free-range thinking

MARCH 2007

Now Joining the Fight to Curb Global Warming: Diesel-Powered Advertising?

Diesel, purveyor of cool clothing, is doing its part to promote awareness of global warming. Sort of. The company has produced a series of print ads that show beautiful people sporting Diesel duds in a climate-changed world. In addition to Mount Rushmore, the dramatically altered backdrops include New York City, Rio de Janeiro, Venice, and the Great Wall of China. (Visit *www.diesel.com* to see the complete set.)

The website links visitors to *stopglobalwarming.org* to learn and do more, so it appears Diesel's intentions are serious. But does a hot-fashions-for-a-hotter-planet approach enhance awareness and promote activism, or is Diesel trivializing the single largest problem facing the planet? I conducted a focus group of one with my seventeen-year-old son, Daniel, showing him the Rushmore ad and asking, "What do you think?" His reply: "I don't buy Diesel. You should ask a girl."

Research completed. ■

Telling Tales to the Data-Driven

A doctor's story about an unforgettable Christmas Eve shows how storytelling can make the case when numbers alone don't.

Of all the places I've talked about storytelling, RAND Corporation's Santa Monica headquarters may be the most intimidating. Before visitors can enter the main offices, they must pass by a glass wall on which these words are printed: "The RAND Corporation is a nonprofit institution that helps improve policy and decision-making through research and analysis." Or to my eyes, "Storytellers go home."

When I finished my plea for more storytelling – to polite applause and the feeling there were still some skeptics in the room – a health officer from Georgia asked if he could share a story of his own. Speaking softly but with deep feeling, Dr. Patrick O'Neal made a better case in five minutes for the persuasive power of stories than I had in the previous sixty. The following is his story.

Last month, I was invited to RAND to address 35 public health officials from all across the U.S. These officials oversee departments that would have to communicate quickly and clearly with millions of Americans should a flu pandemic occur. I was there to tell them that in a crisis of such scope, data alone is probably *not* the best way to capture attention, calm nerves, and bring out the best in human nature.

a goodman
GOOD IDEAS FOR GOOD CAUSES
444 north larchmont blvd, suite 102
los angeles, ca 90004

Free-range thinking™ is a monthly newsletter for public interest groups, foundations, and progressive businesses that want to reach more people more effectively. For a free subscription, send your request to: andy@agoodmanonline.com or call 323.464.3956. Back issues are available on the web at www.agoodmanonline.com.

Newsletter edited by Lori Matsumoto.

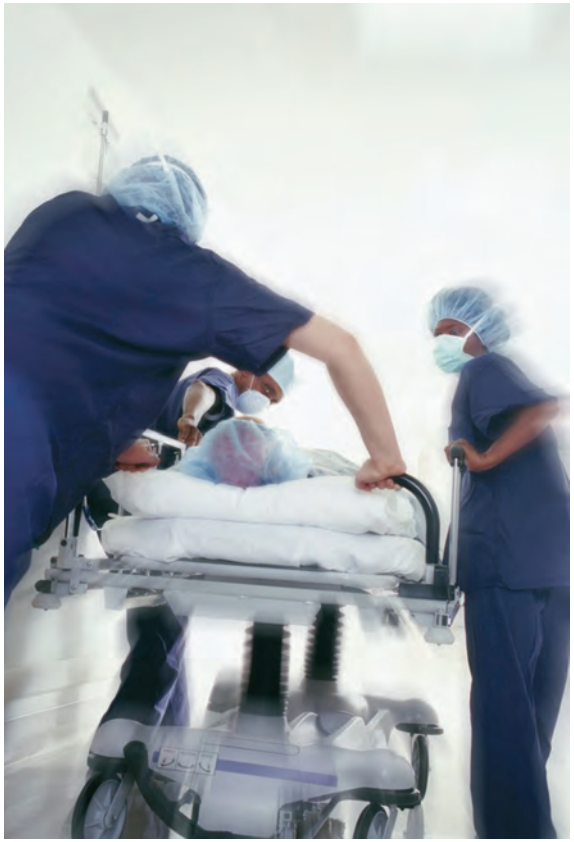
Telling Tales to the Data-Driven

About thirty years ago, Dr. Patrick O'Neal was a staff emergency physician for DeKalb General Hospital in Decatur, Georgia. On one Christmas Eve, usually a quiet night at the hospital, a call came across the radio saying an ambulance was inbound carrying a child who had just been severely injured. When the ambulance arrived and its door opened, Dr. O'Neal could see a paramedic administering CPR to a two-year-old boy.

