Apply Healthy Skepticism
Sometimes a Scientific Breakthrough Is Only Hype
Page 8

Jumping Into The Podcast Pool
The Elements That Make Series Truly Successful
Page 14

Superb Stories, Great Awards
AHCJ Bestows Honors On Top Stories in 2018
Page 22

The Life of a Doctor-Writer
The Multiple Careers Of Fox News' Marc Siegel
Page 34

Medical Marijuana: A New Frontier
Cannabis Reporting Deepens As Legalization Sweeps the U.S.
Page 4
Environmental Journalism 2019
HEADWATERS TO THE PLAINS

WHERE RIVERS, AND POLITICS, CHANGE DIRECTIONS

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#SEJ2019

Conference Chairs: Susan Moran, Independent Print Journalist; Host of “How on Earth,” KGNU Radio (Denver/Boulder/Fort Collins)
Joshua Zaffos, High Country News Correspondent

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FROM THE EDITOR

Breaking Down the Doors

Back when I was a cub reporter hungry for scoops, my sense of rivalry with journalists at other news organizations was ferocious. But the times have changed, and I think a lot of journalists like me have shifted their attitudes, to an extent.

While reporters remain extremely competitive, there’s greater cooperation among them — and that certainly applies to reporters focused on health care.

One impetus for this relates to tighter budgets and reduced staffs. Another has to do with stonewalling (if not downright hostility) by people in seats of power. You may have read about Reporters Without Borders’ recently released 2019 World Press Freedom Index, which shows that the U.S. has dropped 3 rankings, to No. 48, when countries are judged by the level of freedom journalists experience.

Sometimes it takes multiple shoulders to break down the doors leading to hidden information. That’s just what four major news organizations and 250 journalists did to unlock a story about careless oversight of defective implants, which were approved by the U.S. Food & Drug Administration. That outstanding work resulted in a first-place award from the Association of Health Care Journalists.

Another AHCJ first-place award, for the story “Fatal Flaws: How Kentucky Is Failing Its Workers,” involved three different organizations working together. Both are described in our coverage of all the AHCJ’s award winners.

Rivals can benefit from each other in other ways when they come together in a spirit of solidarity. Look no further than Dan Shelley’s column. The Radio Television Digital News Association executive director explains how news organizations can guard against assaults on journalists and change negative public perceptions. Another column in this edition about alliances comes from Stefanie Murray, director of the Center for Cooperative Media.

Journalists educating other journalists at gatherings like the AHCJ conference earlier this month is another form of collaboration. That’s the topic of our three standout stories in this issue, by Michele Cohen Marill and Andrew Holtz.

Competition will always be an important element for journalists. It’s terrific motivation and strengthens news operations’ overall vitality. But a “team of rivals” approach can be so crucial as we strive to shed light on the world’s darkest corners.

— Janet Stilson, Editor
MARIJUANA MOMENTUM

THE CHALLENGES AND REWARDS OF THE MEDICAL CANNABIS BEAT

By Janet Stilson
It could be said that the medical marijuana industry is a journalist’s dream. The field is constantly shifting and might best be described as a “work in progress.”

Today, some 33 states have legalized medical marijuana — 10 of which have legalized recreational usage as well, according to BusinessInsider.com. And the passage of the Farm Bill late last year cleared the way for 14 states to grow hemp legally. Hemp is used to produce some forms of cannabidiol, better known as CBD.

What’s more, regulations regarding the sale and production of cannabis, and research about its medicinal effects, are continuing to evolve.

Consider, for example, a study led by researchers at the University of Pennsylvania’s Perelman School of Medicine. It showed a 24.8% reduction of opioid overdose mortality in states where medical marijuana was legal at the time the study took place.

Gone are the days when journalists who covered marijuana were largely activists or only reporting in counter culture publications like High Times. An example of that is Ricardo Baca, who wrote for The Denver Post from 2002 to 2016. While he was there, he founded The Cannabist news vertical.

“I recently spoke at a conference in Boston, and my first stop from Logan [International Airport] was The Boston Globe newsroom. They have four full timers on the cannabis beat. They’re doing great work,” said Baca, who is now CEO of Grasslands, which is described as a journalism-minded ad agency.

Despite that thumbs up for The Globe, Baca and others who write deeply about cannabis say that some journalists reporting on the topic are sometimes misinformed. “I see that very regularly where it’s very clear that a journalist doesn’t have a basic understanding of the subject at hand,” Baca said.

That makes sense to an extent, said Baca. “We’re only beginning to emerge from the shadow of prohibition, which is ultimately a campaign of misinformation — whether we’re talking about the gateway drug theory or cannabis as a Schedule 1 substance under the Controlled Substances Act, which it still is.”

Baca advises journalists who are new to the marijuana beat to forget what they think they already know when they first start reporting. “We don’t need to fall blindly in love with the concept of medical marijuana. But we do need to recognize that the world’s most stringent medical journals — including The New England Journal of Medicine and the Journal of the American Medical Association — have come out saying that marijuana is medicine for a limited number of conditions,” he said.

Javier Hasse, who’s written for a wide variety of news outlets, including The Wall Street Journal’s MarketWatch and CNNMoney, said that he can’t get too upset about every piece of misinformation that he sees in news reports. “A lot of times, there’s just not enough information and scientific evidence to back up or contradict certain things,” he said.

continued on page 6
The reporting is definitely getting better, as more professional journalists start covering the field, said Steve Bloom, editor in chief of FreedomLeafInc.com news and product site. But he and Hasse take issue with some of the slang headlines and overuse of puns — like a recent tabloid newspaper headline referencing “wacky tobacky.” “When are they going to stop with these stupid pejorative terms?” Bloom asked.

One of the pieces of research that journalists need to do when they start writing about medical marijuana involves the basic terminology especially as it pertains to CBD. (See sidebar, page 7.) That’s according to Sharon Letts, who specializes in writing profiles of patients who use marijuana as well as other aspects of the industry.

Instead of using the term marijuana, “I only use the botanical name, which is cannabis,” said Letts. “I want people to realize that this is a beneficial herb that got a bad rap. It’s a ‘remedy,’ not a ‘medicine.’ And you can’t say it replaces antibiotics.”

The vastness of what’s yet to become known about medical marijuana, and the struggles of the industry, make for rich journalistic material. Andre Bourque, who writes cannabis stories for Forbes, noted the ongoing struggle in California about laboratories that are required to certify marijuana products.

“There’s not enough of them. There are way too many producers, and a backlog because there aren’t enough analytical labs,” he said.

“We’re driving the quality, proving the efficacy and demonstrating and insuring the safety of the product. But at the same time, there’s a delicate balance between enabling producers of the product to still conduct business and still exist as they evolve to meet those new standards,” Bourque added.

Some news outlets have found that the power of lab testing can be turned to their own advantage. The Cannabist commissioned state-licensed labs to conduct tests on various substances in order to find out if their contents matched what is on their product labels. “We came up with very big stories, many of which led to substantial regulatory change on a state level. One led to an executive state order from the governor of Colorado,” said Baca.

“We need to hold the industry and the regulators accountable. We need to make sure that things like heavy metals and microbials and pesticides are not in these products at a level that would be dangerous — as well as make sure these products are as potent as their labels promise,” Baca added.
By Janet Stilson

To write about medical marijuana effectively, one must have an understanding of some basic terminology—especially as it pertains to cannabidiol, often referred to as CBD.

CBD can be extracted in two ways: from industrial hemp and marijuana, two plants that are related, and fall under the overall umbrella of Cannabis Sativa L.

CBD is one of over 60 active compounds, known as cannabinoids, that can be found in cannabis plants. Another one is tetrahydrocannabinol (THC), which is associated with marijuana’s psychoactive properties. For legality purposes, many CBD products have very low levels of THC, less than .3%, and don’t get people high.

Some CBD products are limited to cannabidiol alone, but others are what’s known as full spectrum, because they contain several other cannabinoids as well as terpenes, which are essential oils in the cannabis plant that contribute to its flavor and medicinal benefits. Full spectrum products provide an entourage effect, which is believed to have greater therapeutic benefits.

Information in this sidebar was sourced from CBDistillery’s The Ultimate CBD User Guide and heylocannabis.com.
Hope or Hype?
Covering New Solutions Requires Healthy Skepticism

By Michele Cohen Marill

When The Washington Post health journalist Laurie McGinley met Doris Tyler, she understood more than ever before why people believe they can be cured by the newest breakthrough, even before medical science has proven its worth.

