The Sentinel for Health Awards

HOLLYWOOD, HEALTH & SOCIETY

Writers Guild of America, west

September 28, 2005

USC ANNEBERG

The Norman Lear
CENTERTAINMENT
Exploring Implications of the Convergence of Entertainment, Commerce, and Society
The Norman Lear Center

Founded in January 2000, the Norman Lear Center is a multidisciplinary research and public policy center exploring implications of the convergence of entertainment, commerce and society. On campus, from its base in the USC Annenberg School for Communication, the Lear Center builds bridges between schools and disciplines whose faculty study aspects of entertainment, media and culture. Beyond campus, it bridges the gap between the entertainment industry and academia, and between them and the public. Through scholarship and research; through its fellows, conferences, public events and publications; and in its attempts to illuminate and repair the world, the Lear Center works to be at the forefront of discussion and practice in the field.

Hollywood, Health & Society

Hollywood, Health & Society is a project at the USC Annenberg Norman Lear Center that provides entertainment industry professionals with accurate and timely information for health storylines through expert consultations and briefings, panel discussions and online tip sheets. Funded by the Centers for Disease Control and Prevention, and the NIH’s National Cancer Institute, the project recognizes the profound impact that entertainment media have on individual behavior and works to encourage accurate health messages in popular entertainment media such as daytime and prime time TV shows.

Participants

Peter Clarke, Director, Center for Health & Medical Communication, USC Annenberg School

Tyne Daly, Actress

Martin Kaplan, Associate Dean, USC Annenberg School; Director, The Norman Lear Center

Patric Verrone, President, WGAw
PARTICIPANT BIOGRAPHIES

Peter Clarke, Ph.D

Peter Clarke, Ph.D. (University of Minnesota), holds two appointments at the University of Southern California (USC): professor of preventive medicine and of communication. His most recent book (with Susan H. Evans) is *Surviving Modern Medicine* (Rutgers University Press, 1998).

Clarke has also directed many projects that apply advanced telecommunications to healthcare, including the design and evaluation of multimedia kiosks to aid cancer patients and their families, as they cope with illness and treatment side effects (funded by the IBM Corp.); and experiments with videoconferencing support groups among illness survivors (various foundations and corporate sponsors). He has published more than 40 articles in professional journals, and has edited works such as *The Computer Culture* (Lexington, 1984), *New Models for Communication Research* (SAGE, 1973), and seven volumes of the *Annual Reviews of Communication Research* (SAGE).

Clarke's current interests center on improving human nutrition. He co-directs (with Susan H. Evans) *From the Wholesaler to the Hungry*, which has received awards for public service from the U.S. Secretary of Agriculture and the UPS Foundation. The project has helped launch nearly 150 new programs that recover vast quantities of surplus fresh produce, and directs these nutritious foods to low-income Americans. Last year, the programs captured almost 300 million lbs. of such "edible-but-not-sellable" fresh fruits and vegetables, distributing them in 44 states and the District of Columbia.

In addition to his research and work in social action, Clarke has chaired or served as dean of four academic programs in communication at three universities: the School of Communications (University of Washington); the Department of Journalism and, later, the Department of Communication (University of Michigan); and the Annenberg School for Communication (University of Southern California). He currently chairs USC’s Committee on Appointments, Promotions, and Tenure.

Tyne Daly

A distinguished stage and screen actress, Tyne Daly is one of the industry’s most acclaimed and respected actors. Daly, who has won six Emmy Awards and been nominated for 14, won her most recent Emmy in 2003 for Outstanding Supporting Actress in a Drama Series for her
role in the television series Judging Amy. She received four Emmys for Outstanding Lead Actress in a Drama Series for her role in the long-running television series Cagney & Lacey. She also received an Emmy for Best Supporting Actress in a Drama Series for her performance in Christy.

Daly’s extensive television credits also include starring roles in numerous movies, including four "Cagney & Lacey" films, The Perfect Mother and Kids Like These, as well as Intimate Strangers, for which she received an Emmy nomination, The Entertainer, Larry, and Bye Bye Birdie. She has also guest-starred in many television series, and starred in a television movie The Wedding Dress.

Daly has appeared on Broadway in numerous productions, including Gypsy, for which she won Tony, Drama Desk and Outer Critics Circle Awards, and Mystery School, for which she received a nomination from the Outer Critics Circle for Best Solo Performance. She also won a Drama-Logue Award for her performance in a Los Angeles production of Come Back, Little Sheba. Her feature-film credits include John and Mary, Zoot Suit, The Enforcer, Telefon, The Aviator, Movers and Shakers and The Simian Line.

Daly was born in Madison, Wisconsin, and lives in Los Angeles.

**Martin Kaplan**

Martin Kaplan, director of the Norman Lear Center, is associate dean of the USC Annenberg School for Communication. He graduated from Harvard College summa cum laude in molecular biology, where he was president of the Harvard Lampoon and of the Signet Society, and on the editorial boards of the Harvard Crimson and Harvard Advocate. As a Marshall Scholar, he received a First in English from Cambridge University in England; as a Danforth Fellow, he received a Ph.D. in modern thought and literature from Stanford University.

