address this and put the toothpaste back in the tube. We did what we need today do to protect lives. And that's what we have to do here. The platforms may already be out there, they may be used by a lot of people, but we have the power and, I believe, the obligation to take steps to make them safer, as we have done in the past. This is what we are talking about here is not something horribly unusual or a major departure from precedent. This is doing what we have always done in our country, which is to recognize that we've got to protect kids. We've got to prioritize their well-being. And whatever steps are needed to do that, those are the steps we've got to take.

>> SENATOR MARKEY: And this is not going to be easy. This

is going to be a fight, and we shouldn't have to fight this. This should be the defining year. People complain about the legislative process because it's a failure, and then it's a failure and a failure and a failure. And then finally, the system works. The system works because people stand up and they demand action. That's what happened in climate change last year. That's how we got the \$369 billion for wind, solar, all-electric vehicles, batteries. Finally, people stood up, and finally, we were able to get that passed. Well, we need the same thing to happen this year in the United States Congress. This is an absolute crisis that has to be dealt with.

And the auto industry, I was on the committee. The auto industry did not want air bags. They said people don't want air bags. And then finally, they got forced to put an air bag in for the driver of the car. Guess what happened. The person sitting in the passenger seat said what's that all about? Okay? You get saved -- and so ultimately, the auto industry just got pushed by the American public to putting in the air bags that dramatically impact safety in vehicles in our country. And we need an air bag for social media. We need a way in which we protect these kids. You know, something that parents can rely upon that they can take action against these big companies. Otherwise, this is just going to get worse and worse and worse.

And if I can just come back again, the numbers just in Boston in 2021, 44% of Boston's high school students reported feeling sad or hopeless almost every day for more than two weeks in a row. 16% of Boston high school students seriously considered suicide. 19% had engaged in intentional self-harm without wanting to die.

So can you talk about the resources, the mental health resources for young people, and what you see as the need for those gaps to be filled with the help these young people need?

>> SURGEON GENERAL MURTHY: Absolutely. And so on the action front, there are a few buckets of action that I believe we've got to take. Like I was saying earlier, thankfully we have more resources over the last few years to start down the path of filling those buckets. One of them is regarding treatment. We know that too many people who need treatment can't get it and can't get it fast enough. What we need to do is we need to be able to use technology to more effectively get care to where people are, as opposed to expecting them to drive 30 miles and wait 3 months to get mental health treatment. We also need to train more mental health providers, expand our notion of who is a mental health provider. Peer counseling and support programs, for example, have been lifesaving for many kids around the country. But we've got to invest and expand more of them. But we've also got to, on the insurance side here, make sure we are enforcing and strengthening parity laws so companies are not discriminating against individuals who need mental health care, because traditionally this has happened. The parity law passed

in 2008, and we are still not adequately enforced around the country. So that's what we've got to do on the treatment side.

On the prevention side, what we've also got -- there's a lot we have to do here, and number one, we've got to get more counselors into our schools for our kids. And there were billions of dollars that came through the American Rescue Plan that schools are allowed to use to actually hire counselors, to invest in social-emotional learning programs and other supports. This is all vital.

And the social-emotional learning, I will comment on that for a moment. A lot of our kids don't necessarily get training or the skills in how to build and maintain healthy relationships in their life, how to handle conflict, how to understand emotions when they arise in themselves and in other people. But we all know that those are really essential skills, right, for their well-being and their overall development. I actually think those skills are just as important as learning to write and do math in terms of your success in life, your overall health and well-being. But that's a place where we can invest as well that can help also address the deepening challenge with loneliness and isolation that young people are facing.

Finally, on the prevention side, this technology piece that we talk about is critical there too. Because ultimately, what we want is for technology to be able to help kids and not harm them. If social media has benefits to offer, we want to maximize those benefits while minimizing and limiting harms. That means we've got to start addressing some of these challenges and put in place protections around social media to make the platform safer for our kids.

