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Past Event: 2024 NCSBN Leadership and Public Policy Conference - Health Policy and Regulation through a Jeffersonian Lens Video Transcript
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Event

2024 NCSBN Leadership and Public Policy Conference

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Presenter

David Brown, DC, Former Director, Virginia Department of Health Professions

- [David] I'm honored to be here today. I know of the important work that each and every one of you do each and every day, impacting your communities, your states, and through the National Council of State Boards of Nursing, our nation, and indeed our world. So thank you.

Like all of you, I have a passion for regulation. In my case, it began, as you heard, with my appointment to the Virginia Board of Medicine, an interesting role. I was the only chiropractor on a board with 10 MDs, 1 DL, 1 podiatrist, 1 clinical psychologist, and 2 public members.

I loved it. Eight years at the Board of Medicine were followed by becoming president of the Federation of Chiropractic Licensing Boards, a board member of the National Board of Chiropractic Examiners, and a number of speaking engagements at meetings of CLEAR, the Council on Licensure, Enforcement and Regulation, at FARB, Federation of Associations of Regulatory Boards.

And early on that path, I participated in an interdisciplinary work group. It was a response to a Pew Commission report on healthcare regulation. And it was led by the National Council of State Boards of Nursing. I was immediately impressed by the knowledge, the competence, and the dedication of the National Council.

You may know, and if not, Jim just told you, that all of Virginia's health regulatory boards are part of the Department of Health Professions, DHP, a large umbrella agency. When I left the Board of Medicine in the late '90s, I looked at the director's office and I thought, "I want that job one day."

I seized the opportunity to return to healthcare regulation in 2014 and was appointed director of DHP by Governor Terry McAuliffe. And as you heard, a position I held under three different governors. Although with the change of party, I was only there with the third governor for about nine months.

I reported to the Secretary of Health. My first Secretary of Health, orthopedic surgeon, Bill Hazel, who basically hired me, told me that I was going to a strong agency in the Department of Health Professions. And he singled out Jay Douglas as a strong leader at DHP.

He was right about DHP and he was right about Jay Douglas. Jay, thank you for your wisdom, your advice, and most of all, your friendship. So I'm very pleased to have this opportunity today to talk about healthcare regulation.

And I'm just as pleased to indulge my current passion, Thomas Jefferson and his plantation home, Monticello. I happened to be reading Annette Gordon-Reed's Pulitzer Prize, a national book award-winning book, "The Hemingses of Monticello" when I saw an ad to be a tour guide at Monticello.

Well, I was trying to figure out what I was going to do next in my life. And when I saw that ad and applied, well, that turned out to be exactly what I was looking for, although I didn't really know what I was looking for.

Being a guide at Monticello is meaningful, challenging, and never dull, wonderful comradery in a guide core that ranges from age 22 to 82, an eclectic bunch of history nerds. To be a guide there, there's two weeks of all-day training.

I set off the first day, and I told my wife when I left, "My plan was to be the A student in the class. After all, I'd been a history major at the University of Virginia. Well, there were four of us, and the three women were all lawyers. And I was quickly humbled by my new colleagues and now good friends.

We all write our own tours at Monticello within certain guidelines and themes. And like many health professions, we have required hours of continuing education. And over time, we learned to give a variety of tours, slavery tours, garden tours, architectural tours, a number more.

So this conference has an amazing agenda. I hope you know that. Bringing together Thomas Jefferson and professional regulation. We have the opportunity today and tomorrow to learn from leading scholars of Thomas Jefferson, Alan Taylor, Peter Onuf, and Annette Gordon-Reed. And we also get to learn from the director of UVA Center for Politics, Larry Sabato.

Larry Sabato was president of the Student Council at University of Virginia when I was an undergrad. I'm pleased and maybe a little nervous to combine these two themes, professional regulation and Thomas Jefferson.