He was a program officer at the Aspen Institute; executive assistant to U.S. Commissioner of Education Ernest L. Boyer; chief speechwriter to Vice President Walter F. Mondale; deputy op-ed editor and columnist for the Washington Star; visiting scholar at the Brookings Institution, and a regular commentator on NPR’s All Things Considered and CBS Morning News. In the Mondale presidential campaign, he was in charge of policy, speechwriting, issues and research. Recruited after the 1984 election by Jeffrey Katzenberg and Michael Eisner, he worked at Disney for 12
years, both as a studio vice president in live-action feature films, and as a writer-producer under exclusive contract.

Kaplan has credits on *The Distinguished Gentleman*, starring Eddie Murphy, which he wrote and executive produced; *Noises Off*, directed by Peter Bogdanovich, which he adapted for the screen; and *Max Q*, produced by Jerry Bruckheimer for ABC.


**Patric Verrone**

Patric M. Verrone is the President of the Writers Guild of America, west. He graduated *magna cum laude* from Harvard College where he was an editor of *The Harvard Lampoon*.

He got his law degree from Boston College Law School where he served on the Boston College Law Review. He is a member of the California and Florida bars, has been an adjunct professor of entertainment law at Loyola Law School and UCLA Extension, and has served as editor of the Annual Entertainment Law Issue of *Los Angeles Lawyer* magazine since 1996.

He has been a television writer and producer for nearly 20 years and his credits include *The Tonight Show Starring Johnny Carson*, *The Larry Sanders Show*, *The Critic*, *Pinky and the Brain*, *Rugrats*, *Muppets Tonight*, *Futurama*, and *The Simpsons*. He has won two Emmys and been nominated eight times in four different categories. He won the 2002 Writers Guild Animation Caucus Lifetime Achievement Award.

He is married to fellow TV writer and novelist Maya Williams. They have three children (who also want to be writers), and a Labrador retriever (who wants to direct).
2005 Sentinel for Health Awards

Patric Verrone: Good evening. My name is Patric Verrone. I’m the freshly minted president of the Writers Guild of America, west.

This is my first time in the building, so I thank you for the warm reception. It’s actually also my first time meeting many of the board members for the Hollywood, Health & Society project. It is impressive, as we dine today, that this is the greatest assemblage of academic, medical, literary, entertainment, philanthropic and scientific talent since Neal Baer dined alone.

[Audience laughs]

That’s the second time tonight I’ve done that joke – I’m glad it went over well this time. No, it went over well the first time, too.

See, by nature, I’m a comedy writer, an animation writer. The shows I’ve worked on, The Simpsons and a show called Futurama, did not deal typically with health issues. We did an episode about robots addicted to electricity; it didn’t exactly have the same kind of impact on society.

So, allow me to welcome you to the Sixth Annual Sentinel for Health Awards program. On behalf of the Writers Guild of America, west, thank you all for being here tonight. This should be an exciting and enriching evening.
I want to introduce a gentleman who will be our Master of Ceremonies tonight, a man with whom I share a credit. At one time, we both served on an organization called the Harvard Lampoon, which was, at the time, neither interested in health nor society, but very much in Hollywood. Ladies and gentlemen, please welcome Marty Kaplan, the associate dean of the USC Annenberg School for Communication.

Martin Kaplan: Thank you. Patric’s wearing a Lampoon tie, in case you didn’t notice. It’s a jester on horseback, but the jester’s facing the wrong way.

We’re very happy to have Patric as the co-chair of our board, and for this to be the first public event he has dared to show his face for since the recent pleasantness. So, thank you very much for being here.

I’m thrilled to be here, too. Hollywood, Health & Society is a project of the Norman Lear Center, which is part of the USC Annenberg School for Communication, which is in the state of California, on the plant Earth, if you want to get the hierarchy of things right.

We have a staff that works valiantly to give advice and free technical assistance to people who want to say something in their storylines about health or safety that’s accurate, as opposed to just pulling it out of the air; we’re now starting our fifth year.

We have a terrific staff of people who do all of the afore-mentioned, many of whom have worked very hard for the Sentinel for Health Awards tonight, and also on so many other projects. So for just a moment, in Lear Center tradition, I want to thank them before the event so that you can now applaud vigorously.

I’d like to thank Vicki Beck, Mandy Berkowitz, Grace Huang, Scott McGibbon; it would also not be possible to have the partnership that we have with the Writers Guild without the tremendous help year in and year out from Guild staff person Jennifer Burt. Thank you so much.
The Centers for Disease Control and Prevention in Washington and the National Cancer Institute are the original supporters of this activity; some people are here tonight from the CDC. Varian Brandon is here: Varian, thank you.

We also have Katherine Lyon-Daniel from the National Center on Birth Defects and Developmental Disabilities.