Finally, the third and last bucket I'll mention is not something you can legislate, but it's one all of us can play a role in addressing, and that's in addressing the stigma around mental illness, which is arguably perhaps less intense than it was 20, 30 years ago, but it's still there. I talk to so many people across the country who tell me they feel ashamed to go out and ask for help because they are worried about talking about the fact that they feel lonely or isolated. They are ashamed of the fact that they attempted self-harm and don't want to talk to a friend or parent about that. So we've got to make it easier for people to recognize that there's no shame in admitting that you need help. We've got to help people also understand that a lot of us are actually struggling. We've become experts at putting masks on, walking around and making it seem everything is great in our lives. Other people look around and say gosh, I guess I am the only one struggling here. But that's not the reality. We know that. I was just telling Senator Markey, I was just in Boston on Friday for my 25th college reunion, and a lot of folks actually weren't going to come to reunion because they were worried that they were the only ones who were struggling to figure out what to do with

their life and that everyone else had it all together. They read their entries in the reunion book, and it seemed like, oh, wow, everyone's got their act together, they are doing amazing things. But then they got to reunion, and they realized, you know what? Everyone is asking the same questions. They are worried. They are a bit lost. They are struggling a bit with loneliness. They are trying to figure out what to do with their lives. So changing that stigma, changing how we think about mental health, that's a place where all of us have a role through the conversations we have with our kids, with our family members, and the issues that we choose to raise in the public square.

>> SENATOR MARKEY: So during the pandemic, we learned something about a technology, telehealth, that can help. But there are issues with regard to reimbursement. You know, I met -- you know, I continue to meet with people who say how much they did benefit from telehealth. But what I also find is that from providers, they are saying we don't get reimbursed enough. We don't get paid enough to do it. So can you talk about that and what we have learned over the last couple of years in terms of the role that technology can play in terms of helping individuals with mental health issues?

>> SURGEON GENERAL MURTHY: Yes, and this is actually a place where Massachusetts has been a particular leader when it comes to pediatric mental health.

The pandemic forced us to actually use technology to provide care at a distance, and that actually might end up being one of the silver linings of this pandemic. It dramatically improved and accelerated adoption. But we are at risk of regressing to the way things were unless we, number one, make permanent the authorities that allow people to provide care across state lines; and unless we provide, as Senator Markey was saying, adequate reimbursement. You do not want providers to feel like they need to pull people back to the office in person for reimbursement reasons when the issue can be handled either on the phone or through a video conference. And so we've got to ensure that the reimbursement is rational and that it actually allows and enables people to get care through the most efficient way possible.

And when it comes to kids in particular, there's a program called a psychiatry mental health access program, which some of you are familiar with, which is utilized here in Massachusetts and some other states. But it's a program that essentially uses technology to bring mental health expertise into the primary care office. The majority of mental health care in this country is provided by primary care doctors; right? Many of them don't have enough time or resources, and in some cases training, to be able to do what they fully want to do for a patient there. And they are stuck with having to refer someone but recognizing that the wait time might be really long.

When you can bring that expertise directly into the office using telemedicine, everyone is happier -- the patient, the primary care provider, the mental health provider who wants to get in earlier rather than later in providing care. So this is a program we actually have to fund and expand our funding for, but this should be the norm.

>> SENATOR MARKEY: Can you talk about that for a second? There was a big story in the Boston Globe yesterday focusing upon an individual pediatrician trying to provide primary care for young people in his region. And how the reimbursement levels are just going lower and lower, and more and more people are pulling out, and that the insurance, the private insurance industry, is not really willing to play a role in a meaningful way in this sector. And more and more of these young people are going on to MassHealth, where the reimbursement isn't enough, in many instances, to incentivize pediatricians to provide this care for young people. Can you talk about that dilemma and what the way out is from your perspective?

>> SURGEON GENERAL MURTHY: The challenge is real. People sometimes feel we don't have enough funds to provide the adequate compensation for care in the primary care office or the mental health care office. What happens is we end up taking on a lot more human suffering and expense down the line, when people experience worsening mental illness, they end up requiring hospitalization, or God forbid they lose their own life to suicide. So we are paying for this, and we are paying more and more the later we wait. So being able to think upstream more and say how do we reimburse more effectively and increase access points to care in the outpatient setting is critical. And investing in that bucket I mentioned earlier, social and emotional learning outcomes in our schools and addressing social isolation in our communities and also addressing the potential harms of social media and other technology, this is where we've got to go in terms of upstream focus. If we don't, we are seeing the consequences of not doing that today. We are seeing our hospitals overflowing and without enough room for kids who need a psychiatric bed. We are seeing parents who are having a hard time getting an appointment to see a child. We detailed in 2021 in the Youth Mental Health Advisory that I issued, that on average it takes 11 years from when a child has issues and actually gets care. For those of you who have kids, grandkids, nephews, or nieces in your lives or others, you know the worst pain a parent can have to endure is to see your child suffering and to not be able to get them help. And can you imagine having to wait for years without getting your child that help?