So here's my disclaimer. If Professors Taylor, Onuf, or Gordon-Reed say anything that is at odds with something I say, well, we all know who the real experts are. So I thought I would talk a bit about Thomas Jefferson and then move into how his ideas intersected with health policy in his day and the lessons he may still have for us today.

So let's start with what you already know. In a word or phrase, just kind of shout out something that comes to mind when you think Thomas Jefferson. I'll repeat it for the group and for any recording. Come on. You guys aren't shy.

- [Woman 1]. Innovative.

- Innovator? Innovator, yes. He's an innovator. He's an inventor a little bit. I'll talk about that more later. What else?

- [Woman 2] Architecture.

- Architecture. He's an architect. He's a landscape architect. And in order to do the kind of incredible stuff he does, he has to learn how construction works. He's really a contractor as well. What else?

- [Woman 3] Great quotes.

- I'm sorry.

- Great quotes.

- Great...

- Quotes.

- ...quotes. Yes, he is incredibly articulate on paper. In public, he is shy and mumbles. What else? Well, I'll go. He's a writer. He's a philosopher.

He's a statesman and a diplomat. He's a husband, he's a father, he's a slaveowner. He's a revolutionary. After writing and presenting the Declaration, he said he felt as if he had a halter around his neck. They knew what was at stake if they didn't prevail.

He's a linguist. He reads and writes in seven different languages. He is a bibliophile. He's a gourmand and a wine snob. He's a horticulturist, he's a scientist, he's a mathematician. He's an educator.

I could go on. There's a story about a traveler who's stopping the night at a Virginia inn, struck up a conversation with a stranger, a plainly dressed and unassuming stranger. The stranger introduced one topic after another into the conversation and demonstrated himself to be perfectly acquainted with each topic.

When the topic was the law, the traveler assumed that the stranger was a lawyer. But when the discussion moved to medicine, the traveler surmised, well, actually the stranger must be a physician. And then it got to theology. The traveler thought, "Well, this guy must be a clergyman." Filled with wonder, that one person could be so well-informed by so many things, after conclusion of the conversations, he went to the innkeeper and said, "Who was that?"

And the innkeeper said, "Oh, I thought you knew this squire." It turns out the stranger who the traveler had found so affable and simple in his manners was the third President of the United States. John Kennedy said in remarks at a dinner honoring Nobel Prize winners, that that dinner had the greatest collection of human talent and knowledge that has ever been gathered together in the White House with the possible exception of when Thomas Jefferson died alone.

Thomas Jefferson was deeply influenced by the Enlightenment, the European movement, beginning in the late 1600s, lasting until the mid-1800s, that they also called at the time the Age of Reason, using science and rational thought to make the world a better place.

Jefferson calls Francis Bacon pioneer of the scientific method. Isaac Newton, mathematician, and John Locke, political philosopher, his trinity of the three greatest men this world has ever produced. The Enlightenment motto, "Have the courage to use your own reason." So did Thomas Jefferson use his own reason about healthcare and medicine?

Absolutely. He saw the dominant medical treatments of the day, bloodletting, purging, inducing vomiting, and thought to himself, "No, this doesn't make sense." In fact, he wrote, "The practice of medicine is worse than total ignorance."

He had this to say about the Philadelphia physician, Benjamin Rush, "In his theory of bloodletting, I was ever opposed to my friend Rush, who I greatly loved but who had done much harm in the sincerest persuasion that he was preserving life and happiness all around him."

In his notes on the state of Virginia, Jefferson wrote about hospitals, "The sick, the dying, and the dead are crammed together in the same rooms and often the same beds. Nature and kind nursing save a much greater proportion and with much less abuse." He struck a similar note in a letter to his daughter, Martha, during an illness of one of his grandchildren.

He was glad that she did not "Physic him, but instead left nature, free and unembarrassed, to repair what was wrong." But Thomas Jefferson did not reject medicine, ignoring the widespread belief that smallpox inoculation would spread the disease rather than preventing it.