If you watched any of the anthrax press conferences after 9/11 that Rudy Giuliani gave, this guy was always standing next to him, whispering in his ear, explaining epidemiology – Steve Ostroff. He’s now got hardship duty in Hawaii.

And while I’m thanking people, I want to single out two other people as well. One is a TV legend and pioneer, someone I love dearly not only as a friend and a beneficiary of his philanthropy, but because he’s given so much to American culture. His work has taken on so many difficult and controversial issues in the context of comedy, not a common thing today. Please join me in welcoming Norman Lear.

There was a time when Norman had something like five of the top five shows on television, when he thought this kind of dealing with controversial issues in television was something that might be a good thing to encourage. And he got together with a gentleman, who’s also here tonight, and they cooked up the idea of working in other countries to see how problems of literacy, and population, and domestic abuse, and women’s rights all could be addressed through entertainment. They had tremendous success doing it, and created an organization called Population Communications International; its founder and Norman’s partner from that period is with us tonight. Please welcome David Poindexter.

Norman Lear: One small correction. When Mr. Poindexter came to me, he had already started Population Communications International.

Martin Kaplan: Thank you.
There are a number of other distinguished people here tonight, you know who you are. For those of you who were here a year ago, we announced that in the memory of a professor of communication at our school named Ev Rogers, we were creating an award for efforts in entertainment-education, the use of entertainment in order to make a difference in society. The award was announced that night at this event by a colleague of mine who has been the dean of the Annenberg School – he is a professor there – and also at the Keck School of Medicine. And we're very happy that tonight he can tell us the rest of the story. Please welcome Dr. Peter Clarke.

Peter Clarke: Well, I also want to welcome Patric in his job and thank him for introducing us all to a new medical concept, electricity abuse.

I think I should tell you a little bit about Ev. Not all of you were here last year. He was a kind of an Emersonian figure in the Ralph Waldo version of that, not the TV appliance version of it – those of you who followed this essayist, and philosopher, and spokesperson for the 19th century, will recall how preoccupied with the idea of character he was. He felt that character was a vital force that attached itself to great people, and allowed great people to accomplish things even when they didn’t have great resources. Character was something he felt drove the human psyche. As bright and accomplished and as an important scholarly contributor as Ev Rogers was – I knew him over 40 years, and was a colleague of his in two universities – I remember him supremely as a man of character, as a person of character.

And so when we set up this award, we wanted to use it to celebrate people who were not only doing important scholarship about
The resource that Ev deployed to get so much done was the enthusiasm of his students, which he inspired by his own example.

entertainment education, but who were concerned with the practical product that was coming out of this, people who were concerned with bettering people’s lives through improved messages about health, not just climbing the academic tree by getting more papers on their vitae.

We assembled a panel of judges, and David Poindexter, I’m happy to say, was one of our judges; Phyllis Piotrow, whom many of you know from Johns Hopkins, was another; Debra Lieberman, who teaches at the University of California, Santa Barbara, was another.

It was inspiring to us all that we were able to come so quickly to conclusions as to who should be the first recipient of the Ev Rogers Award. It happens, really quite coincidentally, that our recipient was a student of Ev’s – although it wasn’t part of the award criteria, I think that’s actually a poignant fact, because students were, for Ev, such an important resource for him. One of the expressions of his character is that he got so much done often on rather slender resources, not huge, huge, huge, mega-multi zeros at the end of government grants, and that the resource that he deployed to get so much done was very often the enthusiasm of his students, which he inspired by his own example, and by his own generosity and humanity.

So I’m here to introduce the first recipient of this award, a man who’s now a Presidential Research Scholar at Ohio University. He’s the author or editor of eight books in the entertainment-education area: three of these books have won important awards. He’s written 75 or so peer-reviewed papers: this is a noteworthy accomplishment for someone who’s barely 20 years out of his graduate training. He’s the sort of
person who is a consultant on six continents, wherever people are coming together to try and figure out how to use communication in a worthier way, in a way that Norman Lear’s own career exemplifies, as well as the careers of so many other people in this room. Please join me in congratulating Arvind Singhal.

Can you say a few words?

Arvind Singhal: Sure. In all humility, there’s no better thing that could happen to me. I was a student of Ev Rogers at the USC Annenberg School, like my friend, Tom Valente, who’s sitting there. And as I said earlier this afternoon, when you’re invited back by your alma mater, it’s a great honor. It’s sort of that proverbial primordial feeling of the umbilical cord tugging at you. And then when your alma mater invites you and honors you, I mean that’s an especially wonderful feeling! And then if the award is in the name of your mentor, well, what can you say? So thank you, USC; thank you, Annenberg; thank you, Norman Lear Center. Thank you, all.

Martin Kaplan: All right. So if your heart is warm, get ready for it to be even warmer. Last year, we added the award category of Prime Time Drama and Comedy to the awards; this year, we’ve added an additional category of Telenovelas. And tonight, we are truly privileged to have as emcee, the real emcee for the evening, somebody whom all of us admire, both for her work in the business, as well as for her personal character and integrity.