Tyler had been slowly losing her eyesight to macular degeneration when, by searching the internet, she found a clinic near Atlanta that promised a cure: stem cells derived from her own fat cells could be injected into her eyes to regenerate the lost cells she needed for sight. McGinley interviewed Tyler, then 77, after she sued the clinic because the procedure left her totally blind. “These are people who have incurable diseases, and conventional medicine doesn’t have an answer for them,” said McGinley, who has written about the U.S. Food & Drug Administration’s efforts to halt unapproved stem cell practices. “[Now Tyler] talks about how she will never see her grandchildren. She’ll never see their faces again.”

Stem cell research is an exciting and emerging field, one that saves lives, particularly of lymphoma patients receiving stem cells to restore bone marrow after high-dose chemotherapy. But clinics have proliferated that offer unapproved or even dubious “cures” using stem cells.

As new technologies emerge, health journalists play a vital role in evaluating the claims. Whether they are writing about artificial intelligence, telehealth or the newest surgical robot, reporters look for evidence of benefit.

“I always get a little skeptical of things that are heavily marketed,” said Gideon Gil, managing editor of Stat, an online publication that covers new discoveries in health, medicine and science.

Stat took a close look at IBM’s Watson for Oncology, which uses a cloud-based supercomputer to analyze data and recommend cancer treatments. It launched with a marketing blitz. After talking to doctors, artificial intelligence experts, customers and even former IBM employees, Stat reporters found the system was not providing the data-centric insights it promised — and had not been evaluated in independent, peer-reviewed studies.

“Our coverage has led customers to ask a lot of questions they should have asked in the first place,” Gil said.

How can you know whether a new technology lives up to its hype? The first step is to look at the science, Gil advised. You should be able to find studies in peer-reviewed journals that show the effectiveness of a new procedure or device, he said.

That was a major red flag at Theranos, the Silicon Valley startup that claimed to use a single drop of blood to run dozens of tests. The Theranos technology never appeared in a peer-reviewed scientific journal, and eventually The Wall Street Journal reporter John Carreyrou revealed that the hot new technology was faulty. Theranos founder Elizabeth Holmes is awaiting trial on federal fraud charges.

Besides researching journals and reviews, reporters would be smart to talk with university researchers or Wall Street analysts, and even competitors. They should also interview independent sources that assess new technology based on evidence. One such organization is the ECRI Institute, a not-for-profit group that evaluates medical devices and new technology and evaluates the potential of new interventions to improve patient outcome and overall safety. ECRI does not accept any funding from industry groups.

“We’re an organization of skeptics,” said Diane Robertson, director of health technology assessment for ECRI. “We really know how to sift through the hype to assess whether there’s scientific validity underlying the claims that are being made about an intervention or technology.”

Robertson along with her colleague, Karen Schoelles, vice president for clinical excellence and safety, remind health journalists not to rely on just one study. “The latest study may give you misinformation if you don’t put it in context of the larger field,” Schoelles said.

The quality of studies may vary, as well. Stem cell clinics sometimes list “studies” on clinicaltrials.gov, a database of the U.S. National Library of Medicine, which are “patient-funded” but not affiliated with an academic institution. The U.S. government does not evaluate the studies in the registry, according to an NLM disclaimer. The
International Society for Stem Cell Research provides a website, closerlookatstemcells.org, with information about current research.

At the recent conference of the Association of Health Care Journalists in Baltimore, health journalists and medical experts reflected on the potential of transformative interventions. Some are thrilling. For example, gene therapy reportedly cured eight baby boys with a severe immune disorder, known as the “bubble boy” disorder. Some are heartbreaking — costing patients tens of thousands of dollars without providing relief.

Peter Marks, director of the Center for Biologics Evaluation and Research at the Food and Drug Administration, said the agency is taking action against “non-science-based” stem cell clinics. For a broader admonition, he offered an age-old adage: “If it seems too good to be true, it probably is.”

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The Climate Reporting Challenge
Digging Into the Impact Without Pushing Hot Buttons

By Andrew Holtz

About six years ago, Jane Palmer gave up on writing about climate change and the environment. “I thought, ‘I’m just depressing people. They know not to read these stories,’” said Palmer, an experienced science journalist. But then her outlook changed. “When the public health and climate change connection started coming out, I thought, ‘This is my niche.’ Not only because it affects people here and now; it’s in our faces.”

By grounding her stories in communities and individuals — and focusing on concrete, specific and personal hooks — Palmer connects with sources and produces stories that keep readers’ attention.

Irritatingly, Palmer has learned not to use the phrase “climate change” in many instances as she goes about her reporting. Instead, she’s gotten better responses by asking how rainfall or heat has affected a farmer’s land — and how conditions experienced last year and this year compare to a decade or two ago. People are much more likely to share their personal experiences when such questions are asked. She relies on climate scientists to fill in the big, data-driven picture of regional and global changes.

Palmer’s insights were revealed during a session about climate change at the annual Association of Health Care Journalists’ conference. She and her fellow panelists noted that the altered weather patterns have caused allergy seasons to expand. And warm-climate diseases are moving north. For example, ticks are carrying Lyme and other diseases to communities that never saw them. Heat waves not only bring heat stroke and exhaustion to middle latitude communities, but also spikes in suicide.

Hospitals are affected by extreme weather events as well. John Balbus, M.D., a senior adviser for public health at the National Institutes of Environmental Health Sciences, shared inundation maps of Charleston, S.C., and Miami, Fla., published last fall in the Fourth National Climate Assessment. Depending on the predicted category of a storm, the maps show which hospitals will likely have to close their doors and evacuate patients.

Medical facilities located thousands of miles from areas of devastation can experience the consequences as well. Aaron Bernstein, M.D., M.P.H, who works at Boston Children’s Hospital, recalled: “I had a child in front of me who had a garden-variety gastrointestinal infection, so diarrhea and vomiting, and was pretty severely dehydrated. He couldn’t drink he was so sick. He needed IV fluids. But I received a warning saying, ‘Don’t do it.’”

Bernstein, who is also co-director of the Center for Climate, Health and Global Environment at the Harvard T.H. Chan School of Public Health, added that medical facilities in New York City are dependent on food supplies from faraway places, which can be disrupted by climate change.

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Public Health, explained that IV fluids were being rationed because of Hurricane Maria. Despite hurricane preparations, a medical manufacturing plant in Puerto Rico was closed for a month, leading to six months of intravenous fluid shortages across the United States.

Mark A. Mitchell, M.D., at the Center for Climate Change Communication at George Mason University, said that one of the most effective ways for reporters to get around partisan battle lines is to use health care providers as key sources, because the public still trusts them. He noted that the Medical Society Consortium on Climate and Health has a growing number of chapters across the country that can help reporters find local sources.

That kind of informational “ammunition” was welcomed by the climate change session’s attendees. Among them was radio reporter Kerry Klein, who is based in California’s central valley, where voters tend to favor Republican candidates. She said she plans to avoid the term climate change when seeking interviews.

Stories on wildfire preparedness by local hospitals and other health care institutions are of particular interest to Klein. “I think there’s a lot going on now to make [institutions] more robust,” she said. Not only are reports like those likely to catch the attention of listeners across the political spectrum, they highlight positive actions that communities can take.

Preparedness story ideas also caught the eye of Bram Sable-Smith,
Unequal Care

Overcoming Bias in Treatment, and Reporting

By Michele Cohen Marill

Some Americans are dying because they don't get the medical care they need while others are receiving unnecessary screening or treatment. Fixing that imbalance, which is influenced more by geography than race, is the most critical challenge facing the nation’s health care system, according to cancer expert Otis Brawley.

During his passionate opening address at the annual conference of the Association of Health Care Journalists, Brawley cited dramatic reductions in mortality from breast and colorectal cancer over the past few decades—but great variability from state to state.

“The most important question we can ask is how to provide adequate care to all Americans,” said Brawley, who is the Bloomberg distinguished professor of oncology and epidemiology at Johns Hopkins University in Baltimore and a former chief medical and scientific officer for the American Cancer Society.

More than 800 health journalists from every state and several countries gathered in Baltimore—a record turnout—to learn about health disparities and health reform, medical innovation and emerging issues. They also gained skills to hone their craft.

While Brawley focused on geographic disparity as an overriding issue, there are other health care dividing lines. Rebecca Dineen, assistant commissioner for the Bureau of Maternal and Child Health at the Baltimore City Health Department, described racism as a stressor that contributes to poor birth outcomes.

Dineen launched the B'more for Healthy Babies initiative, providing care coordination designed to reduce health disparities. From 2009 to 2017, Baltimore City's infant mortality rate declined by 36 percent, and the teen birth rate dropped by 55 percent.

As she created the program, Dineen was committed to counteracting racial bias. The Maternal and Child Health staff
attended workshops on “undoing racism” and the health workers meet monthly in equity working groups. “When infant mortality is higher in one race than another, that tells us there’s an injustice we have to correct,” Dineen said in her luncheon address.