>> SENATOR MARKEY: 11 years?

>> SURGEON GENERAL MURTHY: 11 years. When I say this is not an issue that we can deal with in five or ten years and tomorrow depends on what we do today, this is what I mean.

There's real suffering accruing to kids and their families as a result of the failure to address inadequate treatment and prevention.

I wish I could say this is one of those issues that if we just had one single bill focused on one single issue, we could solve the problem. It's not that. Senator Markey knows because he has been working on this for a long time. We've got to attack this challenge from different perspectives. We've got to focus on treatment, prevention, put safeguards in place around technology, and we've all collectively got to make this an issue that we talk about, that we advocate on, because our kids can't wait.

(Applause)

>> SENATOR MARKEY: Exactly. Thank you so much, Doctor. We have a crisis in our country. You know, when I went out on my first date with my wife 38 years ago, she'd just been put in charge of something called Project Depression at the National Institutes of Mental Health, so she was given the job of beginning this process of destigmatizing depression in our society 38 years ago. And we have come a long way, but we haven't gone far enough. Right? And the resources still have to be dramatically higher. And we have to make the social media companies accountable for what they are doing to the mental health of young people in our country.

So really, we are at a crossroads right now in a lot of ways. TikTok and that whole TikTok crisis has helped to illuminate this and educated Congress, I think, to a very significant way. But whatever TikTok does on a daily basis with kids in our country, it's no different than all of the American companies are doing as well. So it's not a Chinese technology company's creation. It's something that they are modeling after what American companies were already doing to American children. So that's why we need a comprehensive piece of legislation that passes this year and increased funding for mental health services as well.

So we have questions. Would you mind to take some questions from our great audience here? I am going to begin with Jaimie Gradus from the BU School of Public Health. If you are here, Jaimie. Do you have a microphone, Jaimie? All right, please. Yeah, come on up here just a little bit, Jaimie. Jaimie, can you walk up here a little bit, Jaimie? Come on up. Come on up, Jaimie. Come on up. No, I want the cameras to be able to see you. Yeah. Go ahead, please.

>> JAMIE GRADUS: Thank you so much. Jamie Gradus, Professor at BU School of Public Health. Such an honor to have you both here. Thank you so much for all of your work.

I really enjoyed reading the advisory report and especially the recommendations for different groups about what can be done about social media and kids' mental health. There are recommendations, for anyone who didn't read it, for policy

makers, for kids and families, for researchers, for technology companies. I am also mom to an 11-year-old daughter who, luckily, is very open with me. But one thing I have learned already is kids are using forms of social media that we cannot even begin to imagine exist. And she tells me about these different things her friends use, and it's pretty scary.

So I guess that all leads me to a larger question, which is how can we ever sort of get ahead of the lightning-fast pace of how these things are evolving, and to what extent should we be intentionally advocating for groups like policymakers and researchers and the kids themselves to work together to improve these issues? Thank you so much.

>> SURGEON GENERAL MURTHY: Thank you for that question. Look, I think that you are asking the question a lot of parents have today, which is what do I do? I can't even keep track of all of the apps and platforms out there that my kids are using.

My five-year-old daughter is in preschool. She is finishing preschool next week. And she came home a few weeks ago and asked my wife and me about posting a picture on social media. She is in preschool. Needless to say, she doesn't have a social media account.

(Laughter)

But this is what her classmates are actually talking about. So this is coming at us, you know, earlier and earlier. And I do think it's essential that we do work together as parents, as policymakers, as -- with community organizations to address this because this is too much for one individual or one family alone.

Here's what I often recommend to families specifically. If you have a child who is not yet on social media, my recommendation would be -- and this is what we are planning to do for our kids -- is to, as much as you can, try to delay the age at which they start using social media. I personally do not believe 13 is safe for a child to use social media in its current form, you know, and based on all the data that I have seen. But so for our kids, we are planning to wait until after middle school, and then we'll reassess when they get to high school based on the safety standards, based on the evidence around safety and harms, and also based on their own maturity and development.