She most recently played Maxine Gray, the mother of Amy Brenneman, on Judging Amy. She’s been a relentless advocate for the plight of children and families. If you look at her career over the years, there are so many roles she’s played, and if she didn’t win an Emmy or Emmy nomination for each one of them, it was a terrible oversight, though she actually did, with six wins to her credit. We’re truly honored to have her with us this evening. Please join me in warmly welcoming Tyne Daly.
Tyne Daly: Thank you, Marty. I’m delighted to be here with you tonight because aside from the glamour and dignity of our business, comes the opportunity to get to inform people, as well as entertain them. So that’s what this evening is about, and I’m very grateful that you asked me to be part of it.

Marty mentioned earlier that this year’s Sentinel for Health Awards program has expanded again. We have received 31 submissions total, and through two rounds of judging, nine finalists were selected. These were judged on accuracy of depictions, and entertainment and public health values, and we’d like to thank those of you who served as Sentinel judges, helping to identify these exemplary storylines among the many submissions we received. The judges’ names and comments are included in your programs. Will the judges please raise your hands and be acknowledged by the crowd? Thank you.

Back in the 1900s, as my children say, I did a show called Cagney & Lacey. This morning, I called my producer, and said, “Barney, do you remember the health issue shows we did?” Off the top of his head, he gave me this little list: we did shows about various addictions, addictions to alcohol, nicotine, gambling, cocaine. We did a cancer show: the most important thing about the cancer show was underlining the necessity for getting a second opinion. We talked about safe sex: we were the first show on network television to promote the idea of safe sex. We talked about AIDS. We talked about child abuse. We talked about aging parents. We talked about mental health, about stress in the workplace, and at home. I’m not giving you this list to self-aggrandize; I’m wanting to remind you that these episodes were broadcast 20 years ago, and that it is always important, as our society changes, as our health information changes, to utilize television as a means, as a
teaching tool, for getting information to people who can't get it any other way. So I’m grateful to all of you for doing just that.

Tonight, we have finalists in five categories – Daytime Drama, Prime Time Comedy, Prime Time Drama, Prime Time Minor Storyline and, my favorite because it’s so much fun to say, Telenovela. Telenovela! Varian Brandon from the CDC will join me on stage to hand out these awards; her credential for this is that she comes from the same state as Vanna White.

We'll begin with Daytime Drama, there are two finalists. The first is All My Children’s storyline, "Autism Spectrum Disorder." I’m going to explain it first, and then you’re going to see the clip.

Through a series of scenes with Lily, a teen with autism spectrum disorder, we get a powerful glimpse into her world, and its impact on her entire family. We see Lily overwhelmed during a family confrontation, fleeing from the chaos, and being consoled by her soon-to-be stepmother. In her own words, Lily describes autism's effect on her mind, and ultimately helps us to better understand autism disorders that affect as many as 500,000 children in the United States.

And the clip, please.

[Clip plays]

The second finalist is from The Young and the Restless, "Katherine Falls Off the Wagon." As her house is renovated, Katherine feels like her life is being turned upside down. She reacts to the constant noise and stress by falling back into an old habit, alcoholism. The impact is felt by the entire family, who come together in an effort to intervene, and force her to face this insidious disease that affects one in 13 adults in our country.

[Clip plays]
I’m pleased to present the second place award for Daytime Drama to The Young and the Restless for "Katherine Falls Off the Wagon." Here to receive the award are head writer Kay Alden and Jeanne Cooper, who plays Katherine on the show. Please come up.

Jeanne Cooper: Hello. My name is Jeanne. I’m a recovering alcoholic. You’re supposed to say –

Audience: Hello, Jeanne!

Jeanne Cooper: You see, it’s company. What’d I tell you? Tremendous source of information. Head writer, rightfully.

Kay Alden: I want to say thank you to Jeanne in this company. This story would not have been, what it was, without her, including what the story continues to be today; it’s a very true story, and we’re very proud of having told it. We are delighted by the portrayal of alcoholism, and especially, of the rendition that Jeanne brought to it. I also want to say that she’s another person who should have won an Emmy!

Jeanne Cooper: I agree.

Kay Alden: We’ll keep working on that for her. Thank you so much.

Tyne Daly: I’m pleased to present the first-place award for Daytime Drama to All My Children for "Autism Spectrum Disorder." Here to accept the award is writer Victor Miller.

Victor Miller: Thank you. I’m the only writer for All My Children who lives on the West coast, so I was elected to come down and see you all. Megan McTavish created Lily in 1995. But like soap opera children, she’s 15 now, you do the arithmetic. At any rate, we brought her back a couple of years ago, and she is just the most interesting character I have ever written for, and I’ve been writing in daytime since like 1981. I love her madly. I keep finding parents at parties who keep coming up to me and saying, "Thank God; you finally have an autistic child on your show!" And I
tell you, it is incredible for me to meet these people, and to have played a part in the understanding of this issue. Thank you very much.

