

# 2021-04-22 - Narrative Drafting Group Meeting Notes

## Attendees

- Co-Leads: Marie Wallace (IBM) and Dakota Gruener (ID2020)

### Participants:

- Andy Smith
- Rebecca Distler
- Dan Johnson
- Dan Bachenheimer
- Daryl Thomas
- Julian Ranger
- Charlie Walton
- Ethan Veneklasen
- Tony Rose
- Francesco Cardi

## Agenda Items

Time	Item	Who
5 min	Welcome & Antitrust Policy Notice	Chairs
35 min	Review of outlines/questions from each drafting group participant	Group
15 min	What diagrams or visuals do we need in the narrative?	Chairs
5 min	Wrap up + next steps	Chairs

## Meeting Notes

1. Welcome and Linux Foundation antitrust policy - <http://www.linuxfoundation.org/antitrust-policy>
2. The group reviewed the narrative outline section-by-section. The leads for each section presented what they've written (or what they plan to write), raised questions that had surfaced as they put pen to paper, and took input.
  - a. Problem Statement – [Dan Johnson](#) writing over the weekend to share in advance of next Tuesday's call
  - b. Ecosystem - [Andy Smith](#) to send a draft to the group by Monday morning
    - i. CW comment: this section needs to address two distinct types of messiness in the ecosystem:
      1. We are working across multiple ecosystems, each of which have entrenched ways of working. Who are the actors across all of these ecosystems who now need to participate in a new trust ecosystem for digital health passes? What role do each of them play currently? And how do these different industries and workflows operate today? (i.e. how do clinical health systems work)
      2. There are a plethora of different apps, as well as multiple different standards efforts, which has spawned tremendous confusion. We need to acknowledge and point to various standards that are set/in-process (i.e. ICAO, WHO, EU DGC, Africa CDC, VCI, W3C, etc.), resurface this idea of weaving together different threads, and how where we identified gaps.
  - c. INSERT SECTION: What is the Good Health Pass Collaborative? Why did it need to exist? [Ethan Veneklasen](#)
    - i. This isn't actually well articulated in the principles, but can likely be grabbed largely from press releases and talking points developed since.
  - d. Why a health pass? [Charlie Walton](#)
    - i. [Rough draft here](#)
    - ii. Agreement that the Blueprint, and particularly this section, should stand alone. As such, should restate some of the key principles articulated in the first principles paper.
    - iii. This is the place to include the difference between a credential and a pass
    - iv. Include points of definitions and point to the principles
  - e. What is a good health pass? [Marie Wallace](#) - writing over the weekend
    - i. This is the point where we need to differentiate our viewpoints from everyone else – point out the phone home problem that we see in so many of the other solutions.
    - ii. Static vs. dynamic: introduce 'ideal' extensibility (dynamic) in the intro and detail the rest in the broader doc
  - f. What are the key design considerations? [Julian Ranger](#)
    - i. [Rough draft here](#)
    - ii. Julian asked the group for input on tone, depth, style.
    - iii. The group suggested adding more content on the journey/pragmatic roadmap. (Ok to go a bit longer)
  - g. Technical challenges of achieving interoperability [Rebecca Distler](#)
  - h. Recommendations and path forward [Dakota Gruener](#)
    - i. Needs to touch upon transference beyond the pandemic (i.e. next pandemic, wider use)
3. KEY MESSAGES: the group committed to brainstorming before next Tuesday's meeting a list of key messages that need to get into the narrative at some point. See the working list [here](#).
4. The group discussed imagery needed for the narrative. Agreement to put any images/diagrams that people think could be valuable in the Google Drive folder before our next meeting so that we begin asking our graphic designer to work on them.