Meanwhile, conference panelists urged health journalists to avoid bias in their own work. For example, they should seek diverse sources for stories and reframe the way they look at health disparities among African American women.

Too often, the women are implicitly blamed for their health issues, said Darrell Gaskin, director of the Center for Health Disparities Solutions at the Johns Hopkins Bloomberg School of Public Health. “The problem isn’t that we have people who are broken. The problem is that we have systems that are broken,” he said in a session discussing whether health disparities for minority women can be changed.

For freelance writer Elizabeth Marglin of Lyons, Colo., the sessions provided a reminder to make an extra effort to seek diversity, including getting perspective from nurses and other non-physician health professionals in addition to doctors. “The biases we hold infiltrate every aspect of health care, even the reporting of it,” she said. “[The issue] showed up in almost every panel, so it was a really strong mirror that you couldn't look away from.”

Covering health presents other challenges, including practical ones. Getting access to public records can be difficult and time-consuming. Adam Marshall, Knight Litigation Attorney at the Reporters Committee for Freedom of the Press, advised journalists to ask sources to share documents, avoiding filing a Freedom of Information Act (FOIA) request if possible. “There’s no requirement to use FOIA to get records from the government. You can just ask,” he says.

If FOIA is necessary, the first step is to know specifically what to ask for and how to frame the request. Online resources help, including iFOIA.org (to generate request letters) and foiamachine.org (to generate requests and track their progress).

Government entities maintain a vast quantity of records that could prove useful if you know where to look. “If you see a form that someone filled out, all that information goes into databases. Those are databases you can request,” says David Cuillier, associate professor of journalism at the University of Arizona in Tucson.

The conference reflected the ongoing strength of health journalism even in the midst of shifts in the profession. For the first time, AHCJ’s membership includes more online journalists (32 percent) than newspaper journalists (29 percent). About a quarter of AHCJ members are freelance writers.

Five journalists visited from Japan, looking to AHCJ as a model for their organization of medical professionals and journalists, the Association of Medical Journalism. The session on social media misinformation had a particular relevance. “We do share a common concern,” said Mugifumi Akimoto, executive editor of People’s Medicine.

Patricia Carroll, a first-time attendee at the conference from Meriden, Conn., remarked at the “eclectic” group of journalists. “It’s amazing in its diversity,” she said. “But the bottom line is everyone here is committed to providing clear, accurate information about health to their readers. That is the universal thing that ties us all together.”
Podcast Power

There’s Still Plenty of Room for Reporters to Jump in the Pool

By Debra Kaufman

Podcast listening has crossed a major milestone. More than half of all people in the U.S. (51 percent) have heard one or more of them. And there’s a huge number of options available: about 600,000 podcasts, with over 18.5 million episodes, are currently available, according to Podcast Insights.

The New York Times has reported that one in three people in the U.S. listen to at least one podcast a month. Edison Research, which tracks the trends, said 2019 is showing the most significant growth in podcast consumption since the company began following them in 2006.

While they’ve certainly reached critical mass, there still appears to be room for podcast hopefuls to jump into the space — certainly those who focus on health and medical issues. Reporters and producers who have already ventured into the terrain have much to say about the lessons they’ve learned and why this is such a fertile area for storytelling. “I think there’s a great hunger among listeners for compelling stories that tell a great narrative or a regular series with enough flexibility to draw people in episode after episode,” said Karen Brown, a reporter with New England Public Radio. Last year Brown co-produced, along with Pagan Kennedy, her first narrative podcast, The Great God of Depression, a five-part series released by PRX’s Radiotopia. It focuses on the mental illness of author William Styron and the neurologist who tried to help him, Alice Flaherty.

Brown said that not much is needed to start podcasting: a decent

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SUCCESSFUL PODCASTS NEED “A COMPELLING STORY, A COMPLEX CHARACTER AND A CHARISMATIC HOST,” ACCORDING TO SAMANTHA HENIG AND LISA TOBIN.

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Brown said that not much is needed to start podcasting: a decent
recorder and microphone along with a familiarity with software like Adobe Audition or ProTools. The most important thing, said Brown, is to pick an idea that suits the form: a story too involved for a one-off that would benefit from a serialized format.

“If you already work for a journalism outlet, the leadership may be willing to support a great podcast idea and grant the time and editors/assistant to work on it,” Brown said.

The New York Times was a pioneer in podcasting when it started more than a decade ago, according to editorial director for audio Samantha Henig. The outlet “really invested in building out a full team of audio professionals in early 2016,” she said.

Henig and executive producer Lisa Tobin came up with a profile for a successful podcast: “a compelling story, a complex character and a charismatic host.”

The Times does not have a podcast devoted to health care. That’s because there’s “a high bar for us to decide to launch an entirely new show or series,” said Henig. “We ask ourselves, ‘Is this a podcast that only The New York Times can make? Is it something that demands to be done in audio? Is this one of the most important topics or stories The Times can tell in audio this year?’”

continued on page 16
A quick search for health care podcasts reveals an endless variety of options that focus on fitness, weight loss and body/mind topics. But there's very little serious discussion of medical or regulatory issues. Still, health care policy and innovation podcasts do exist, run by people who are not journalists but have a passion for the topic.

Among them is David Introcaso, a Washington, D.C.-based health care policy consultant who founded his Healthcare Policy podcast in 2012. “D.C. is an echo chamber, and I wanted an excuse to talk directly to people on topics related to my work,” said Introcaso.

He takes issue with D.C.-based health care journals that avoid topics like gun violence and climate change, a void he seeks to fill in his podcast. “The health care policy world is stuck in the past,” he said. Introcaso tried and failed to partner with what he considered appropriate publications but persisted on his own, teaching himself audio editing software.

Introcaso said that typically one episode of his ad-free podcast garners 1,000 or more downloads. To host his podcast and provide statistics, he has relied on Libsyn, whose services involve an annual investment of between $500 and $1,000. (Other popular providers are Buzzsprout, Transistor, Simplecast, Podbean and Castos.)

He encourages health care journalists to podcast, saying it is a good complement to writing. “I think an editor should immediately see the value,” Introcaso said. “The more of these podcasts the better.”

A whole different area of health care is covered by Digital Health Today, a podcast out of the U.K. Its founder, Dan Kendall, emphasized that he is not a journalist but rather a member of the “health innovation industry.” He described his podcast as “an information source for like-minded advocates and influencers … to share stories, knowledge and experience.”

When he started Digital Health Today in 2016, Kendall thought he’d only draw a small niche audience interested in technical solutions and innovations, from artificial intelligence to virtual reality, genetic engineering and robotics. But the podcast’s popularity grew, and Kendall began to get inquiries from companies wanting to sponsor it and people who were willing to pay to be interviewed for various episodes.

Kendall took sponsors, who are listed on the podcast home page, but declined pay-to-play. Now, his podcast has been downloaded over 100,000 times, and each episode is downloaded “many thousands” of times. Sponsors run ads, but typically aren’t interview subjects. “If I do speak with them because they have something interesting to say, I say that I’m talking to a sponsor,” he said.

Having passed his podcast’s third anniversary, Kendall now has his sights set on creating a hub for health care-related podcasts, which he’s dubbed Healthcare Podcast Network. The site will offer training; act as a creative engine for turning articles and videos into podcasts; and try to improve discoverability of its podcasts. “By curating it, we’re making a kind of Netflix for podcasts on health,” he explains.

He encourages would-be health care podcasters to jump in. “It’s not binary to do it or not do it,” he said. “If you have six things or 10 things you want to talk about, you have to ask if there is a story arc. Whatever the arc is, define how you’ll do it. Do that, and you’ve got season one. Then it’s evergreen and fairly low cost to maintain. And it can be out there for eternity.”

The 340B drug discount program is critical to the U.S. healthcare safety net. 340B hospitals provide 60 percent of all uncompensated care and two-thirds of all Medicaid inpatient care. Recent legislative and regulatory proposals could fundamentally change the program.

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Protecting Reporters Under Attack

There Are Ways to Stem Potential Violence and Hostility

By Dan Shelley

It’s become an open secret among Bay Area journalists that TV stations often send armed guards to accompany their crews when they’re covering events that either might put them at risk because of the nature of those events, or because of where they’re covering the stories.

That precaution didn’t stop an attack on San Francisco reporter Joe Vazquez and photojournalist John Anglin back in February. They were covering a routine news story — an Oakland teachers’ strike — when they were robbed of their camera at gunpoint.