Tyne Daly: The ext category is Prime Time Comedy, and there’s one finalist, the George Lopez storyline, *Prescription for Trouble.* George’s teenage daughter, Carmen, does what many teens shy away from. She has an open and honest conversation with her parents about protecting herself when she decides to engage in sexual activity. Her parents don’t respond quite as she had hoped, and with some help from other adults, Carmen takes matters into her own hands.

This is a powerful reminder for teenagers to take responsibility for their behavior, since every year one in four teens gets a sexually transmitted disease.

We’re going to see a clip now.

[Clip plays]

Tyne Daly: I’m pleased to present first place in the Comedy category to The George Lopez Show for *Prescription for Trouble.* We’re very fortunate to have George Lopez via the miracle of videotape to accept the Sentinel Health Award.

George Lopez: George Lopez here. Thanks for honoring our episode, *Prescription for Trouble.* I’m sorry I couldn’t be there. If we won, thank you! If we lost, what the hell were you thinking?! In this episode, I had a talk with my 16-year-old daughter about the negative consequences of sexual activity, getting pregnant, STDs, emotional vulnerability. Then I told her if she didn’t have sex, I’d buy her a car. I’m not saying everybody has a virginal bill up their sleeve, but we felt it was important to show parents how to talk to their kids about this difficult subject. So thanks for the honor of being nominated, and God bless. And if we didn’t win, okay, I’m not doing any more of these.

Tyne Daly: Now, we will see clips from this year’s three Prime Time Drama finalists.
The first is from Without a Trace, the storyline titled, “Transitions.” When Stephanie goes missing, investigators set out to learn more about her life and her disappearance. They interview a man she’d been dating, and they learn that Stephanie was once Stephen, a man married with two children, whose wife and family had some difficulty with his decision to undergo gender reassignment. After investigating several suspects, detectives find that the new husband of Stephen’s former wife is, in fact, the culprit. The storyline makes a powerful statement about the stigma associated with gender choices, the hate crimes committed in our society because of them.

[Clip plays]

Tyne Daly: The second finalist in the Prime Time Drama category is from House. The storyline is titled "Babies and Bathwater." Naomi is 27 weeks pregnant when she is diagnosed with small cell lung cancer. Dr. House tries to convince her to join a clinical trial for a new drug that may extend her life. In order to participate in the trial, she needs to have a caesarean section because the treatment would be fatal to the fetus. Complications arise, and her husband faces an excruciating decision. The storyline gives the sense of both the opportunities and the dilemmas that new treatments and technologies may present to the patients and their physicians.

[Clip plays]

Tyne Daly: The third finalist for the Prime Time Drama category is "Volcano" from Without a Trace. Ian, an autistic boy, flees from his father and brother during a fieldtrip to a museum; detectives then search for clues to his whereabouts; his mother explains to an investigator how she prepared him for the outing by showing him a video of what to expect. Unfortunately, a last-minute change causes Ian to become confused and upset, contributing to his erratic behavior and disappearance. During a series of plot twists, the audience learns about the special needs of an autistic child, and the demands on the family. In the end, Ian is reunited with his father.

[Clip plays]
Tyne Daly: I’m pleased to present the finalist award to Without a Trace for their storyline “Transitions.” Co-producer David Goodman will accept this award.

David Goodman: Thank you so much on behalf of the writers, the cast and the crew. We’re just so happy to be recognized. I read the judges’ comments in the program that suggested that this storyline will dispel myths that transgendered women are men in dresses; Obviously, this was important to us when I was writing the episode, and we were breaking it. But also, just as important to all of us, was presenting a story so that if someone like Stephanie was watching, they could feel a little less alone, and a little bit more like there are other people in the world who are going through the same really, really hard emotional decision that she was going through to change who she was, and to become who she believed she should be. So, again, thank you so much.

I really need to thank the Norman Lear Center because they are really helpful when we come up with ideas for our episodes.

Tyne Daly: Second place goes to House for the storyline, “Babies and Bathwater.” Consulting Producer Peter Blake will come up and accept that award. Mr. Blake?

Peter Blake: Thanks a lot for this award. I really need to thank the Norman Lear Center because they are really helpful when we come up with ideas for our episodes. They’re always putting us in touch with doctors, and spending hours on the phone with us. So thanks a lot.

Tyne Daly: And the first place for Prime Time Drama goes to Without a Trace for “Volcano.” Co-Executive Producer Greg Walker will accept.
Greg Walker: What a tremendous honor! Thank you very much. We at Without a Trace, try to tackle storylines that have social relevance and value. We thank the Annenberg School and the Lear Center for giving us this wonderful award.

The experience of writing and breaking this drama presented us with the great privilege of being able to speak to, and interview, and enjoy, and respect the experiences of those people whose children fall in the spectrum. So this award is really a gift from them. Thank you very much.

Tyne Daly: I'm going to depart from this just for a second. In the six years when we were doing Judging Amy, there were 28 babies born to our crew, and four of them are autistic, which is pretty scary.