In Norfolk, Virginia, in the 1760s, there were riots against inoculation. A physician who was doing inoculation had his house burned down. Despite this, in 1766, the 23-year-old Thomas Jefferson goes to Philadelphia to become inoculated.

And after becoming President in 1801, he expanded his commitment to smallpox inoculation. He had followed the work of the physician, Edward Jenner, and his experiments using the milder cowpox as an effective immunization against smallpox. Jefferson promoted the use of this new vaccine, and he directed the inoculation of those enslaved at Monticello, his sons-in-law, and some of his neighbors, about 200 people in all.

He also tried to promote vaccination among Native Americans. So what would Thomas Jefferson think about the immunization challenges we face today? A growing number of people are skeptical or hesitant about vaccines, not just COVID, but childhood immunizations.

And I'm not just talking about anti-vaxxers. As pointed out by the National Association of School Nurses, childhood immunization has been so effective in preventing death and disease that many parents today have not encountered serious diseases that used to be common.

As a result, increasing numbers of parents believe that vaccine-preventable diseases are mild or normal, natural, and that vaccines are no longer necessary. Well, on top of this is the widespread disruption of vaccination schedules by COVID. I think Thomas Jefferson would have recognized the key roles, the key role that nurses must play in schools, health departments, in primary care, in all settings, really, in helping people overcome their hesitancy and recognize again how important vaccines have been and still are.

Thomas Jefferson led a remarkably healthy lifestyle, similar to the ideas of today that are taught in nursing schools and that nurses try to instill in all their patients. Despite inheriting a tobacco-based plantation, Thomas Jefferson never smoked.

He decried the cultivation of tobacco saying, "It's a culture productive of infinite wretchedness." And later, he moved to his income-producing crops to wheat. The slender 6 foot 2.5 inches tall Jefferson was a zealot about exercise.

He said, "A strong body makes the mind strong." He recommended two hours of walking each day. I'm pretty sure that today since he was a lover of technology and of data collection, he'd be tracking his steps with an Apple watch.

Jefferson understood that a person could improve their capacity to walk, and that walking was a key to health and longevity. He wrote to his son-in-law, Thomas Mann Randolph, "A person who has never walked 3 miles will, in the course of a month, be able to walk 15 or 20 without fatigue. I have known some great walkers and heard particular counts of many more, and I never knew or heard of one who is not healthy and long-lived."

His grandchildren said that after long days of reading and studying as a student at William & Mary, Thomas Jefferson would run a mile or more, and that he once swam 13 times across a 1/4-mile-wide mill pond.

As he aged and developed arthritic complaints, Thomas Jefferson turned more to horseback riding for his daily exercise. He was an expert horseman. He had fine horses. He drove his carriage so aggressively his daughter, Martha, did not like to ride with him. At age 77, he wrote that he no longer walked much but was "Riding without fatigue 6 or 8 miles a day, and sometimes 30 or 40."

The ever-moderate Thomas Jefferson also said, "We never repent of eating too little." But what he did eat, what he did eat was a lot of vegetables. He had his garden terraced a little below the mountaintop for protected southern exposure, expanding the range of vegetables that could be grown.

And he recorded over 330 varieties of vegetables, over 70 species growing in his 1000-foot-long garden. He said, "I have lived temperately, eating little animal food and not as an element, so much as a condiment for the vegetables, which constitute my principal diet."

This was commented on by a visiting Congressman Daniel Webster in 1824, who wrote, "He enjoys his dinner well, taking with his meat a large proportion of vegetables." His granddaughter Ellen also said, "He lives principally on vegetables. The little meat he took seems merely as a seasoning for his vegetables."

I also think that Thomas Jefferson was an early advocate for mindfulness. In 2012, I had the incredible fortune to be the moderator of a panel discussion in Charlottesville at the Paramount Theater on healthcare with His Holiness The Dalai Lama.

One of the panelists was Dr. Dorrie Fontaine, dean of the UVA School of Nursing. Maybe for today's talk, I should have said, Dean of the School of Nursing at Mr. Jefferson's University. Dr.

