Framing C19: Reframing vulnerability

Topic #3: Widening the circle of "we"

To come through this crisis, we need policies and practices that respond to varying - and inequitable - health, social, or economic situations. To do this, it's important that we carefully frame the needs of marginalized and high-risk social groups.

A sole focus on how the virus affects "vulnerable" groups creates distance and difference. People don't see themselves in the issue. They disengage and ignore guidance, assuming it doesn't apply to them. They blame "those people" for the situation. They become less likely support the kind of all-in, equity-focused approaches we need.

We can overcome this by placing people and places with particular risks in a broader frame before homing in on specific needs. Here are three strategies that can help.

1. **Emphasize the connections that exist between each and every one of us**
   Emphasize how all of us are connected and dependent on each other when talking about people who are segregated from society by the justice, child welfare, or immigration systems. Include everyone in universal plans and procedures.
People tend to dismiss issues they see as niche, or an expression of a pre-existing agenda. Show that your issue is central to the overall conversation. This helps bring into view the places or people being overlooked, and that we urgently need to include.

*Instead of making it about "their" plight or worthiness*

"As COVID-19 begins to hit jails and prisons around the country, we must uphold the civil liberties of the incarcerated and protect their lives as we would any other. Their health is no less important than our own - and their offenses certainly don't warrant a death sentence. We must immediately release elderly inmates, nonviolent offenders with underlying health conditions, those who are awaiting trial, and those who are near the end of their sentences."

*Make it about "our" actions and our responsibilities to each other*

"This moment makes it clear that each and every person's health is intertwined. To stop the spread of the virus, we can't afford to leave anyone out of our containment measures, no matter where they are. For everyone's safety, we must ensure that action extends into places where, right now, millions of people are confined in dangerously close quarters: jails, prisons, immigration centers, skilled nursing facilities, group care homes, homeless shelters, refugee camps. These spaces increase the risk for people - and action is needed to prevent unacceptable harm."

2. Avoid "saviors and victims" framing.

Watch out for suggestions that one group's sacrifices provide another group's benefits. This reinforces boundaries and differences between groups. It allows people to identify with one group and think less about others. It makes the issue about them not us.

*Instead of "sacrifice for the people who really need it"*

"Most of us will have a few unpleasant days of aches and fever - and then recover. Or we may not experience any symptoms at all. But for the elderly neighbor down the street or for our grandparents in nursing homes, it's a different story. Seniors, as well as the disabled, are vulnerable to severe disease. For their sakes, we need to make sacrifices, make them now, and - possibly - make them for the long term."

*Explain how we can prepare for everyone's health situation*
"This virus is highly contagious - and because people don't show symptoms for up to two weeks, anyone could be spreading it without realizing. When we all stay home today, we see fewer new cases tomorrow. By keeping our physical distance, we slow the spread. This protects those who are most at risk and the availability of the life-saving health care we all depend on."

3. **Avoid labels that suggest weakness or separation from society.**

Avoid using "vulnerable groups" as a blanket term. None of us like to think of ourselves as weak - so warnings to "the vulnerable" can be dismissed as intended for someone else. Pay special attention to the labels used to name specific groups. Generally, avoid labels that can be prefaced with "the". Use person-first phrasing.

**REPLACE**

- the elderly
- seniors
- nursing home residents
- the prison population
- the vulnerable / vulnerable groups

**EMBRACE**

- older people
- people aged 60 and up
- people in institutional settings, from skilled nursing facilities to detention centers
- people with particular risk factors / people more at risk

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**About this series**

In this uniquely challenging moment, we need to connect people to the bigger picture. We need ways to explain health, enhance community, and offer hope.

We're pulling guidance from twenty years of framing research and practice to help advocates and experts be heard and understood in a time of global crisis. Every few days, we'll share a few ideas that can help us all amplify the values of justice, inclusion, and interdependence.

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