Vazquez and Anglin, who work for CBS-owned station KPIX-TV, were accompanied by an armed security guard, a retired police officer. The guard drew his weapon and exchanged gunfire with one of the robbers; both were wounded. The gunmen, along with several alleged accomplices, were later arrested. The camera was recovered.

Robbery was the motive of that incident, as well as another attack on a KPIX news crew in April. But increasingly attacks on U.S. journalists are ideologically motivated, as Americans have become more politically polarized, and as elected leaders and others have decried the press as the “enemy of the American people.”

In June 2018, a Florida man whose van was covered with pro-Trump and anti-news media bumper stickers was arrested and charged with sending several pipe bombs through the mail, at least three to news organizations in New York City. Fortunately, none ignited.

In February of this year, at a Trump rally in El Paso, Texas, a BBC photojournalist was assaulted by an attendee wearing one of those infamous red baseball caps. The President’s rallies have become particularly precarious events for journalists, because the U.S. Secret Service (for obvious reasons) limits the news media’s use of security guards.

According to the U.S. Press Freedom Tracker, the archive of record for threats and assaults on journalists in our country, 48 reporters and photographers were assaulted in 2017; slightly fewer, 43, in 2018. At press time, 10 have been attacked so far this year.

While enhancing security for journalists is essential, it just addresses the most egregious symptoms of a larger disease — the public’s lack of trust with the news media.

A January Pew Research Center survey showed that “a majority of Americans believe the news media do not understand people like them.” Nearly three-quarters of Republicans held such beliefs.

On June 27, 2018, an AXIOS/Survey Monkey poll showed that more than 90 percent of Republicans thought the “media intentionally reports fake news.”

The very next day, a gunman stormed into the offices of the Capital Gazette in Annapolis, Md., and opened fire, killing four journalists and an administrative assistant. In part because of the mass shooting’s proximity to the AXIOS poll, many in the journalism community...
Add Solutions and Stir Up Response

Reveal Not Only What’s Broke, but How to Fix It

By David Bornstein

You’re sitting in a doctor’s office. After spending 30 minutes examining you carefully, your physician tells you in a worried tone that you have a potentially serious health problem. Then she stands up and escorts you to the door, bringing the appointment to a close.

“Wait a minute,” you object frantically. “Isn’t there anything I can do? What are my treatment options?”

Too often the news hits people like this hypothetical doctor’s appointment. Every day, we journalists inform society about serious, anxiety-producing problems: violence, unemployment, addiction, climate change, broken education and health systems, political dysfunction.

Most of the time, however, our reports do little to help audiences understand what might be done about the problems. Is anyone trying to fix them? If so, what responses are demonstrating results or showing promise, if any? Which intended solutions aren’t working? What can we learn from things that are successful, and how might society build on this knowledge?

To be sure, journalism must inform the public about threats, crises and wrongdoings. But the relentless focus on dysfunction in the news, without meaningful and systematic coverage about credible efforts to respond to society’s ills, creates a distorted image of the world. It’s an image that causes emotional distress and leads people to feel powerless. Those were two of the top complaints cited in a 2017 Reuters Institute Digital News survey, which found that 38% of U.S. respondents sometimes or often avoid the news.

The solution is not to soften journalism, or include more “feel good” news, but to rebalance the hard news: to reveal, more faithfully and with a critical eye, the interplay between problems and efforts to advance solutions, whether they work or not, and with a clear sense of their limitations. In the area of health care coverage, this is particularly important: health care remains the No. 1 issue for American voters, according to an NBC News poll last year.

Consider the experience of The Plain Dealer. In 2003, Cleveland had one of the highest infant mortality rates of any major American city. That year, The Plain Dealer ran a six-part investigative series that revealed some of the city’s neighborhoods had infant mortality rates as high as Guatemala’s.

After the series, Cleveland’s infant mortality rate continued to climb. More than a decade later, it remained among the worst of any American city. In 2015, The Plain Dealer tried a different approach. Its series “Saving the Smallest” investigated the problem of infant mortality again, but also looked at efforts to stem the tide in Cleveland and other cities like Baltimore and Mansfield, Ohio.

The solutions stories were not soft. They increased the pressure on authorities — by taking away excuses and highlighting the city’s negligence. Less than a month after the series ran, Cleveland and Cuyahoga County established a joint task force on infant mortality,
which began exploring some of the interventions reported. It led to productive exchanges between Cleveland and Baltimore.

Between 2016 and 2017, infant mortality rates in Cleveland dropped by 8 percent. To be sure, the problem has not been solved. But the expectations have shifted by showing that other cities are doing better.

At the Solutions Journalism Network (SJN), we demonstrate that reporting on responses to social problems can and should be done with the same rigor as investigative reporting. When integrated into the reporting mix, solutions journalism often leads to meaningful corrections in the public interest. Across the United States, close to 200 news organizations, and thousands of journalists, are integrating solutions journalism into their reporting, supported by training and project support from SJN.

In western Montana, for example, several news organizations have been collaborating to examine efforts to improve mental health in rural areas with relatively limited access to medical services. Similarly, in New Hampshire, news organizations have come together to form the Granite State News Collaborative, which is examining potential solutions to the behavioral health crises in the state.

Of note, the stories that emerge from projects like these are not just relevant to a few communities, whether in Montana or New Hampshire. The experiences and insights often prove helpful continued on page 32

REAL NEWS. REAL POSSIBILITIES.

For any journalist covering the health care beat, getting the facts wrong can be a tough pill to swallow. AARP, the leader in advocating for Americans 50+, has you covered. Our media relations staff is the consummate resource for your health care policy and advocacy queries and research for:

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- Medicare
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- Affordable Care Act
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For the most informed commentary on health care issues affecting older Americans, get the facts, information and expertise you need at: www.aarp.org/press.
While the development of a promising drug or the discovery of a breakthrough cure are sure to provide news coverage as we move forward, there is another very important issue that will give lots of opportunity for impactful journalism. That is the ongoing debate about insuring access to quality, affordable health care for all Americans.

I have some ideas about how future reporting in that area might be conducted. But before I get into that, consider this: the United States remains the only wealthy, developed nation without a system of universal health care. Our prescription drug prices are among the highest in the world.

Those issues became front and center in the 2018 midterm elections and will likely be again as we prepare to go to the polls in 2020.

The most ambitious effort toward providing widespread health care access in America was the Affordable Care Act (ACA) of 2010, otherwise known as Obamacare. While the law guarantees access to everyone, it’s only been able to do so at prices that many have found anything but affordable. To make matters worse, the ACA has also been under attack for years by politicians who, while never able to repeal it, have succeeded in substantially weakening it. As a result, millions of Americans are still going without insurance—now estimated as one out of every 10.

So where do we go next? A poll from the Kaiser Family Foundation, a health think tank, indicate a slim majority of Americans now favor a “single-payer” system—likely something akin to Medicare. As a result, we see Democratic presidential hopefuls supporting a variety of iterations of that concept including single-payer, Medicare buy-in at 55 or tweaking and improving the Affordable Care Act.

Meanwhile, as they have in the past, Republicans are likely to brand many of these ideas as too radical and continue the argument that health care is not a right, but a choice that must remain in each American’s hands and independent of government control.

Beyond the basic insurance questions, there is the related conundrum of high prescription prices. Why do Americans pay four or five times the price (or more) for many brand-name and even some generic drugs compared to what Canadians or Europeans pay for the same medications?

Drug manufacturers say this is largely related to such factors as research and development costs and the practices of pharmacy benefits managers, which act as middlemen between drug makers and insurance companies.

Whatever the reasons, politicians on both sides of the aisle say this part of the system is broken and Americans are paying the price. But will any meaningful change come? That’s a question with an answer that’s not as clear.

All of these issues point to the need for health care journalists to be on the front lines to report on these debates and their impacts.
Three key questions can be addressed. How do the uninsured live each day while knowing they may only be one illness away from bankruptcy if they or their children get sick? Where do they go for medical treatment, and who ultimately pays for it? How does “living on the edge” without health insurance impact their psychological and social health?

Reporting resources for these stories are myriad. An excellent place to start is the Association of Health Care Journalists’ website (healthjournalism.org). Under the “core topics” section, you’ll find story ideas, examples and information about subjects that include health reform and insurance.

Of particular note is a series of stories by Bloomberg health care reporter and Knight-Bagehot Fellow John Tozzi, “Chronicling America’s Uninsured.” In a how-to essay for the AHCJ website, he wrote: “The people with the most at stake in America’s health-care debate often have the smallest voice in it.”

Tozzi found people who were uninsured and followed them for a year to show how the affordability crisis in health care impacted their lives. The results were both poignant and revealing as they shed new light on just how serious this problem has become.