Fontaine commented on the training of nursing students at UVA in mindfulness meditation so that nurses had tools that would enable them to bring their very best self to each and every patient. And Thomas Jefferson, well, writing to a nephew on the importance of exercise, he wrote, "The object of walking is to relax the mind. You should therefore not permit yourself even to think while you walk, but divert your attention by the objects surrounding you."

It sounds like mindfulness to me. Thomas Jefferson lived to be 83. That's pretty good back then. Having what I think we would all strive for ourselves, our families, our patients, and our communities, a vigorous life, a life which we enjoy, a life that enriches those around us. A key value of nursing at all

levels is education, certainly for the National Council, certainly for all the state boards, for nurse educators, for nurses in any clinical role, actually pretty much for any nursing.

Same with Thomas Jefferson. A key value throughout his life. After attending boarding schools at age 17, he began at the College of William & Mary. He studied under the Scottish scholar, William Small, who Jefferson said, "Probably fixed the destinies of my life."

He went on to read law under the direction of George Wythe. And in fact, a person in Virginia can still read the law apprenticed under a practicing lawyer instead of having to go to law school. It is said that Thomas Jefferson, at William & Mary, read and studied for 12 to 15 hours a day. In 1815, he famously wrote to John Adams, "I cannot live without books."

The reason, in the War of 1812, the British burned Washington and with it, they burned the collection of books at the Library of Congress, 3,000 volumes. Thomas Jefferson then sold his private collection of books to the Library of Congress, 6,400 volumes, and, of course, started collecting books again.

Next time you're in D.C., if you haven't seen it, visit the Library of Congress. It's an amazing place. And you can see the exhibit of Thomas Jefferson's books in various languages with numerous books on health and medicine. Thomas Jefferson believed strongly that the key to a democracy, the key to this experiment in representative government was an educated population.

He said, "Any nation that expects to be ignorant and free expects what never was and never will be." Like, I believe the profession of nursing, Thomas Jefferson does not just stop with identifying a problem.

He doesn't stop even after identifying potential solutions. He takes specific actions. Jefferson does much more than just write about education. After announcing to the world in the Declaration of Independence in 1776 that we are no longer a colony of Great Britain, one of the first orders of business is for all the states to create their own laws for governing.

Thomas Jefferson introduces a bill for the more general diffusion of knowledge into the Virginia legislature. In this plan, primary schools were to be free to students, both boys and girls, and the best male students were to attend the academies and the university at public expense. Virginia is not quite ready for that.

But Virginia eventually does adopt the last part of this plan in what Jefferson refers to, tongue-in-cheek, as "The hobby of my old age." He designs the University of Virginia. He selects the faculty. He writes the curriculum consistent with his views on the importance of religious freedom.

When it opens in 1819, UVA is the first university in the country without a religious affiliation. Consistent with his views on the importance of science-based healthcare, he establishes a school of medicine.

Jefferson, though, always regretted that what he viewed as the most important part of his plan, broad primary public education, was not adopted in his lifetime. He told friends working with him in the formation of the University of Virginia, that if it was a choice between public primary schools and the university, he would choose the former because, "It is safer to have a whole people respectably enlightened than a few in a high state of science and the rest in ignorance."

There are so many areas in which Thomas Jefferson would have had commonality with the National Council of State Boards of Nursing. The National Council is an organization of state boards, each with its own laws and regulations. Innovations in practice or regulation arise in one state that if successful can serve as a model for other states.

Thomas Jefferson embraced the notion of state's rights and he's leery of excessive centralization of government power. The power in regulation is not with the National Council, it's not with the federal government, but with the states themselves. And cooperation is enhanced, workforce is optimized, and burdens on practitioners lessened through the compact.

Jefferson would be pleased. Jefferson had trust in the people. He would have supported having citizen members on licensing boards as a check on the self-interest or perceived self-interest on the part of professional regulators. As you may have experienced, professional members of licensing boards, many, if not most, who have been active members of their professional associations sometimes need a reminder that their role is to protect the public, not protect the association.