But the other thing that I'd recommend for families if your kids are already using social media is, number one, to start having conversations early with your kids about their experience of social media. You want to know as a parent what are they using? How does it make them feel? And you will often find that, actually, young people often have a lot of insight into how it's making them feel. A lot of times they know it's not making them feel good about themselves, but they don't know how to stop or what to do about it. And you also know how they are using it. We know, for example, that we don't want our kids to be harassed or bullied online. But a lot of them are experiencing

that. We want them to know what the red flags are and say hey, I need help to come forward and talk about that. So starting that conversation is important.

Second, you can also try to identify what I think of as tech-free zones in your child's day to protect the activities that we know are essential for their growth and development. That includes sleep, physical activity, and time in person with other people. And that could look like setting the hour before bedtime and throughout the night as a time where they can't have their phones with them. It could look like setting meal times as tech-free zones. But that can help protect your kids as well.

And the last thing I will suggest is to reach out to other parents to find partners so that you are not alone in this journey. I know that for my wife and I, it's not going to be easy for us to delay our kids using social media. And if our kid is the only one, you know, who is not on social media, they might even feel lonely and left out; right? So we don't want our kids to feel like that. But we are going to be looking for other parents who are similarly oriented to say hey, can we maybe work together on this? Can we help each other out? Then our kids also won't be alone.

When I talk to parents around the country, I am also surprised a lot of them aren't talking to other parents about their struggles with their kids and social media. Because from the outside sometimes it seems like other parents and families have figured it out, they've all got it down, and that you are the only family or you are the only parent who is struggling. Let me just tell you that is not the case. Almost every parent out there is pulling their hair out trying to figure this out. 70% of parents today say that parenting is harder than it was 20 years ago. And the top two reasons they cite are technology and social media. So there's power in numbers. We've got to support each other as parents in these efforts.

>> SURGEON GENERAL MURTHY: Beautiful. Next question, Jim Vetter from the Social-Emotional Learning Alliance. Are you here, Jim? Yep, please come up. We need a microphone for Jim.

>> JIM VETTER: Senator Markey, Vice Admiral, Dr. Murthy, really appreciate the focus that you have, not simply on addressing the emergency with crisis response, but also focusing on promotion of mental health. I am Jim Vetter. I serve on the Massachusetts Community Behavioral Mental Health Promotion and Prevention Commission, and I am with the Social-Emotional Learning Alliance of Massachusetts, Social-Emotional Learning Alliance of United States, and Educational Development Center.

You may be aware there was a congressional briefing just a few weeks back where there was a researcher from Yale School of Medicine who shared just some of the very latest research on the positive impacts -- exactly, Dr. Murthy, as you talked about -- of social and emotional learning. And we know that

social-emotional learning can make significant advances in reducing anxiety, depression, and suicidality. And I am wondering what can we do on the federal level to increase a national conversation about the importance of social and emotional learning and about promoting mental health? And what can we do to bring our agencies together in a collaboration around this effort?

>> SURGEON GENERAL MURTHY: That's a good question. I am happy to start there. I think what you've seen actually, Jim, in the last couple of years, through both the American Rescue Plan funds that have been made available for these kind of programs in schools, as well as the Department of Education's efforts to actually try to support social and emotional learning, is something quite different than what we had seen, you know, for the last few decades, which I think is a growing recognition that these skills matter for kids, and school is the right place for them to get it. But I do think you are asking the right question, which is how do we broaden this out into a national conversation so that parents understand the importance of this, so that they can also make choices and be advocates for these kind of programs in their schools. And that is part of what we are seeking to do through our office and our work on youth mental health more broadly, specifically on prevention.

You know, we talk often about protecting kids through addressing technology, addressing social-emotional learning, and addressing isolation and loneliness. And for all of those here who may not be familiar with these programs, I will tell you a very quick anecdote that for me often captures a bit of the kind of value that these programs can deliver.

I was in Hammond, Connecticut, some years ago visiting a program that actually had social-emotional learning integrated into the curriculum, which is the RULER Program, which I know, Jim, you are familiar with. I was talking to these three kids, who I think were in fifth grade. While we were chatting, this other student walked by behind them, and they all glanced back at him, and then they waved at him. And then they kept talking. I said wait, hold on, who is that kid? And they said oh, yeah, you know, that's Johnny. He came in today, and he was really angry, and he was yelling and screaming, and he was just really mean to us, and we figured, you know, something probably happened to him at home, so we just let him, like, do his thing. Then when he calmed down a little bit later on, we went back to him, said hey, how are you doing? We checked in with him. And it turned out he did have a fight with someone in his family that morning, but he was much calmer, so everything is good now, and they went on and started talking about what they were talking about before. I said wait, hold on.