Stories like these can also lend themselves to cooperative reporting. Teaming up with journalists at other like-minded news organizations can provide stories with a depth that might not be otherwise attainable. A gold standard example is the joint investigation done by CBS News’ “60 Minutes” and The Washington Post on the Drug Enforcement Administration and its role in the opioid crisis.

The health care debate is multi-dimensional, complex and too often bitterly partisan. It will not be easily solved. But, as is often the case, these issues are more likely to be addressed when they receive the attention they deserve. Health care reporters can help make sure that happens.

Mike Cavender is the executive director emeritus of the Radio Television Digital News Association (RTDNA). He can be reached at mikec@rtdna.org.
The ways in which medical and governmental groups are endangering human lives by insufficient or careless practices were at the heart of many stories that won this year’s Awards for Excellence in Health Care Journalism.

The awards honored stories that emerged in 2018, and they were bestowed by the Association of Health Care Journalists during its annual conference held this month in Baltimore. Now in its 15th year, the awards drew more than 350 entries in 12 categories.

“The contest winners showed how to dig into what’s making Americans sick, and how profit motives are distorting their care,” said contest co-chair Tony Leys, a Des Moines Register reporter and AHCJ board member.

Among those honored is Lesley McClurg of public radio station KQED San Francisco, recognized in the beat category for her body of work. The topics she tackled ranged from the struggles of sex-harassment victims to medical detectives who are cracking the “code” on undiagnosed conditions.

The information delivered in many stories that were recognized have life-and-death consequences. For example, Kaiser Health News’ Marisa Taylor exposed the practices of a tenured professor at Southern Illinois University who did unauthorized, risky research that involved injecting people with a herpes vaccine in the Caribbean and in Illinois hotel rooms.

Another extremely ambitious report centered on the careless oversight of faulty implants. It was a collaboration between some 250 journalists and four main news organizations: the International Consortium of Investigative Journalists, Avrotros, NBC News and the Associated Press.

Then there’s a series of stories by Rebecca Moss that exposed serious accidents and radiation exposure at the Los Alamos National Laboratory — home of the atomic bomb. They were published by the Santa Fe New Mexican and ProPublica.

This year’s AHCJ honors includes a new category for students. The first-place award went to three reporters in New York University’s School of Journalism. Their piece, published in the digital magazine Undark, showed how pharmaceutical companies can tweak the design of clinical studies to help ensure U.S. Food and Drug Administration (FDA) approval.

Below is a summary of the first-place winners in this year’s competition. And a sidebar on page 26 gives a complete rundown of the honors bestowed.

**BEAT REPORTING**

Lesley McClurg captured an award for her body of work in 2018. At KQED San Francisco McClurg reports on medical and mental health, occasionally veering off into the realms of the environment, astronomy and food. Many of the stories the judges considered help listeners and readers make smart health decisions.

Among them is a report on how immunotherapy is vastly improving the odds of survival for some cancer patients. Another story focused on medical detectives who are able to successfully pinpoint previously undiagnosed diseases.

McClurg also tackled the topic of workplace sexual harassment and how the ramifications for victims can manifest years after the
lesley mcclurg’s body of work included a story featuring ashley walton (pictured), who fought melanoma with an immunotherapy treatment.

heidi ledford’s story featured amber sapp, who learned through a facebook post that her son, garrett, could not be saved by the trial drug he was taking.

events occurred. In addition, she put a spotlight on San Francisco’s comprehensive restrictions on e-cigarettes, despite a massive campaign by tobacco giant R.J. Reynolds.

The judges noted that McClurg’s stories were creatively reported through driving narratives and compelling science that’s easy to understand. “She offers moving personal stories while at the same time seeking out experts who provide needed perspective and caveats,” they commented.

trade publications/newsletters

A Heidi Ledford story in Nature focused on a mother who discovered that a trial aimed at reversing her son’s disease, Duchenne muscular dystrophy, had failed. The mother learned this not from people administering the study, but through the Facebook post of another parent whose child was also being tested.

In the article, “How Facebook and Twitter Could be the Next Disruptive Force in Clinical Trials,” Ledford used the anecdote as a jumping-off point to discuss how that one experience is part of a larger trend impacting clinical trials. And it earned her first-place AHCJ honors.

Ledford learned that trial participants are now using social media to trade insights and comfort—sometimes in ways that can threaten the integrity of a study. People involved in a trial may band together to unblind the study, for example, by determining who is receiving the placebo treatment as opposed to the experimental therapy.

Ledford explained in her story: “As participants become more empowered, the natural tensions between their goals and those of the researchers become more pronounced.”

investigative (large)

Artificial hips that corrode flesh and poison blood, spinal-cord stimulators that permanently injure patients and surgical mesh that cuts into tissue causing chronic pain and bleeding—these are but continued on page 24

2019 aaas kavli science journalism awards

Since 1945, the awards program has honored distinguished reporting on the sciences, engineering, mathematics and more. Panels of journalists select the winners.

With an increased endowment from The Kavli Foundation, the contest is open to journalists from around the world. To learn more, visit sjawards.aaas.org.

Entries for the 2019 contest will be accepted online starting in May. Deadline: 1 August 2019 • sjawards.aaas.org • Follow us on Twitter @AAASKavli
three examples of defective implants that were allowed by the FDA. And they were at the center of a story, “Implant Files,” that earned a first-place AHCJ award.

The International Consortium of Investigative Journalists, Avrotros, NBC News and the Associated Press collaborated on the extremely ambitious effort, which was published by more than 50 media partners. The year-long investigation showed how regulators bowed to industry pressure to rush approvals, lower safety standards and cloak critical information. The team working on the story grew to include more than 250 journalists in 36 countries.

“This series did a masterful job of spotlighting gaping holes in the system of regulating medical devices,” the AHCJ judges commented. “The series shows how politics and money often overshadow health and safety, in the context of the recent weakening of consumer protections.”

INVESTIGATIVE (SMALL)

A seemingly miraculous infusion procedure was the topic of “Hustling Hope,” a first-place AHCJ award winning story series reported by Cheryl Clark, Lorie Hearn and Megan Wood for inewsource.org. The stories focused on a national network of Trina Health clinics that claimed they could reverse complications from diabetes. Even erectile dysfunction would allegedly disappear after a few four-hour weekly sessions. And, the clinics advertised, Medicare and health plans covered it.

The three journalists discovered that the Centers for Medicare & Medicaid Services had found insufficient evidence the clinics’ IV procedure actually worked and declined to pay for it. That led to claim denials by insurance companies, which generally follow Medicare’s rules. Despite that, Trina clinics were operating in 16 states.

“Cheryl Clark received a tip from a doctor about a network of infusion clinics offering questionable treatments for diabetes complications,” the AHCJ judges said. “As inewsource was completing its story, [the clinics’ founder] was arrested in Alabama on related bribery charges. A number of clinics have since closed or rebranded.”

CONSUMER/FEATURE (LARGE)

It took reporters from the Kentucky Center for Investigative Reporting, the Ohio Valley ReSource and the Center for Public Integrity to uncover deep flaws in Kentucky’s worker safety program. The story, “Fatal Flaws: How Kentucky Is Failing Its Workers,” picked up first-place AHCJ honors. The three journalists who worked on the report — Eleanor Klibanoff, Jeff Young and Jim Morris — showed how the state failed to properly investigate nearly every on-the-job death for two years. The victims included tree trimmers, public-works employees, construction workers and home-health aides. In almost every case, the state’s Occupational Safety and Health program didn’t do enough to determine if a business was responsible for unsafe conditions and did not hold them accountable.

The AHCJ Judges were impressed by the legwork, data journalism and storytelling. “The audio complemented the stories, making this important work accessible to multiple audiences. The graphic presentation attached a name and details to each incident, making each death a person, not just a statistic,” the judges noted.

CONSUMER/FEATURE (SMALL)

Vancouver Sun reporter Larry Pynn had very personal reasons for writing his first-place-winning series of stories, “Prostate Cancer: 1 in 7.” He learned he had the disease, which as the story title indicates, affects one in seven men. Like many middle-aged men, he had not thought much about prostate cancer, and knew nothing about the test or the treatment options at the time he was diagnosed.

The series of stories he wrote was researched and written over
three months. They looked at the latest research about the disease and related the stories of other men at various stages of their illness.

The AHCJ judges deemed it “an unflinchingly honest look at an issue that affects many men — and the women with whom they share their lives.” As one of the female judges noted: “There are few topics more consumer-oriented than the health and welfare of the penis.”

HEALTH POLICY (LARGE)

It’s the stuff of nightmares, but only too real: hundreds of children were trapped in Illinois psychiatric hospitals long after they were cleared for release by doctors. That was the topic of a story by ProPublica’s Duaa Eldeib, which was co-published by The Atlantic and honored with a first-place AHCJ award.