So let's talk about innovation. Another commonality between Thomas Jefferson and nursing. As a guide at Monticello, I notice that with all the cleverness on display, from the unique design of the house itself, the house, by the way, is a world heritage site since 1987, the only individual house to receive this honor, to the clock in the entrance hall, to the double doors that can be closed with one hand, to the wine dumbwaiters built into the dining room fireplace, to the beds built into alcoves in the wall, to the device that allowed him to make a copy of a letter while he is writing a letter.

Well, you get the idea. And what I notice is that guests assume that Jefferson is an incredibly creative inventor. Incredibly creative? Yes. Inventor? Not so much. He invented maybe three things, a moldboard for a more efficient plow, for sure.

But what he is is an innovator. He's one of these people, and we all know them, who always think...who always seem to know what the latest, coolest, overlooked, most useful of anything is.

For Thomas Jefferson, that would be architectural ideas, construction techniques, fireplace design. It'd be things like writing gadgets or scientific instruments or political ideas. And he often takes those useful ideas of others, tweaks them, or combines them and makes them better.

Political philosopher John Locke wrote about 100 years before our Declaration of Independence that people had a natural right to life, liberty, and the pursuit of property. Thomas Jefferson tweaks that a little bit into life, liberty, and the pursuit of happiness that we all know today.

Jefferson wrote, "The fact is that one new idea leads to another, that to a third so over the course of time, until someone, with whom none of these ideas are original, combines all together, and produces what is justly called a new invention." Nursing is full of innovations and inventions, often practical and clever solution to specific problems in healthcare.

It's like feeding tubes, crash carts, color-coded IV tubes. And sometimes nursing has ideas that change healthcare. Florence Nightingale, asserting in 1860, "The word nursing has been limited to signify little more than the administration of medicines and the application of poultices. It ought to signify the proper use of fresh air, light, warmth, cleanliness, quiet, and the proper selection and administration of diet, all at the least expense of vital power to the patient."

So now I'd like to bring up a couple of ideas, a couple of issues that I'm concerned about that I think Thomas Jefferson would have been concerned about and that I'd like to call to your attention. Did anyone read in "The New York Times" recently, a week ago or so, an in-depth article on marijuana? It was titled "As America's Marijuana Use Grows, so Do the Harms."

Scary stuff. A pediatrician who sees teenagers so dependent on cannabis that they consume it practically all day every day. Reports of psychiatrist, which we would call a cannabis use disorder, reports of psychiatrist treating rising numbers of people whose use of marijuana has brought on delusions, paranoia, and other symptoms of psychosis.

Emergency departments where physicians encounter patients with severe vomiting induced by chronic use of marijuana. A potentially devastating condition, cannabinoid hyperemesis syndrome. It was once rare, but now it's all too common.

Cases of toddlers and young children who consume edible cannabis in the form of gummies. A year and a half ago, I spoke at a pain conference on the status of marijuana in Virginia.

And I met a physician from University of Virginia's Blue Ridge Poison Control Center who was outraged about what she was seeing due to marijuana. This topic is of particular interest to me since medical marijuana was approved in Virginia during my tenure at the Department of Health Professions.

I was directly involved in the legislative process and the implementation of medical marijuana by the Virginia Board of Pharmacy. So what's happened? Well, marijuana remains an illegal Schedule I controlled substance at the federal level, which has hindered the development of a robust body of research.

In 2017, the National Academies of Science Engineering, and Medicine published in a review of research on the health effects of cannabis and warned that the lack of evidence-based information posed a public health risk. But despite the lack of research, medical marijuana is now legal in all but three states.

An adult recreational marijuana is legal in 24. This is an area that I think would have concerned Thomas Jefferson. Jefferson decried the fact that medicine in his day was based on fanciful theories such as bloodletting to balance the humors instead of being based on fact and observation.