(Laughter)

You just displayed a level of insight and emotional maturity to understand his emotions, your reaction to his

emotions, you were able to mitigate what could have been a really harmful response of you lashing out, and you actually went back to him later and provided support at a time where then he was able to be open and experiencing. Now everybody is happy. I was like there are adults who don't have those skills. Right?

(Laughter)

But you think about how valuable it is for a child to have that kind of experience, not just for school but for life; right? And one of the children, in fact, had transferred from another school in Connecticut that didn't have that kind of support. And she said that she was really struggling in that school, but she got to this school, and because kids understood how to manage their emotions and how to deal with each other, people were so much nicer to each other. There was a lot less bullying in the school. She is said her parents remarked to her that she seems to be so much happier and they are less worried about her.

So the point is these are skills perhaps we used to say, well, kids should get these somewhere, maybe they should get them at home, maybe in the community. But the reality is kids are not getting these skills on their own; right? And if we believe education should prepare kids for life, this is an essential life skill. That's why we are pushing to talk more about it, to invest more in it. And most importantly, to make sure parents understand these issues so they can advocate for these kinds of support programs in their schools.

>> SENATOR MARKEY: Beautiful. Next question from Kafwi Kuma.

>> Hello. So I just -- I am from Woburn. I just graduated high school. So my question is kind of about the 2021 CDC Youth Risk Behavior Survey report. And four out of six variables had pointed to youth who are in the LGBTQ community, students of color, women and girls who are really struggling with mental health and suicidality. And I was wondering what can our elected officials do to take action to widen access to mental health education, healthcare, things like that, specifically in those marginalized communities for young people?

>> SENATOR MARKEY: Please.

>> SURGEON GENERAL MURTHY: First of all, congratulations. I am glad you are here because we need people like you, not people who are young leaders tomorrow, but also for today, to drive this conversation. If it had not been for your generation, we would have more stigma about mental health. I am glad that you are here.

I am also glad you pointed out this issue around equity, which is there are communities that are harder hit. We see as deeply concerning as these numbers are around suicide attempts and suicidal ideation, that these numbers are even higher when you look at LGBTQ youth. We know that many -- among certain

populations, Black populations in particular, Black youth, we are seeing significant increase, a disproportionate increase in suicide rates as well.

So part of our effort to address mental health is not just investing more money in changing policies. It's also ensuring that the effects of those investments are felt throughout the population. And you know, I think a bit about, like, our efforts during COVID-19 in the early days, during the vaccination effort. When we said, you know, equity has to be a priority here. And what we can't do, what often happens is it's the most resourced people that get access to the vaccines, and the less resourced folks don't. We measured the data. We did a lot of outreach to groups that specifically engaged with communities that were at higher risk. We brought people into decision-making bodies who represented those communities. And then collectively, we were able to do pretty well. You know, those early days, in fact, we were ultimately able to get to parity in terms of vaccination rates.

Since then, we have seen some disparities emerge, so we've got more work to do. But what those early days showed us is if you focus on equity, if you track it, you measure it, if you hold yourself accountable, we can actually succeed in these efforts. But a key part of it is you've got to have the right people at the table who represent those communities helping make decisions and drive action. So that's what we've got to do here as well. It's why in our office, when we travel and we do roundtables with all -- you know, diverse communities. But we also ask for input from diverse communities because we need them to help shape the programs that ultimately will serve all of us.

>> SENATOR MARKEY: And thank you for raising that question. This is Pride Week in Massachusetts.

(Applause)

And we have to be -- we have to be the leaders. State legislatures all across the country are passing anti-trans legislation. Hundreds of bills have been introduced in legislatures all across the country. The Black Lives Matters movement is under assault in many states in our country right now. We are not just the Bay State; we are the Brain State as well. We went first on same-sex marriage in 2004. Now it's a nonissue in the country. Because we went first. So we have a big responsibility as a state to go first. But we should also understand that so many of these young people are being exposed to the anti-trans, these assaults upon Black and brown traditions, immigrant traditions in our country. And the young people are really on the front lines of feeling the effects of that. So we have a big responsibility. We thank you for coming and thank you for your great question.