Eldeib’s story tracked how the children waited for the state’s child welfare agency to find them appropriate homes and were in some cases subjected to sexual assault. They deteriorated mentally and behaviorally, fell far behind in school and were unable to go outside.

“The reporting project analyzed records and data on nearly 6,000 psychiatric hospitalizations of children and determined that 20 percent of them had been held “beyond medical necessity,” noted the AHCJ judges.

As a result, legislative hearings were held; a special monitor was appointed by a federal judge; a lawsuit was filed by the Cook County guardian; and there was an investigation by the Inspector General of the Illinois Department of Children and Family Services. Federal authorities pulled funding for institutions with the greatest levels of abuse.

HEALTH POLICY (SMALL)

A team of five developed “A Fragile State,” a series of stories that investigated Louisiana’s failing mental health system and how that has impacted families and communities.

The NOLA.com and The Times-Picayune journalists included Katherine Sayre, Jonathan Bullington, Richard Webster, Brett Duke and Aaron Fisher. Together they followed a series of caregivers and afflicted loved ones. Among them was a father, Reggie Seay and his son, Kevin, who is diagnosed with extreme mental illness. Kevin has gone through repeated hospitalizations and fractured care.

“In an occasional series published between September and December, the staff of NOLA.com/The Times-Picayune in New Orleans reported a raft of articles that showed in heartbreaking detail some results of the state’s massive cost-cutting in mental health in the last decade and beyond,” the judges noted.

Reaction to the stories was substantial, including beefed-up training by many law-enforcement agencies; legislative debate on gun laws and mental health coverage; establishment of a civil mental health court in New Orleans; and ongoing forums by concerned citizens.

PUBLIC HEALTH (LARGE)

Over the course of a year Rebecca Moss investigated ongoing worker health and safety issues at Los Alamos National Laboratory, the birthplace of the atomic bomb. The series of stories she wrote about it for the Santa Fe New Mexican, called “Half-Life,” reported that lab contractors have amassed more than $110 million in fines and lost performance bonuses for serious accidents, radiation exposure and other lapses since 2006. That earned her first-place AHCJ honors.

The articles explained that the government has made it difficult for workers to get compensation for radiation-linked cancers. The continued on page 27
## 2018 AHCJ AWARDS FOR EXCELLENCE

### BEAT REPORTING
- **First:** Lesley McClurg, KQED
- **Second:** Sammy Mack, WLRN
- **Third:** Stacey Burling, The Philadelphia Inquirer

### TRADE PUBLICATIONS/NEWSLETTERS
- **First:** "How Facebook and Twitter Could Be the Next Disruptive Force in Clinical Trials"; Heidi Ledford, Nature
- **Second:** "At the Intersection of Autism and Trauma"; Lauren Gravitz, Spectrum
- **Third:** "Survivors Cast Adrift"; Sue Rochman, Cancer Today

### INVESTIGATIVE (LARGE)
- **First:** "Implant Files"; International Consortium of Investigative Journalists, Avrotros, NBC, AP and partners
- **Second:** "Pain and Profits"; J. David McSwane, Andrew Chavez and Leslie Eaton, The Dallas Morning News
- **Third:** "Dr. Death"; Laura Beil, Wondery and ProPublica

### INVESTIGATIVE (SMALL)
- **First:** "Hustling Hope"; Cheryl Clark, Lorie Hearn, Megan Wood, inewsource.org
- **Second:** "The Forgotten: An Investigation Into an Assisted Living Facility"; Katie O'Connor, The Richmond Times-Dispatch and the Virginia Mercury

### CONSUMER/FEATURE (LARGE)
- **First:** "Fatal Flaws: How Kentucky Is Failing Its Workers"; Eleanor Klibanoff, Jeff Young and Jim Morris, Kentucky Center for Investigative Reporting, the Ohio Valley ReSource and the Center for Public Integrity
- **Second:** "The Treatment Gap"; Abby Goodnough, The New York Times
- **Third:** "Risking It"; John Tozzi, Aziza Kasumov, Zach Tracer, Bloomberg News

### CONSUMER/FEATURE (SMALL)
- **First:** "Prostate Cancer: 1 in 7"; Larry Pynn, The Vancouver Sun
- **Second:** "Genetic Testing Goes Mainstream"; Tina Hesman Saey, Science News
- **Third:** "Alzheimer’s Under Attack"; Linda Marsa, Discover Magazine

### HEALTH POLICY (LARGE)
- **First:** "Stuck Kids"; Duaa Eldeib, ProPublica, co-published by The Atlantic
- **Second:** "Deprived of Care: When ERs Break the Law"; Brenda Goodman and Andy Miller, WebMD and Georgia Health News
- **Third:** "What Happens When an Algorithm Cuts Your Health Care"; Colin Lecher, The Verge

### HEALTH POLICY (SMALL)
- **First:** "A Fragile State"; Staff, NOLA.com/The Times-Picayune
- **Second:** "American Epidemic"; Melinda Werner Moyer, Scientific American
- **Third:** "Colombia: After the Violence"; Sara Reardon, Greg Kendall-Ball, Adam Levy, Nature

### PUBLIC HEALTH (LARGE)
- **First:** "Malaria’s Ticking Time Bomb"; Amy Maxmen, Nature
- **Second:** "Catching Fever"; Lois Parshley, Scientific American
- **Third:** "The Children of Central City"; Staff, NOLA.com/The Times-Picayune

### PUBLIC HEALTH (SMALL)
- **First:** "Rogue Vaccine Series"; Marisa A. Taylor, Kaiser Health News
- **Second:** "Lifeline Offline: Unreliable Internet, Cell Service Hurting Pennsylvania's Health"; Kris Manula and Jessie Wardarski, Pittsburgh Post-Gazette
- **Third:** "Deadly Chinese Fentanyl Is Creating a New Era of Drug Kingpins"; Esme’ E. Deprez, Li Hui, Ken Wills, Bloomberg News

### BUSINESS
- **First:** "Tweaking Drug Trial Design in the Hunt for the FDA’s Green Light"; Ashley Lyles, Dan Robitzski and Cici Zhang, Undark
- **Second:** "Life on the Spectrum"; Ariva Okeson-Haberman and Kyra Haas, KBIA Columbia, Mo.
- **Third:** "Are Pets Good or Bad for Your Child’s Allergies?"; Emiliano Rodriguez Mega, Scienceline

### STUDENT
- **First:** "Tweaking Drug Trial Design in the Hunt for the FDA’s Green Light"; Ashley Lyles, Dan Robitzski and Cici Zhang, Undark
- **Second:** "Life on the Spectrum"; Ariva Okeson-Haberman and Kyra Haas, KBIA Columbia, Mo.
- **Third:** "Are Pets Good or Bad for Your Child’s Allergies?"; Emiliano Rodriguez Mega, Scienceline
government contends nuclear safety issues were only a Cold War problem, but workers say the lab has not accurately tracked their radiation exposure, and they are being denied benefits.

Moss examined the medical and work records of Chad Walde, a maintenance worker who was diagnosed with glioblastoma brain cancer and died in 2017 at age 44. The judges noted the article’s “touching” account of his story. “Moss then turns her sights outward to give readers well-sourced information on how the government has responded to the cancers and related illness seen more frequently in workers like Chad Walde,” they said.

PUBLIC HEALTH (SMALL)

Malaria is on the rise in northeastern Cambodia, and it’s becoming increasingly immune to drugs used to stop it. If resistance to the latest cure for malaria hits Africa, deaths will skyrocket. Those grave concerns are at the core of Amy Maxmen’s story, “Malaria’s Ticking Time Bomb” for Nature, which picked up a first place award.

In the article, Maxmen explained that Southeast Asia accounts for just 7 percent of malaria cases worldwide, but it has a notorious history as the breeding ground for strains of malaria parasites that survive every drug thrown at them. Cambodia, Thailand, Vietnam, Laos and Myanmar have pledged to eliminate the malaria parasite Plasmodium falciparum from the region by 2025.

When she traveled to the region, Maxmen grew worried. Tests have revealed that entire populations carried parasites in their blood. Finding and treating these asymptomatic cases will be logistically difficult and expensive.

The AHCJ judges deemed it “a truly engaging Nature article that blended enough plain English with scientific jargon to make the concept of vector-borne malaria accessible to the layman.”

BUSINESS

In her first-place award story series, “Rogue Vaccine,” Marisa Taylor exposed an unethical and illegal vaccine experiment overseen by a tenured professor with the complicity of Southern Illinois University and his company. The articles, for Kaiser Health News, revealed that Americans received shots containing the untested vaccine in a house on a Caribbean island and in U.S. hotel rooms. There was no official oversight by the FDA or conventional monitoring by an institutional review board.