In the next category, Prime Time Minor Storyline, we have two finalists.

The first is a 7th Heaven storyline, “Leaps of Faith.” Lynn is a single mother of two young girls who have sickle cell anemia, a disease that affects one in 500 African-Americans. When her ex-husband announces that he’s coming to visit them after years of abandonment, Lynn asks her pastor to intervene. The two men meet, and the estranged father explains why he left the family years before, and why he is now trying to reconnect with them. He wants to accept his responsibility as a father, and also wants to convince Lynn that a promising new treatment for sickle cell anemia may benefit their daughters.

[Clip plays]

Tyne Daly: The second finalist in this category is the ER storyline, “You Don’t Cut Into Cancer.” After they examine a female patient, Mrs. Graham, who is suffering after a fall, ER doctors discover that she has a large breast mass. She admits that she’s been aware of it for two years, but it’s obvious that she’s resistant to treatment, that she lacks insurance, and is unfamiliar with the health care system. But more than that, she fears that, “if you cut into cancer, it spreads and you die.” The doctors bring a breast cancer survivor to help dispel this myth that is shared by
some African-American patients, many of whom suffer from health disparities, and represent 40% of all deaths from breast cancer.

[Clip plays]

Tyne Daly: I'm very pleased to announce that second place for Prime Time Minor Storyline goes to ER for "You Don't Cut Into Cancer." I invite writer Karen Maser to accept the award.

Karen Maser: [Inaudible]

Tyne Daly: First place for Prime Time Minor Storyline goes to 7th Heaven for "Leaps of Faith." Producer Jeff Rodgers will accept at this time.

Jeff Rodgers: [Inaudible]

Tyne Daly: Now for the last category of the evening – the Telenovela category. We have one finalist.

It is from the telenovela Anita, No Te Rajes. The storyline is "Graciela Refuses to Have Cancer."

After doing a biopsy of Graciela's breast mass, her doctor has alarming news – she has advanced breast cancer, and will need to start treatment immediately, including a mastectomy. She is distraught, believing that somehow she deserved the cancer due to past mistakes in her life. After the surgery, she struggles with a feeling of lost femininity. But Graciela ultimately finds great comfort in the support of her family, and becomes a positive role model to millions of Spanish language women who are loyal viewers of the telenovelas, and among a group most likely to suffer from health disparities.

[Clip plays]
Tyne Daly: At this time, it gives me great pleasure to present to Anita No Te Rajes the first place award in the Telenovela category for its breast cancer storyline. Anjanette Delgado, the director of community connections at Telemundo, will accept this award.

Anjanette Delgado: Thanks, everybody. Good evening. Our storyline was called "Graciela Refuses to Have Cancer." And like Graciela, our head writer, Valentina Parraga, refused to write about cancer. She said, "It's been done." And we said, "Well, maybe you can find another way to do it." She said, "Well, people might get depressed, and then they stop watching, and then we'll lose ratings, and you'll fire me."

So we promised her in writing that we wouldn't, and tonight from the writer's cellar where we have held her captive, she gave me a message to tell you three things. One is that she did find a way to do it differently -- she went through the psyche, wrote about how much impact this illness can have. Second, that she's a better writer because of it; she feels the process really helped her. And, third, that as she helped millions of women with her writing, she got the ratings. So thank you.

Tyne Daly: I'd like to thank and congratulate all of our finalists for their truly exemplary storylines. I know that you have entertained, and inspired, and informed me, as well as millions of viewers, who have probably learned something from the portrayals that we've seen tonight.

And now, for that part of the evening that we all look forward to: hearing from the creators of the show. So without further ado, I turn the program over to my partner in crime, Marty Kaplan, who will lead us in a panel discussion. Thank you very much.
Panel Discussion

Martin Kaplan: Karen, you described how it is that cancer became the topic – it was as a consequence of a briefing.

Karen Maser: Right.

Martin Kaplan: I’d be curious to ask each of you, how is it that this storyline ended up being in the show? Anja, how did it turn out that cancer was the storyline?

Anjanette Delgado: Well, about two years ago, we began actually producing our own novellas; this is something that no one else does in Spanish-language television. And in looking to be relevant to the U.S. Hispanic population, we started doing research, and working a lot with Hollywood, Health & Society, and the CDC, and looking at the particulars that would give us that dramatic possibility. That’s where that came from, just looking for that different angle, taking a topic that had been so done, and looking for a different way for information to get it there.

Martin Kaplan: Jeff, where did sickle cell storyline come from?

Jeffrey Rodgers: Well, Brenda Hampton, our creator and executive producer, had a good relationship with St. Jude Children’s Hospital in Memphis, and they actually came to her because they were really pleased with the advances they’ve been making on the sickle cell disease front. And so they asked her if she could do a storyline focusing on that, and she was pleased to do it. So it came from them, actually.
Martin Kaplan: And, Peter, small cell lung cancer and pregnancy?