As the child was moved to an x-ray table, the paramedic explained what had happened. Earlier that evening, the boy's mother discovered she had forgotten to buy a Christmas present on her list, so she asked her husband to drive to a nearby store before it closed. It was a warm evening, not unusual for Decatur in December, and their son was playing outside. Hastily backing his car out of the driveway, the father ran over the boy. Dr. O'Neal could see tire marks on the left side of his abdomen.

The child was in cardiac arrest when he arrived, Dr. O'Neal recalls, and despite resuscitation efforts there was no detectable blood pressure. A hematoma across his temples suggested a head injury, but Dr. O'Neal couldn't tell if the boy was unconscious from this injury or from shock. The location of the tire tracks suggested a ruptured spleen, and the boy's belly was bulging.

"It's easier to call a code (i.e., cease life-saving efforts) when you're dealing with an elderly person," Dr. O'Neal says. "On a two-year-old, it's much harder." The doctor and his team continued attempts at resuscitation for ninety minutes despite no signs of life on the monitors in the emergency room. A flicker of blood pressure briefly rekindled their hope, and the team pressed on until three hours had elapsed, but close to 11:00 pm they conceded the effort was futile.



Dr. O'Neal pronounced the child dead, gathered his strength, and went to inform the parents. "It was particularly difficult telling the boy's mother," he says, and even now, thirty years later, Dr. O'Neal has to gather himself again just to finish the story. "She started pounding on my chest, saying, 'No, doctor! You're wrong! He can't be dead! Not on Christmas Eve!'"

Dr. O'Neal's voice cracks as he recounts the mother's words.

"If I'd had a pediatric surgeon on hand," Dr. O'Neal continues, "it's conceivable the child's life could have been saved." That thought lodged in his brain and would not let him alone. Over the ensuing years, Dr. O'Neal made it his mission to equip hospitals all across Georgia with the physical and human resources necessary to provide better emergency care – a "trauma system," in the parlance of public health.

The numbers, Dr. O'Neal felt certain, were already on his side, and he cites one statistic from 2004 as an example. In the United States that year, the trauma death rate (i.e., deaths from massive injuries) was 56 per 100,000 people. In Georgia, however, the rate was 64 per 100,000. Well-equipped trauma centers in more hospitals, Dr. O'Neal believed, could help bring Georgia's number down to the national average.

There was one number, however, that was not on his side: the cost. With many hospitals operating in the red and other priorities vying for funding, it was difficult to generate support for the tens of millions of dollars necessary to create a statewide trauma system. Year after year, Dr. O'Neal would make his case to legislators and policymakers, steadily adding to the mounting pile of evidence for improved trauma care. And for nearly twenty years, the answer was always no.

Last August, Dr. O'Neal tried yet again, testifying before a legislative study committee in Atlanta and an audience of about 200 interested onlookers. "This time," he says, "I told them I was going to take a risk and relate a personal encounter that had made me commit to seeking funds for a trauma system." Even though he had plenty of data to make his case, he told the committee his reasons for being there were personal. "So I asked them to bear with me," he says, and for the first time in a public forum he told the story about that Christmas Eve in Decatur.

"There was a fair amount of chattering before I began, and even as I started talking," he recalls, "but as I told the story, the room became completely quiet. At the end, you could have heard a pin drop. One of the committee co-chairs left his seat, came around to the podium where I had been speaking and thanked me. He said, 'You don't need to convince us that we need the system. From this point on, our role is to figure out how to fund it.'" This past January, legislation was introduced in the Georgia State Senate to establish the infrastructure for a statewide trauma system, and in February, the House introduced the legislation to pay for it.

Dr. O'Neal has no doubts why the scale finally tipped in his direction. "This demonstrates the impact a story can have when pure data alone fails to make the case," he says. "You need to substantiate your case with data, but you need the story, too." ■