In 1807, he wished to see "An abandonment of hypotheses for sober facts. The only sure foundations of medicine are an intimate knowledge of the human body and observation of the effects of medical substances on the body."

Secondly, this is not your father's marijuana. That is, it's not the marijuana that was available when I was in college. Marijuana in flour form has gone from a potency of around 2% in 1970 to 4% in 1990, to around 20% or more today.

And it's worse than that. The dispensaries refine their products so that they are frequently 90% THC or even more. Third, marijuana, contrary to longstanding belief, can lead to dependency or addiction issues.

"The New York Times" analysis concludes that about 18 million people, nearly a third of all users aged 18 and up, have reported symptoms of cannabis use disorder. Among 18 to 25-year-olds, more than 4.5 million use a drug daily or near-daily and 81% of those meet the criteria for marijuana use disorder.

When I arrived at DHP in 2014, I believed that marijuana was generally safe, appeared beneficial, non-addictive, and should be legalized. But things changed my mind during my time at DHP as the medical processors, the industry sought changes to weaken regulation by the Board of Pharmacy, and that led to my current beliefs.

One, medical marijuana can be beneficial for conditions such as intractable epilepsy, pain, and I'm sure more. For most users, there are no problems. But for a small but growing number of users, there are significant and very negative consequences disproportionately among young users.

Number two, marijuana is big business. For state government, there's a lure of a big-time tax revenue. Medical dispensaries cater to the market and the market appears to want high potency products. Prescribers who are involved in the process in Virginia, at least, often do not have the type of prescriber-patient relationship that's expected for controlled substances.

In recent years, laws and regulations on cannabis in Virginia have been greatly influenced by the stakeholder advocates overwhelming the influence of state agencies and health experts. Three, there are few regulatory guardrails when it comes to medical marijuana or adult recreational programs.

Only 2 states cap levels of THC for recreational adult programs, and only 10 states, remember, there's only 3 states that don't do medical marijuana, only 10 of the states that do medical marijuana restrict their medical programs to low THC products. Only 10 states require that adult-use cannabis products come with warnings such as that cannabis can be habit-forming, or anything about cannabinoid hyperemesis syndrome or psychosis.

I'm not sure about the labeling requirements for medical programs, but I know that in Virginia, we don't require any warning labels. So what's needed?

Education of consumers, education of legislators, education of health professionals, research and data collection, support for legislative and regulatory guardrails, advocacy, all things that nurses do so well. The other policy issue I want to bring to your attention are the health effects of climate change.

Thomas Jefferson, the scientist, was an early meteorologist. He collected weather information, temperature, and wind direction twice a day every day. It was cold back then. Monticello had an ice house where blocks of ice from the Rivanna River would be collected, stored in cool underground ice house, covered with straw, and used for cooling much or all of the ensuing year.

Snow would be separately stored in the ice house to cool off drinks. In my 42 years in Charlottesville, there's never been such a freeze of the Rivanna River. Thomas Jefferson would have been involved in the science of climate change and its health effects. Nursing in Virginia is already involved.

The Virginia Nursing Association together with the Virginia Department of Health is looking closely at climate and health in Virginia using public health data to show how the interrelated issues of rising temperatures, extreme weather events, air quality, vector-borne diseases are impacting our community.

And there's a real overlap with health equity issues. The lead nurses in this project, Virginia Slattum and Tiffany Covarrubias-Lytle represent both urban and rural parts of Virginia, and they understand the unique challenges of each. As nurses, and like Thomas Jefferson, they don't stop with the description of the problem but have a specific plan of action.

Identify vulnerable communities, assess those communities, educate those at risk, and become an advocate. Identifying vulnerable communities is not simply geographic, but looking at the types of workers who are vulnerable, such as agricultural workers, postal workers, construction workers, or those who are housing-insecure.