Peter Blake: Yeah, our show is a medical mystery show, so you have to write 50 minutes until you figure out what the disease is, and I just thought that was too hard. So I wanted to think of a way where I would only have to write half as much.

Martin Kaplan: You doubled the problem?

Peter Blake: No, what I did is I thought, "OK, so if I make it about a pregnant woman, and we diagnose her in the middle of the show, then we can have this moral dilemma, and then it can be about the treatment after that." So then I was just trying to think of something in which I was just asking doctors for a disease in which the treatment is fatal.

Martin Kaplan: And these are doctors you just happened to know, or are they consultants on the show?

Peter Blake: I called the people at Hollywood, Health & Society, and they put me in touch with them. And we considered a few things, but it turned out to be cancer which worked best.

Martin Kaplan: And, Greg, autism?

Greg Walker: Over the course of five years, I’d worked with three different writers who had children who went through diagnosis, and then treatment, and there were also two other writers who had teenage children with autism. So I kind of lived with them, as you live with staff members while you’re writing on the show, and I saw the daily trials and tribulations they went through. With all due respect, I was interested in not doing something like the previous portrayals of autism, the kind of freak show version of it, but rather, how it affected the family dynamic, and the stresses that it put on the family.

Martin Kaplan: And gender reassignment?
David Goodman: Anyone who’s familiar with our show knows that we deal in people with
secrets, so it felt like it was only a matter of time before we were going to do a “he was a she”
storyline. The challenge was just rooting it in something emotional, trying to stay with
Stephanie/Stephen’s p.o.v., as opposed to coming at it from the outside to trivialize it – we
wanted to make sure we weren’t making it feel that we were using what she was going through
just as a storyline. As for research, the Internet is an amazing place – you will find personal sites of
people telling their stories, and sharing with other people who are going through these
experiences that are beyond moving, just incredibly brave. People really put themselves out there
in terms of what they’ve gone through, and their experience.

Martin Kaplan: Kay, I would imagine that alcoholism appears in lots of daytime shows.

Kay Alden: Well, it certainly does appear in lots of daytime shows, and it’s appeared in various
forms and with various characters in our show.

Daytime has its own unique particularities, and what one hopes to be able to do as often as
possible is draw upon the histories of the characters. So in Katherine, we had a character that we
had brought to sobriety 25 years ago, and she had been sober, dead sober, all these years. In the
preceding year, she had the remarkable experience of learning that her most-hated enemy was
her daughter, and they moved in together – you can see the groundwork there. But what was
fascinating for us, of course, was realizing that what her presence in her mother’s life had resulted
in was devastating, devastating for the daughter. As you saw in the clips, it was the daughter who
was saying, “We’ve got to do something. We’ve got to do something.” So the genesis was a little
bit different, but the ability to utilize a situation like alcoholism, which never does go away, was
profound, and we loved it. She’s not drinking again now, by the way!

Martin Kaplan: Autism, Victor?
Victor Miller: I think Kay mentioned that ours is a very specific kind of medium: chronic diseases are much easier for us because we’re doing five hours a week, 52 weeks a year, no reruns – whatever we start has to just keep on going. So a one-shot Wednesday performance is not going to do it.

In 1995, Megan needed to justify Laurel’s committing a criminal act, and she had just had a baby. So she just reached out of the air – I think it was in the newspaper at the time – and she said, “I’ll make the child autistic.” Then Laurel, the character, left, and another year later, took the baby with her. Megan said about a year-and-a-half ago, “I’ve got an autistic baby living with Laurel in San Francisco. I think I’ll bring her back.” And we started writing Leven Rambin’s character, Lily, and have had a terrific time ever since.

Martin Kaplan: So you all have a story of how stories got into the writers’ rooms and minds. What were the issues about the necessities of drama and entertainment juxtaposed with the requirements of accuracy? Did you feel the tug between those things? Where was that tug? Where did you decide you would go this way or that way? This is a question for anyone and everyone.

Anjanette Delgado: I can say in my case that we were working with writers who had never worked with anyone outside of themselves; the writers’ room was the sacred area. I brought a lot of them from Latin America: some of them had worked with consultants before, but a consultant was often seen as somebody who gives you more work, or tells you what to write, or thinks he knows your story better than you do. The hardest thing was changing that perception within the writers. When a writer could call a group for help instead of having to read
500 pages, we would call Hollywood, Health & Society and say, "Hey, can we have an expert in an hour on this particular thing in Spanish?" and when they would come through, then the writers began seeing a way to save time, a way to ask more specific questions, to get at the dramatic possibility of things. I think that that’s one of the biggest things that we took away this year from that process that you described.

Martin Kaplan: Any other thoughts – Kay?

Kay Alden: I want to respond to something that’s a little bit off-topic, but I think it’s pertinent.

Many of the people on our writing team were absolutely terrified about writing this one character – people watch her 250 days a year. She doesn’t drink. She recovered or she is recovering, but she is important in this community of people who follow her lead, and we were going to have her start drinking? Wow, that was extremely heavy.