And we thank you, Doctor, for everything that you are doing. We have a real -- we have a real crisis in our country right now, and I am now -- Bernie Sanders is now the chairman of

the Health Committee in the Senate. I am the chairman of the Health Subcommittee for the United States Senate now, so I am putting this at the top of the list of my priorities -- (Applause) -- for the next two years. We have to ensure that we have those resources, and that's why I have developed a policy prescription to protect kids with five key elements. Number one, ban targeted advertising to children, and to give all parents in America the right to say to the social media companies erase everything you've gathered about my child. Stop targeting them and erase everything that you have gathered. Second, establish a digital marketing bill of rights for teens. Third, create a youth marketing and privacy division at the Federal Trade Commission. Fourth, conduct cutting-edge research to study the effects of social media on teens, building on the initiative that I passed last year for the National Institutes of Health to begin this research on the impact social media is having on young people. And to increase the funding for mental health services in our country. We just need a comprehensive plan at this time. It is a crisis, and it's been a great honor to be here with you, Doctor. You are our national leader on all of these issues. And it's a great honor to be with you, Doctor, because your work at the National Academies is now going to instruct our political, our social, and our economic system in terms of the needs for us to act. So we thank you, Doctor. We thank the BU School of Public Health for being our great host today. Thank you, sir.

(Applause)

>> SURGEON GENERAL MURTHY: Do you mind if I have one last thing before we close?

>> DEAN GALEA: Please.

>> SURGEON GENERAL MURTHY: Senator Markey mentioned immigrants. Many of us who came here a few years ago or a few generations ago were tied to immigrant families in one way or another, and my family was the same. When my parents came here, the reason they came here was because they hoped America would be a place where my sister and I would be judged not by the color of our skin or the fact that we had funny-sounding names or that we had an accent, but that we would be judged on our willingness to work hard, on our ideas, on our commitment to our communities. And those are the values that drew them here. Those are the values that I still believe our country aspires to. It doesn't mean that we are perfect and that we always embody those values, but to be in a place where we aspire to those values means something. And I think this moment, as hard as it is with all the crises that we were talking about today, as deep as that struggle is around mental health, the silver lining is that if we do this right, we can move our country closer to our values. We can build the kind of community where none of our children has to grow up thinking that they don't matter or that they are less than because of their sexual

orientation or the color of their skin or because of the fact they may be an introvert or they may be struggling with our mental health. We want all of our children to know that their value is intrinsic; that it's not tied to how fancy a school they get into or not tied to how much money they make or how much power they acquire down the line or how famous they become; but that their value is tied to their willingness to be kind, to be compassionate, to be a contributing member of society. Right? That is what drew my parents and generations of immigrants to this country. But it's a promise that we have an opportunity to fulfill today, and it starts with what each of us do in our day-to-day lives, how we treat other people, whether we choose to stand up for those who can't stand up for themselves. It has to do with the issues that we choose to speak about in the public square. It's reflected in the leaders that we choose and the kind of leaders we seek to be and how we shape and design our workplaces and our schools. All of these must be informed and driven by a core set of values -- kindness, generosity, service, and friendship. Right? These are the core values that can shape our moral compass. And that compass is what we use to guide us when we are making decisions about policy, about programs, about investments, or decisions in our own life. You know, as somebody, a reporter, asked me the other day, he said: Don't kids today have more choices than any other generation before? And I said, well, perhaps they do, but having a lot of choices is only good if you have a way to make decisions about which choices to take in front of you; right? And to make those decisions about what path to take, we need our moral compass; right? So a lot of us intrinsically know that these values matter, those values around kindness and generosity, service and friendship. But it is time for us to not only reflect that in our own lives more deeply, but to call for those values to be explicitly reflected in the world around us, in the leaders around us, in the programs around us. And if we do that, then we can build the kind of country that I know we all want, the kind of country our kids deserve, and one that will ultimately be embracing of everyone from all walks of life, which I believe is consistent with the highest values of our country. Thank you.

>> SENATOR MARKEY: Beautiful.

(Applause)

>> DEAN GALEA: Before we close, I just want to say thank you -- one more thank you, actually -- to the audience. We have about a thousand people between in person and online, and we call these Public Health Conversations intentionally because we want to bring people together who actually are engaging with these issues and making a difference in the world. So I want to say thank you to you all for being here and thank you for everything that you are doing outside of this room. Please join me in one last round of applause to Senator Markey and Dr.

Murthy.

(Applause)

Have a good afternoon, everybody. Thank you.

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