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Proem 00:53

Stay relatively sane - my standard email closing for the past few months. In my position of privilege – white, male, financially stable, living with my supportive wife, in Massachusetts with exemplary leadership and management of Covid-19, in a community that wears masks – staying relatively sane is easy. Clearly, not so much for many, if not most. I met Gabriel Nathan a year ago at a HealtHe Voices Conference. He advocates for mental health awareness and suicide prevention. I knew we could learn about staying relatively sane from Gabe.

Gabriel Nathan is an [author](#), [editor](#), [actor](#), and a mental health and [suicide awareness advocate](#). He is Editor in Chief of [OC87 Recovery Diaries](#), an online publication that features stories of mental health, empowerment, and change. He serves on the Board of Directors of [Prevent Suicide PA](#), an organization that focuses on prevention, outreach, education, training, and advocacy related to suicide across the Commonwealth. He is also an independent suicide awareness advocate, raising awareness, generating conversations, and spreading a message of hope with his 1963 Volkswagen Beetle, Herbie the Love Bug replica that bears the number for the National Suicide Prevention Lifeline on its rear window. Gabriel lives in a suburb of Philadelphia with his wife, twins, a Basset hound named Tennessee, a long-haired German Shepherd named Sadie, and his Herbie. You can view Gabe’s TEDx Talk on his approach to suicide awareness [here](#). Gabe and Herbie teamed up to produce a documentary film about their suicide awareness mission; you can view the entire film and learn more information about Gabe, Herbie, and suicide awareness [here](#). You can also follow Gabe and Herbie on IG [@lovebugtrumpshate](#).

Introducing Gabe Nathan 01:50

Health Hats: Gabe. I love your email handle. Nathan is not my first name.

Gabriel Nathan: No, it's 'Nathan Is My Last Name.' It means the same thing. NathanIsMyLastName@gmail.com.

Health Hats: I love that.

Gabriel Nathan: It probably doesn't happen to you that people refer to you by your last name. People probably can't pronounce your last name.

Health Hats: We met at Healthe Voices Conference about a year ago in Dallas, and we hit it off. I don't remember why. I mean, why not?

Gabriel Nathan: I do. First of all, you were wearing a blazer, with gold painted hats on it, a stunning piece of men's wear. I'm the grandson of a haberdasher. I take men's wear very seriously. When I saw this outstanding piece of fashionista wear, I immediately needed to know this guy. Then you stood up during one of the introductory sessions and said something brilliant. I was like, 'Oh shit; now I really have to get to know him.' Then we had a lovely chat in the lobby of the hotel. You're magnetic. I think people just want to know you. I'm one of those people.

Health Hats: Well, thank you. So, Gabe, how do you introduce yourself to people usually?

Gabriel Nathan: I usually apologize first. That's how I first do it. I'm a couple of things. Professionally, I'm the editor in chief [OC87 Recovery Diaries](#), an online mental health publication. We publish first-person essays and do original documentary films about mental health recovery. I'm also a suicide awareness advocate. I'm on the board of directors of [Prevent Suicide PA](#), a statewide organization devoted to suicide prevention, and I do independent advocacy and awareness work with my 1963 VW Bug that I drive around with the national suicide prevention logo on it.

Mental Health Advocacy 04:01

Health Hats: I read that [obituary of Heidi Diskin](#) in your last [Medium article](#). Oh my God, that was so beautiful. The article you wrote was good, too, but I was glad you pointed people to that obituary because that was some writing. I'll put a link to it in the show notes. How did you enter this advocacy life?

Gabriel Nathan: We say in the world of suicide prevention, 'there is no one cause for why somebody takes their own life.' There's typically no one reason why someone gets involved in suicide prevention advocacy. For me, that's true. There's a couple of different reasons why I got involved. First, I'm a loss survivor. My aunt took her life in Israel in 2004. That rocked our family and was our first exposure to suicide as a family unit. I experienced my own suicidal thoughts in college, due to bullying and an exacerbation of my anxiety and depression that was preexisting. For five years, I worked at a locked inpatient psychiatric hospital with people who were suicidal and homicidal and unable to care for themselves. Working with people and looking into their eyes as they struggled with thoughts of wanting to end their life. That all worked together to culminate this desire to do advocacy work and help give people a voice and help spread a message of hope and awareness. So that's what I spend a large portion of my time and effort doing.