Although the professor, William Halford, had injected Americans with a live virus without the required oversight, he received support from his university and funding from billionaire and President Trump supporter Peter Thiel. Taylor revealed the university—which consistently said it had no role in what was private research by a professor—shared in the patents on the prospective vaccine.

“The persistence and journalistic detective work that went into uncovering this scandal were extraordinary,” commented the judges.

“The series exposed egregious institutional malpractice that stayed under the radar until the reporter began asking hard questions.”

STUDENT

The FDA has approved three drugs based on weak scientific methodology. That was the conclusion of an article in Undark, which was written by three students within New York University School of Journalism’s science, health and environmental reporting program: Ashley Lyles, Dan Robitzski and Cici Zhang.

The article, “Tweaking Drug Trial Design in the Hunt for the FDA’s Green Light,” put the spotlight on three approved drugs: flibanserin (brand name Addyi), rofecoxib (Vioxx) and rosiglitazone (Avandia). The journalists pored over public records and medical data from FDA-sponsored experiments and other documents about the drugs.

They also interviewed medical experts, some of whom work at the FDA or conducted the clinical trials. It became clear that the administration accepted and sometimes insisted on weak scientific methodology and approved the medications even though it knew the drugs were dangerous and might not even work.

“This in-depth piece builds a persuasive case that should strike fear in the hearts of consumers: that the FDA is more interested in serving pharmaceutical companies than patient safety,” commented the judges.

continued from page 25

Congratulations to all of the winners of the AHCJ Awards for Excellence in Health Care Journalism
I recently interviewed a reporter who wants to make a switch from sports to hard news. When I asked why, he said, “News just feels so important now.” I agree, and our CBS News Digital team shares that sense of purpose as we develop CBSN, our free, 24/7 live news stream.

We launched CBSN in 2014 when delivering the news to connected screens was relatively uncharted territory. At first, we were on three over-the-top (OTT) platforms — Apple TV, Roku and Amazon Fire TV — along with CBSNews.com and our mobile apps. The list of distribution partners has grown to include 18 different devices, platforms and services, including Hulu Live, Xbox as well as the streamed on-demand subscription service CBS All Access.

Last year, 400 million streams were delivered by an audience with a median age of 37 — far younger and more urban than major TV channel news audiences.

Here are some of the strategies we’ve developed and the lessons we’ve learned:

Because audience habits are changing so quickly, our team is continually testing and adopting new methods of storytelling.

1. OUR TEAM REFLECTS OUR AUDIENCE: SMART, ADAPTABLE AND INCLUSIVE.

   We rely on a deep bench of correspondents who are a mix of both broadcast and digital natives. Research shows that our target audience — made up of what our research group calls “news omnivores” and “savvy streamers” — values the team’s expertise.

   Because audience habits are changing so quickly, our team is continually testing and adopting new methods of storytelling and ways to reach our viewers via push notifications, search engine optimization (SEO), social messaging and more.

   And when we hire new team members, we look for an openness to experimentation, flexibility and hybrid skillsets. Inclusiveness in hiring enriches the depth of our team, the stories we tell and our ability to capture viewers in many different circumstances.

2. TEAMWORK IS KEY, ESPECIALLY BETWEEN EDITORIAL AND TECHNOLOGY STAFF MEMBERS.

   We value both journalistic and technological excellence. Our business depends on being able to seamlessly stream on all platforms — which means we need top talent in engineering and product development.

   To help develop the spirit of teamwork, we have meetings every morning that include people from editorial, marketing, product development, analytics and public relations. We discuss what worked the day before and lay out strategic priorities for the day ahead of us. Over time, this has led to everyone understanding the roles and responsibilities of their colleagues. Great ideas have come from every department.
Going forward, the advent of 5G will make our hybrid journalism and tech skills even more critical as viewers seek news sources that are both accurate and reliably fast.

3. OUR VIEWERS WANT KNOWLEDGE, NOT OPINION.

As the graph on this page shows, what really keeps audiences coming back is CBSN’s focus on sharing knowledge, not opinion. Loyalists come to us for depth, perspective and dialogue — as opposed to disagreement for the sake of entertainment. As one viewer told us, CBSN News journalists “tell you the facts, not what to believe.”

Viewers also told us they wanted more climate, privacy and local news. So, we launched the daily segments “Climate Watch” and “Privacy Watch.” During the 2018 midterm elections, we launched “Local Matters” to go deep on issues driving elections around the U.S., allowing local experts to report on issues like redistricting in North Carolina or marijuana laws in Colorado.

“Local Matters” has developed strong partnerships with station affiliates — relationships that allow for standout coverage when news is breaking in their areas. As the 2020 election season begins, look for “Local Matters” to expand. In addition, building on the December 2018 launch of the local streamed service CBSN New York, we soon will launch additional news streams focused on other markets.

We’ll continue to report on the issues and subjects that matter most to our viewers — the news that’s “so important now.” We’re proud of what we’ve accomplished so far and are looking forward to continuing to innovate as this space grows.

Christy Tanner is executive vice president and general manager of CBS News Digital.
Recently I was thrilled to hear that the California Reporting Project had grown to 33 news organizations working together to collect and analyze internal police misconduct records that were recently released under a new state law.

The organizations, including KQED San Francisco, the Bay Area News Group (notably The Mercury News and East Bay Times), the Los Angeles Times, CALMatters, KPCC Los Angeles, the Orange County Register and others, are examining hundreds of cases pulled from more than 1,100 public information requests across the state.

As reported in the Los Angeles Times, “The documents provide a glimpse into how California police agencies evaluate misconduct, force and shootings by their officers — issues that have dominated a national debate over policing and fueled criticism that law enforcement agencies aren’t transparent enough with the communities they serve.”

This is clearly an important project that is able to be tackled much more quickly and comprehensively because it’s a collaborative effort. This is one of the best use cases I’ve seen for collaborative journalism yet in 2019.

But it didn’t happen overnight, and it wasn’t easy. I chatted with Ethan Lindsey, executive editor at KQED News, about the project recently. KQED, the Bay Area News Group and Investigative Studios were one group (the northern California set) of original collaborators on the effort. The Los Angeles Times and KPCC led a southern California group.

Because everyone in California knew the law shielding these police misconduct records from public view changed at 12:01 a.m. on Jan. 1, 2019, it was no secret that multiple news organizations were going after the documents. KQED reporters Alex Emslie and Sukey Lewis had been working on a strategy for weeks, for example, and others were doing the same.

Lindsey told me the key for this collaboration to work was all the news entities openly agree that these now-public records needed to be in the public domain, and that by working together, they could make that happen much more quickly and thoroughly than if they all did it separately.

It also helped that several of the partners had worked together on other projects. This is critical: previous collaborations had built trust between some of the journalists, which gave the collaborative the legs it needed to scale.

It was Megan Garvey, managing editor of Southern California Public Radio, who helped facilitate some of the early conversations to work with bigger partners including the Los Angeles Times, Lindsey said.

“There was some real walking on eggshells,” Lindsey recalled about some of the conversations. “We all agreed we wanted to work together, but what does working together mean?”

There were a lot of phone calls, a lot of delicate conversations about access to the documents. Eventually, a detailed memorandum of understanding was drawn up.

Under the plan, once someone makes a records request, they tell the entire group, and once they receive the records they are quickly uploaded and shared with everyone.

Neil Chase, CEO at CALMatters and former executive editor of the Bay Area News Group, told me via email: “This is, to me, the watershed moment when we had built enough interest in collaboration and understanding of its statewide importance, and enough experience that we had the muscles to do it. So when the opportunity arose, it just happened. It’s a huge moment.”

While there are 33 news organizations participating as of this writing, Lindsey told me they’re considering requests to join from several others, including some national publications. “We have to decide now how to bring other people in,” Lindsey said. “We don’t want to be a closed-door group, but we also don’t want to just share [the work] without some buy-in.”
Lindsey noted that the project management role that Adriene Hill, senior editor of the California Dream collaborative, played was crucial. “She has been doing yeoman’s work, helping out running calls, meeting deliverables and moving the project,” Lindsey said.

California is a bit unique in that collaboration has been part of its ecosystem, in some regards, for a long time. The state is home to initiatives like the Bay Area Media Collaborative and several partnership-oriented entities including the Center for Investigative Reporting/Reveal, the Center for Health Journalism and CALMatters.

We can look back to 2013’s collaborative effort by nine news organizations in the state to better cover valley fever, an initiative organized by the Center for Health Journalism (then called Reporting on Health), which regularly runs collaborative reporting projects.