Assessing those communities such as identifying heat islands in urban areas or the lack of health professional access in rural areas. Or which chronic diseases in each region will be most affected by rising temperatures. Education, especially of those most likely to be impacted by heat.

What heat risk...what health risk increase with heat? How to adapt to heat in the spring and how to manage it when it's hottest in the summer. How to store medications such as inhalers and insulin so they don't degrade when the temperature is hot. Skin cancer detection.

Resources available in each community. And advocacy, how nurses can educate themselves, get involved in research, work with health systems and legislators. So there's much more I could tell you about Thomas Jefferson, a brilliant, important, complicated man, a product of his times, human, like all of us with occasional inconsistency between his words and actions.

Thomas Jefferson claims to hate politics, but he's elected President twice. He gives advice to his grandchildren to never spend your money before you have it, but he dies deeply in debt. He's a harsh critic throughout his adult life of the institution of slavery.

He calls slavery a moral depravity, yet he owns over 600 individuals over the course of his lifetime. But I think I should stop with what I know best, professional regulation, and leave these more difficult and thorny issues to the real experts you'll hear from later today and tomorrow. But first, I want to let you know how much I appreciate you having me here today.

I came to this conference a big fan of the profession of nursing, but after preparing for this talk, I'm an even bigger fan now. Thank you so much. And I think we have time for some questions if anyone has any. I always feel like if I talk long enough, no one has any questions.

Okay. Well, thank you so much.

- [Claire] I have a question, David. You know, David, one of your many experiences was also working in the legislature, and we didn't hear a lot about that. So perhaps you can... You know, speaking to a room of nursing regulators and some educators, any thoughts you have related to your experience in the legislature and the influence of regulators and working together?

- Well, thank you, Jay. And that wasn't a plant, by the way, you know. And I think Virginia has benefits from having a system where, in general, the agency heads and the content experts from each agency are welcomed at committee meetings of the legislature to help inform the process.

And I don't know if that's always true in all states, but I think it's important because if legislators are talking about a bill on nursing education, they need to have Jay Douglas there.

- Claire Morris.

- I'm sorry, Claire Morris. Jay Douglas is old news. So if they're talking about the health effects of cannabis, they want Caroline Juran, who runs the Board of Pharmacy there. They don't need another politician. They don't need necessarily other people. So developing relationships, learning who the effective lobbyists are because like it or not, lobbyists kind of make the world go around in the legislature.

Develop individual relationships with legislators. And if nothing else, developing your own relationship with the legislators that represent you. Attending their fundraisers, you know, going to meetings, letting them know who you are so that when they have a nursing bill come before them, they might think to call you to find out what you think.

Thank you, Jay. And thank all of you.

- [Man] I just wanted to ask, it sounded like you had studied Jefferson for some time, but was there something that you discovered about him after you started working as a tour guide, a docent there at Monticello, something that perhaps you had not known about him previously?

- I should have an answer to that. You know, I've learned a lot. I mean, it would be a real exaggeration to say that what I know now I knew all along. It really came through an intensive course of study. I didn't know going in that Jefferson died in such debt. I assumed that he invented a lot of stuff.

I would say the main thing I learned about Thomas Jefferson was how even though he is Virginia gentry, you know, he's the upper crust of Virginia society in the 1700s and early 1800s. Yet he genuinely feels so strongly that this should be a nation of the people.

That people should be empowered. That he's genuinely a man of the people. He dresses simply. And when he's president, I would say in the White House, but it wasn't called the White House yet because it wasn't painted white, it became white after the War of 1812 when it got stained from fire, but when he's in the White House, he has lots of dinners.

That's kind of how he is successful, is having small groups of people, conversation, get people thinking how he's thinking, right? Well, he does what's called the pell-mell style of dining, which means that instead of having people seated based on rank or privilege at the table, people seated themselves. Drove the British ambassador crazy.

But he's making a statement. We are no longer... We're not an aristocracy. We're not a monarchy. We're a government of the people. And what better way to make a little statement every time people eat there? So thank you very much.