Health Hats: Wow. The way I got into nursing is that I had a job at the Detroit Psychiatric Institute. I had no thought about nursing. It was an inner-city hospital with people that were really hurting. I was way

over my head as a white boy from the suburbs. I had no idea what kind of lives people led that weren't from my neighborhood. I just didn't know. But working there, the nursing staff introduced me to the idea of going to nursing school. Even though I've worked in behavioral health a lot in management, I've never worked as a clinician. It's too much pain. Whether it's mental health or addiction, just being in the room, I don't have the filters to protect myself. I've been drawn to that slice. It's always driven me crazy; this bifurcation between physical health and mental health. It makes no sense. It never made any sense. I'm thankful that I've had that experience in both physical and mental health and can appreciate that. How can anyone think of them separately? I don't get that.

Nobody gets out unscathed 07:43

Gabriel Nathan: There's a very long history. My wife likes to joke. She took this course in college about mental health through the ages and okay, 1400s, people with mental illness were treated badly. 1700s, people with mental illness were treated badly. 1900s, people with mental illness are treated badly, too, and on and on and on. We've always subjugated and oppressed people with particularly with SPMI, serious and persistent mental illness. They're other; they're weird; they're crazy; they're bad. We don't like them. We don't understand them. We're scared of them. So, we need to lock them away in facilities down a long windy gravelly road with big scary trees and gates and columns. The buildings are austere, terrifying-looking. And we lock them away. We've always operated like that as a society. There's this an us and them mentality. You and me, we're okay. I may have anxiety and depression, but I don't have bipolar, and I don't have schizophrenia, scary, right? That has irreparably damaged our ability to see the humanity of individuals who are really struggling and that but for a chemical imbalance or, but for a phone call with news that we're not prepared to hear, it could be us, too. So, that's tremendously important to realize. I want to go back to something that you said that you didn't have the filters to protect yourself. When I went to work in the psychiatric hospital in 2010 - I was just talking about this on a webinar last night - it's fascinating coming up again twice in two days. We had a two-week orientation. I didn't know shit about behavioral health before I got this job. I fell into it by accident. During the orientation, they teach you about psychiatric medication, pharmacology. They teach you about the different disorders, the DSM5. They teach you about how to recognize if someone is responding to internal stimuli and how to deescalate a crisis and how to do a takedown and all of that stuff - restraint techniques. What they don't teach you is how to protect yourself emotionally from the things you're going to see; the things you're going to do to other human beings; the things you're going to hear; the horrible trauma that you're going to hear; the stories that we're going to tell you of abuse and grief and loss; and the graphic things you're going to see. Nobody spoke to me about that until the week I gave my notice. I'd been there for five years. I went out to lunch with a woman. Her name is Berta Britz, and she is a voice here. She started the [Montgomery County Hearing Voices Network](#). She was institutionalized for a large portion of her life and became a peer specialist and began to work in the field. Berta and I became friends, and we went out to lunch. She said, 'so, you're getting out. Like I was being discharged from the hospital. 'So, you're getting out, and there's one thing I want you to know. You are forever damaged by your time in that facility. Nobody gets out of there unscathed, not patient or staff. It doesn't matter if you're there for a day or a year or five years or 25 years. I just want you to know that that place has left its mark on you.' I'm five years out now. I resigned in 2015, and Berta is 100% right. There's not a day that goes by that I don't think about takedowns; things that went bad; about stories; that I don't see patients' faces as I'm trying to go to sleep at night or even just going

through my daily routine. It never ever leaves you. I was staff. I had keys. I could go home. I was never restrained to a bed, but it stays.

Health Hats: I never thought of it like that. I think she's right. Maybe it's a PTSD reaction because I feel like it was a lot of years from the time I worked at the Detroit Psychiatric Institute. Then I worked for St. Peter's Addiction Recovery Center. I was Director of Quality Management and just walking through either the rehab unit or the inpatient detox unit, it was like I just felt it in my heart and my gut; in my shoulders and my everything.