A couple weeks ago, I was chatting with another top editor at a California newspaper and she told me that this is just the tip of the iceberg — there are several more collaborative initiatives in the works that could be groundbreaking.

My response: Keep ’em coming.

Stefanie Murray is director of the Center for Cooperative Media at Montclair State University. This is an edited version of an article that originally appeared on Medium.com.

“‘There was some real walking on eggshells. We all agreed we wanted to work together, but what does working together mean?’”
— Ethan Lindsey, KQED News

Continued from page 30...

an independent journalist in Madison, Wisc. “It’s kind of like a solution focus to take, but also a rally-together type of thing that seems really ripe for good stories,” he said. “What can we do? What are others doing? There is a solutions element to it that I think makes it less of a bummer.”

Offering up information about readiness also lends an element of empowerment. “People hate not being able to do anything, whereas we can prepare for it,” Palmer said. “We can build hospital systems, health systems with the community. It’s communities that are going to help prepare us for climate change. That was the Puerto Rico story.

It’s on the community level that this is going to be solved.

“Ticks do not care if you are Republican or Democrat, nor does the sun,” Palmer noted. “This could be a unifying issue. I had a quote from someone in Puerto Rico saying, ‘This is the best thing that ever happened to us, because we banded together as Puerto Ricans to save ourselves from this disaster.’”
jumped to the conclusion that the attacker was somehow politically or ideologically motivated. As it turns out, he had a long-running personal vendetta against the paper after it had covered a court case in which he'd been involved years earlier. But that didn't make the crime any less tragic.

As I travel around the nation speaking to journalists and journalism executives, I ask them these questions as a way to help them protect themselves and rebuild trust with news consumers:

- Is your newsroom reporting stories that expose problems in your community, and then following up with stories about potential solutions?
- If you're a news director, editor, general manager or publisher, have you taken steps to protect the safety of your reporters and photojournalists — safety courses, self-defense training and extra physical security precautions in your newsroom, your station or your office?
- Do you send one-person multi-media journalist crews into dangerous areas, or insist they do live shots late at night? If so, stop.
- Do you make an effort to speak to the public — on the air, online, during speaking engagements and during conversations with influencers in your community — about the public service your news organization regularly provides?
- If you are a news anchor or reporter, do you explain the process that you go through in order to report news stories — either on air or in written columns that the public can access on your primary news medium and/or social media?
- Do you publicly discuss the ethical dilemmas you face when reporting particular stories and the process through which you've gone to resolve them?
- Do you transmit public service announcements that explain the importance of responsible journalism to your community?
- Do you provide editorials in which you explain your station's newsgathering philosophy and commitment to serve your community?

You'd be surprised how much goodwill can be earned when such actions are taken, with other journalists and the public.

Dan Shelley is executive director of the Radio Television Digital News Association, which advocates exclusively on behalf of broadcast, cable and digital journalists. Its Voice of the First Amendment Task Force fights threats to press freedom and works to help the public better understand why journalism is essential to their daily lives.

Add Solutions continued from page 19

to others, as well. Audiences appreciate them, particularly those in communities that are often stigmatized by traditional news coverage. Those findings come from surveys conducted in 2016 by The Engaging News Project at the University of Texas and the Tow Center for Digital Journalism at the Columbia Journalism School. And for publishers, SJN’s research has found that solutions journalism can help pay the bills.

One issue that is generating considerable solutions-oriented coverage is mental health. The American Psychological Association has found dramatic increases at the national level in teen anxiety, depression and suicide over the past decade. Many communities are grappling with these problems with varying degrees of success.

SJN’s Solutions Story Tracker currently contains close to 6,000 stories. More than 1,200 focus on efforts to improve health and well-being in the United States, and about 600 focus just on mental health care.

That’s a lot of reporting. It shows that journalists can do far more than uncover problems. We can help society make sense of, and learn from, the emerging, often unknown or underappreciated, efforts to grapple with them.

David Bornstein is a co-founder and CEO of the Solutions Journalism Network. He co-authors the "Fixes" column in The New York Times "Opinionator" section. His books include "How to Change the World: Social Entrepreneurs and the Power of New Ideas."
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A Writer-Doctor’s Life

Two Professions Are Better Than One, for Some

By Dr. Marc Siegel

How is it possible for a hardworking doctor to also be a serious writer and journalist? After all, a doctor writing for the layman is not simply relating what’s in the medical chart. A patient’s story, told in dense medical jargon by his or her physician, does not automatically lend itself to literary unpacking. In fact, in my experience the reality is just the opposite.

The famed doctor/poet William Carlos Williams wrote in his autobiography about the poetry residing just below the surface of each patient: “Forget writing, it’s a trivial matter. But day in day out, when the inarticulate patient struggles to lay himself bare for you, or with nothing more than a boil on his back is so caught off balance that he reveals some secret twist of a whole community’s pathetic way of thought, a man is suddenly seized again with a desire to speak of the underground stream which for a moment has come up just under the surface.”

It takes a skilled writer, not a hard-core doctor, to bring us there. I began writing at the age of 10, winning a state essay contest with an excursion into “the diligence and frugality of Benjamin Franklin.” I published two sonnets in an international competition at age 15. At the time, my creative writing teacher was also my track coach. And that combination gained me entrance into the deep-thinking Brown University, where I learned that you could do two things well in your life.

For thing No. 1, I chose writing, and my play “Obsolescence” — about a design engineer on the moon projects who faces down his own obsolescence — won me a grant and a place in a theatre festival, with Kate Burton (who probably doesn’t remember this) playing the female lead.

After Brown, I started on a novel but came to the conclusion that I had to spend at least part of the day “outside my own head.” Enter thing No. 2, becoming a doctor. At that age I had the energy to go through medical school and residency training and keep writing, with the writers Gordon Lish, Philip Roth and E.L. Doctorow as guides, teachers and friends.

I completed my residency in Internal Medicine at New York University School of Medicine, a medical director of Doctor Radio (powered by NYU Langone on SiriusXM), a Fox News medical correspondent and a frequent columnist.

Today and several other outlets.

After 9/11, I recognized that the public psyche was punctured, and we as a society became more susceptible to health scares. My book “False Alarm: The Truth About the Epidemic of Fear” investigated both the source of our fears and how they govern us. It was published in 2005 and became an Amazon bestseller.

From 2003 to 2006 I was a health columnist for the New York Daily News (“Fact or Fiction”), then moved the column to the Los Angeles Times and changed its name (to “The Unreal World”). In the columns I wrote about the medical accuracy of TV and film productions, utilizing top medical, TV and film experts as my sources.

This reliance on experts became part of my signature style, and I continued to use it when I joined Fox News as an analyst and later a reporter. I struggled to master different formats, from script writing to rapid-fire, live interviews. Throughout all there was a common thread. I wasn’t a doctor trying to reach laymen with a watered-down version of Latinate medical facts. Rather, I was a writer turned doctor turned journalist, unpacking medical knowledge into a passionate form of entertainment while preserving accuracy.

Billy Goldberg does this conversion effortlessly in his show on SiriusXM’s Doctor Radio channel (where I serve as medical director). The show feels like an overnight stay in a city hospital ER, with a mix of zany anecdotes and serious medical facts. Goldberg is a natural born storyteller turned doctor turned radio host.

My new book is a novel about a contagious outbreak of historical and mythological proportions. It cuts close to the bone and could only have been written by a writer with a doctor’s knowledge base, not the other way around. And that’s the point. Medical journalism isn’t a branch of medicine; it’s a branch of journalism. And it takes real writers to write it. Writers with a medical expertise.

As my longtime partner on Doctor Radio, an executive producer with many years of experience in radio and TV, once said, “The challenge is to accurately describe something as seemingly off-putting as a colonoscopy — in an entertaining way.”

Dr. Marc Siegel is a book author, a professor of medicine at New York University School of Medicine, a medical director of Doctor Radio (powered by NYU Langone on SiriusXM), a Fox News medical correspondent and a frequent columnist.
THE NATIONAL ACADEMY OF TELEVISION ARTS & SCIENCES FOUNDATION

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The National Academy of Television Arts and Sciences is a professional association dedicated to the advancement of television and related electronic media and best known for its Emmy Awards that recognize excellence in a number of categories. The Academy has 19 local chapters that award Emmys for regional excellence and sponsor programs, seminars and award high school and college scholarships. In addition, the National Organization, through its non-profit Foundation, awards scholarships to outstanding high school seniors who intend to pursue a baccalaureate degree in communications with emphasis on any aspect of the television industry.

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Awarded to a student pursuing a career in any aspect of the television industry, who has made a positive impact through community service.

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