Gabriel Nathan: You're supposed to. If you don't and become inured to certain things -you have to be able to do the job. To be able to do it the next day, and then the day after. But I feel like if you lose that sense of otherworldliness when you walk down that unit floor and you hear your shoes squeak on the floor, and you see the cinder block walls, and you see the wooden bed frames that are attached to the floor. If you lose that sense of this is special in a way, then I feel like you've become institutionalized. It can become very dangerous because it becomes easy to rob people of their humanity. Once you do that, you better get out. You're no longer effective. I felt that starting to happen to me, too. My last two years were spent in administration because I felt after three years on the unit that I was not effective anymore, I'd lost something.

Health Hats: Wow. Oh, that's so interesting. When I worked at the Detroit Psychiatric Institute as an aide, again, the white boy from the suburbs, there was a man that I worked with. His name was Patrick. I don't remember if that was his first name or his last name, but he had been working there many years, and he was a hard guy, a hard guy with a heart, a real heart. People would be so mad at him, and he would say, 'I'll be that. I'll be that.' I was blown away. We became friends. He invited me to his house. I met his family. We went out. He had figured out how to have a heart. Most of the people who worked there for a long time did not have a heart. They could be evil.

Gabriel Nathan: Yeah. They were institutionalized.

The rules changed 15:01

Health Hats: They were. I felt like he had some respect in his hardness. This naive white boy from the suburbs was impressed. It was a valuable experience for me to see how somebody could maintain that humanity. In one of the [articles you wrote](#), you said that many of the things we know about suicide, particularly warning signs, are irrelevant now. The rules of the game have changed. Can you say more about that? That really grabbed me.

Gabriel Nathan: Sure. There are traditional warning signs that, for years suicide prevention researchers and those involved in prevention and training have put out. You can look for warning signs: social isolation, increased anxiety or irritability, changes in mood and behavior, increased use of alcohol. If you go on social media - because now COVID-19 social media is the only way to interact with people - everyone's posting about it's wine o'clock how am I going to get through today, time to start drinking? So, there's an increased use of alcohol. Social isolation. Well, hello. We're all doing that. Your irritability: who wouldn't be irritable, stuck at home, not being able to leave, stuck with family members. There's increased stress, financial difficulties. We're all experiencing financial difficulties now. Sudden loss of employment, a ton of people are furloughed now or fired or laid off. So currently, everybody is

experiencing these kinds of traditional warning signs. I'll give you a perfect example. Someone who I know, I don't know them very well, posted on Facebook. This was the post maybe two months ago, a public post, anyone could see it. 'If I have wronged anybody in my life, I want you to please come forward and contact me.' And he posted his phone number, and I was like, 'Oh, that's a red flag. Putting affairs in order, tying up loose ends. Those are core suicide warning signs. Now to add to that, this is somebody who I know has a history of suicidal behavior and depression. So, I picked up my phone right away, and I texted him, and I said, 'Hey, so, and so, I'm just checking in on you because of this post that I saw on Facebook, are you thinking about killing yourself?' Literally, that was the text message I sent him. He wrote me back a couple of minutes later. 'Hey, Gabe, thanks so much for checking in on me. I'm okay. It's just that with COVID, I don't know what tomorrow is going to bring. I don't know if I'll get sick. I just want to make sure that I'm right with people. But I'm not thinking about hurting myself or killing myself, but thanks so much for checking in.' In a normal world, that Facebook post would have been a textbook warning sign, but again, in the COVID world, that makes sense that somebody who is worried about getting sick might want just to get right with people. So, now we're really in this topsy turvy world where so many people are exhibiting behaviors that in normal circumstances would be alarming. But now they're really not. The flip side of that is a lot of pressures that contribute to suicidal thoughts are on people that usually wouldn't be. So, we still need to do our due diligence and check on people if we're concerned. Whether it's COVID or not. So, it's a really hard place to be in right now.

Health Hats: So, this must have an impact on your advocacy because you're physically distant from people. You can't be out there with your bug and your communities in person. How has it changed?

Herbie, the Lovebug – Billboard 19:47

Gabriel Nathan: Well, first, I'm out with my bug every day I can, COVID be damned. We go driving. I take him out on errands. I want to make sure that he is seen because if there are people are seeing him, they see the lifeline.

Health Hats: Maybe you should tell people about your bug.

Gabriel Nathan: Sure. I drive a 1963 VW beetle; He's Herbie, the love bug, replica. He's got the 53 and the stripes everywhere, and he has the national suicide prevention lifeline number, which is 1 800-273-8255 all over his rear window in a huge window graphic. It takes up the whole rear window. Everywhere we drive, people see the lifeline number. People take pictures of the car all the time. They post it on social media. They're doing my advocacy work for me. If they're posting a picture of the car, they're posting the lifeline. And so, the number gets spread, advocacy gets spread, that message of hope gets spread. Where I can, I have conversations with people now from six feet apart while wearing a mask about suicide and about mental health awareness. So that's what I do with the car. And I still try to be out as much as possible. This morning I got coffee at a cafe. There was a line of people outside because they're socially distancing ordering. The car was right by the line. People are talking to each other about it. They're talking to me about it. They're taking pictures. That's just what I want. I'm an attention whore, but with a good reason. It's not about me. It's about the car. I could give a damn about myself. How this has changed my advocacy work? For instance, I was doing a lot of QPR training. That's Question Persuade Refer. It's a suicide prevention training. I was doing a lot of those in-person from January through March. Those have all ceased, and that's hard. But the interesting thing about QPR is so much of the training assumes that you're in a room with a person. Take the person to a quiet area; make sure to

maintain eye contact, watch their body language. So much of suicide prevention now for me is people who are in different States, and we're direct messaging on Instagram. I can't see them. I don't know what they have in their apartment or their house. I ask questions, do you have a firearm? But I don't know if they're telling you the truth. They could be on a train track somewhere and telling me that they're in their house. So, the landscape of suicide prevention is radically changed. If you are going to be intervening with someone, you have to be aware that you don't have the control of being in the same physical space with someone. You don't have the luxury of being able to look them in the eye unless you're on Zoom or Skype or whatever. But even then, it's different than face to face communication. So, a lot of the verbal cues that you would have are not there. You ask someone a question, they say they're fine, but they're actually looking down at the floor. You don't know. I say to people with the advocacy work that I do with Herbie, and I do the best I can with what I've got. What I've got is a 57-year-old car. The same thing is true now for doing suicide awareness work at a distance. You do the best you can with what you've got, and then you have to do a warm handoff to the lifeline or to a mobile crisis unit or to law enforcement if you have to—keeping in mind that you're not a crisis worker. You're just a concerned individual who may have some education or some skills, and you do the best you can with people.

Virtual benefits 23:35

Health Hats: You're talking about the difference between in-person and either virtual or text. What are the benefits of that? Every change has two sides. So, have you discovered benefits to this virtual business?

Gabriel Nathan: Definitely. The main benefit is that primarily through Instagram, and I'll just give a plug because my Instagram handle is @Lovebugtrumpshate if you want to follow me on Instagram. It's not about me. I've been able to interact with mental health advocates and also suicide attempt survivors and loss survivors, and just people who are struggling in all parts of the world that I never imagined that I would have social contact or friendships: Rwanda, Turkey, India, England. That's extraordinarily powerful. People want to take a dump on social media a lot. I think there's a lot of poo-pooing about, 'Oh, well, kids today and they're all on their phone. And social media is terrible.' There are parts of it that are for sure, but the interconnectedness and the communities that have been able to be established on social media and the interventions that I've seen happening with people who are struggling in different parts of the country or the world that's not possible without social media. I think that too, the depression and the anxiety and the exacerbation of symptoms of people living with mental illness would be tremendously worse if we were experiencing a pandemic, and there was no connectedness through social media. Really deep shit if we didn't have Zoom, and we didn't have Skype, and we didn't have Facebook and Instagram and all of that. So, I think we're very, very fortunate.

Now a word about our sponsor, ABRIDGE.

Use Abridge to record your doctor visit. Push the big pink button and record the conversation. Read the transcript or listen to clips when you get home. Check out the app at abridge.com or download it on the Apple App Store or Google Play Store. Record your health care conversations. Let me know how it went!"

Building trust on social media 26:29

Health Hats: So, do you think that building trust is a different animal on social media than in person?

Gabriel Nathan: Wow. That's an excellent question. When I think about what are the elements necessary to build trust? I think about vulnerability.

Health Hats: Your vulnerability?

Gabriel Nathan: Well, it, yours and the other persons. It has to be mutual. One builds upon the other. If someone perceives this is someone who's letting their guard down, and they're letting me in, I'm going to let them in, too. I think that's huge. You can be vulnerable in so many different ways. It doesn't have to just be in person. The way that you do it is sort of the same. It's only by being honest and being open and, sharing as much of your story as you feel comfortable with. It doesn't mean that you tell all. Just be open and willing to receive and give empathy. That can be done through Zoom; that can be done through DM; that can be done in myriad ways. Yes, communication. We have to remember and keep doing that.

Find me a roadmap 27:58

Health Hats: One of the things you're advocating for here is connection.

Gabriel Nathan: Yeah.

Health Hats: I think that in my life where somebody near and dear to me has had challenges, I often have had no idea how to act. I wish I had a roadmap. I feel like one of the challenges was that, well, how do I say this? When it worked better is when we could work on a roadmap together and when it didn't work - I'm thinking about my grandmother, she just pushed so many buttons in me. I was not a helpful person. I loved her, and we brought her home, and we built an addition on our house, and she moved in, but she was a clinically depressed Holocaust survivor, and I was her grandson. Frankly, I was not helpful. She pushed every button in me, and she drove me crazy. I wish that a helping person had helped me with a roadmap. If there are people who are connecting and they're with their neighbor, with their family member - virtually, in person, whatever. What council can you give people who are craving a roadmap?

Gabriel Nathan: Well, the first thing I want to say is I wish I had one too.

Health Hats: Okay. Well, that's fair.

Gabriel Nathan: No, I mean, it's true. Every situation, with every human being, is unique. I can't sit here like Moses on the mountain and say, 'I have the tablets of how to deal with every difficult situation.' I don't. What I can say is - you said it yourself - the situations that have worked best have been a partnership. Crisis intervention and QPR teaches and my own experience is when you can connect with someone and say, 'we're going to get through this together.' It's a partnership. It's not you pushing the person in crisis out of the driver's seat and saying, 'all right, I'm going to drive now.' You clearly can't handle this. No, you're in the car together. How can we fix this together? And when that person who's dealing with whether it is a psychiatric emergency or a crisis situation when they feel that you're not assuming control that you just want to help. They're going to feel more at ease, and they're going to feel, hopefully, more trusting of you and more receptive to help. I think that's huge. Now there are

situations where, unfortunately, someone is too far gone. Where you are going to have to push them out of the driver's seat, if they are actively threatening suicide, if they have the means to do it, and they have a plan, and they are not willing to receive emergency help, they just met all the criteria for involuntary hospitalization right there. You have to take charge of that situation, and it could be the end of your friendship or your relationship or whatever, but, as we say, 'I'd rather have somebody pissed off at me and alive than the alternative.' It's a delicate balancing act. Intervening in a crisis can be messy, and it can have unintended consequences. What I will say is that more often than not; and it may take a little bit of time; the person on the receiving end of that help will be extremely grateful. I had many people say to me when I was working at the hospital, 'this place really sucks and I hated being here, but you guys saved my life. I would literally be dead if it weren't for you.' That's huge.

Law enforcement out of crisis intervention 32:49

Health Hats: That is huge. If you were queen for a day and you could wave your magic wand, what would you change?

Gabriel Nathan: Oh my God, if I were queen for a day, it would be interesting going in for my gown fitting that's for sure. First, I would get law enforcement out of crisis intervention and mental health response entirely. I'm probably going to be on a lot of people's shit list for saying this because I have friends in law enforcement and the facility where I used to work. I'm very close with the crisis intervention specialist trainer, and she's been training law enforcement in de-escalation and crisis intervention for 20 years. Over 20 years and she's very good at what she does. But I will say that the very introduction of a law enforcement officer into a crisis is an escalation. When you have someone get out of a radio car and they've got the bulletproof vest, and they've got the big vest on with the taser and the handcuffs and the firearm and the baton and the spray. And their chest is puffed up because they've got the vest on and they've got their sunglasses on and they have the power to arrest. They have the power to take your freedom away. Their very introduction to the scene is an escalation. You can teach them until the cows come home, but it doesn't change the fact that the situation is now heightened because they're there. It doesn't make anybody experiencing a psychiatric emergency go 'oh, thank God, the police are here. Perfect.' So, I would get them out of it entirely. I would systematically train emergency medical personnel to respond to psychiatric emergencies. It is already being done. The psychiatric hospital that I used to work at runs a psychiatric ambulance. It's one of the only psychiatric emergency squads in the country. It is a system that is replicable. It can be done anywhere, and people need to arrive at hospitals for treatment in an ambulance, not in a police car. This is America. That should not be happening here. That's what I would change if I had that magic wand.

Health Hats: Well, that's big. That's big. Thank you for that.

Gabriel Nathan: Sure.

Health Hats: So, what should I be asking you that I'm not?

A Beautiful Day Tomorrow 35:14

Gabriel Nathan: I don't know what I had for breakfast? I guess I'll promote my film while I'm here. Last year I went on an 11-day road trip in the bug. We covered around 1100 miles together, up and down the East Coast, collecting stories of loss survivors and attempt survivors. I had a bunch of little cameras

mounted all over the car, and I interviewed some friends and some random people I met along the way, from Philly to the Vermont/Canada border and back. I was able to secure some grant funding to have the film edited. It's a lovely little film called [A Beautiful Day Tomorrow](#) on Youtube, taking suicide awareness on the road. You can see the film in its entirety at [abeautifuldaytomorrow.com](#), and there are resources there for loss survivors and attempt survivors and people who need help. I'm all about connection. So you're going to meet beautiful people when you watch this film and hear some moving stories. I hope you watch and share it with friends.

Sane at night 36:31

Health Hats: Anything you'd like to ask me?

Gabriel Nathan: Do you struggle with your mental health, and if you do, what do you do about it?

Health Hats: Oh, what a question. Nobody's asked me that before.

Gabriel Nathan: What! Well, it's shocking to me.

Health Hats: I'm this pathologically optimistic person, and I'm a person that goes for help when I need it. The way I've been able to operate at peak performance, which I take great pride in doing, is that I have a team, and I have one fellow who's a counselor I met when my son was dying of cancer. He's a grief counselor. He lives in upstate New York. He helped me. He's my go-to person when I feel like I'm in dangerous territory. I have a certain sensation that I feel, like the bottom falls out of your stomach. One of the things he taught me that was priceless in the first hour was that there's stress you can manage, and there's stress you can't and that your son is going to die - you can't do anything about that. There it is. But you can manage other stress so that you have a greater capacity to manage unmanageable stress. I frankly think it's probably the wisest thing I've ever learned. Tomorrow is my 45th wedding anniversary.

Gabriel Nathan: Wow. Congratulations.

Health Hats: Thank you. Another piece of it is my wife. Two in the morning, that's my bad time. I am this pathologically optimistic, energetic, go, go, go guy, but not so much at two in the morning. That's when it's like, shit, I won a lottery I didn't buy a ticket for. Stuff like that. When I feel that, I wake her up and I'm so grateful for that.

Gabriel Nathan: Every wise thing that's ever been said, except for the thing your grief counselor said to you, was said by Mark Twain. He has a lovely quote. I can't remember the first part of it right now, but it ends with 'we are never quite sane in the night.' When I was working at the hospital, I used to stay up all night long. Sometimes my shift would start at seven, but I would arrive at the hospital at 5:15 in the morning, completely anxiety-ridden about what happened overnight, who got hurt, who's been admitted, what's the census, what's the acuity; what am I going to run into? Those small hours of the night are really dangerous times for someone with anything on their mind because it's just rumination and obsession, and it's a messed up time. It really is.

Health Hats: It is. Well, thank you.

Gabriel Nathan: Thank you.

Health Hats: This is great.

Gabriel Nathan: Thanks for having me.

Reflections 40:40

Mark Twain said:

But in my age, as in my youth, night brings me many a deep remorse. I realize that from the cradle up I have been like the rest of the race – never quite sane in the night.

I've learned to get up at night when the demons lurk. They don't welcome the change of scenery.

Watch Gabe's [fantastic movie](#), link in the show notes. I discovered that [Herbie, the Love Bug](#) was the only car in history that tried to commit suicide. I spent some time mulling over *gratitude in loss*, an ironic silver lining – like winning a lottery I didn't buy a ticket for. The call to action? *Ask Care Engage*.

Thanks, Gabe!