One of the things I said was, "Have you talked to the actress?" because the actress is a recovering alcoholic, and in fact, we did talk to the actress, and she said, "You know, gosh, it’s a story. Yes, I’ll do it."

But I received so many e-mails; some of them, I saved, they were so profound. There was this one woman who told me all about how she had traced her life alongside Katherine, and now Katherine was drinking, and her own personal strength had been gained from Katherine not drinking. And she just wanted me to know that. So I wrote her back – I don’t respond personally to very many of these e-mails, but this one I responded to, and I said, "Please trust us. This is a journey. You are making your personal journey, don’t abandon that journey. Stay with us, please trust us." When Katherine quit drinking again, she said, "I knew I could trust you." So the impact in a situation like that where there are people who are relating so consistently and closely makes
you think about what you put on the airwaves.

Martin Kaplan: I’m going to ask people to pick up that thread as well about the impact on audiences, what you hear back, and what effect it might have.

But, first, I just want to see if anyone else wants to talk about accuracy, cutting corners, issues, compromises, once you’ve chosen your topic.

Greg Walker: Our best episodes tend to be ones that have a social idea at the center. There’s a fine line between being instructional and doing the PSA version, which is not very dramatic – and then doing the salacious freak show, which is much more entertaining sometimes. but doesn’t really respect the issue that you’re dealing with. So for us, it’s always about trying to walk that line. We had that issue of where to reveal that she is a he, and how do you play that reveal? How do you play the emotional experience of that for other people in the world rather than have it be a plot point – we did have it be a plot point, but we didn’t make it our biggest plot point. We could have shifted it so that the whole episode was really pulling the rug out from underneath the audience, which we didn’t feel gave it the emotional service that it deserved.

Greg Walker: The more we talked about wanting it to really be her story, the more that reveal changed so that we could live with Stephanie knowing who she was, and who she had been, and really root the audience in her emotional experience, as opposed to saying three-quarters of the way through, “You know, we got you.”
Martin Kaplan: Any other takers on the accuracy front?

Karen Maser: We don’t just pick medical stories for the sake of having them. It’s about how the story fits with the character and into the character’s arcs. So with Mrs. Graham’s story, we thought there would be a good fit with Dr. Pratt, who’s played by Mekhi Pfifer. This was a way to bring his character in touch with the community, especially with the patient navigator angle of the story, and also put him in conflict with a strong-willed woman. Finally, it was a way to, highlight these two common urban myths about cutting into cancer – if you expose it to air, it spreads, and if you cut it, it will spread. So we tried to do that with the stories and fit the doctor and nurse, figure out whose character the plot line would be best for be best for.

In this story, Joe Sachs, who is also a real-life doctor, called Dr. Harold Freeman in Harlem, who, back in the ‘60s, was alarmed by the number of people in his community in Harlem dying, coming to him with hopelessly advanced cases of cancer, and who just didn’t get treatment, they didn’t have any access to any kind of health care. So he set up free breast and cervical cancer screening centers, and also came up with the idea for a patient navigator. All this to say, for our storylines, we talk to the real people. We have that great access to be able to do that, to get the facts, make it realistic and still entertaining.

Martin Kaplan: How about the issue that Kay raised on the topic of hearing back from your audiences about their reactions, and the impact that these shows have?

Karen Maser: If I could just say one thing on that: when we had Anthony Edwards dying of a brain tumor on the show, the way he was able to diagnose himself was to stick out his tongue – this was one of the signs for the kind of tumor he had, it went to the side all the time. And there was a viewer who was having headaches, was having some problems, and because of our show, she looked in the mirror and did that, and she couldn’t put her tongue straight, so she went to her doctor insisting, “I saw this on ER! I want an MRI! I want CAT scans,” all of that. And she had the same kind of tumor. Luckily, it was an earlier stage, but if she hadn’t seen the show, if she
hadn’t insisted... We got a really nice letter from her, we brought her out. You know, “Here’s the set, meet Tony Edwards.” So that was really nice to hear.

Martin Kaplan: Any other tales of interaction with your audience?

Kay Alden: One thing we discovered, working with Hollywood, Health & Society, who have been enormously helpful to us, is that sometimes the experts tell you, “You just can’t do it.” We had a situation in which a young girl died, and we needed to –

Audience Participant #1: Can you believe that? Those damned doctors!

Kay Alden: In one storyline, there was an enormous outpouring among the writing staff and the various people involved saying, “Well, she needs to be an organ donor. Make her an organ donor.” There was absolutely no way we could do it realistically. You know, you can do it soap-opera style and probably get by with it, and it would’ve been real emotional, but it would’ve been so inaccurate. And we just could not rationalize the nature of this death with the lies we’d have to tell, we thought this would just be wrong. So we didn’t do it. So she died, we didn’t bring her back, and she wasn’t an organ donor.

Victor Miller: I think it’s time for true confessions because of an episode I wrote years ago. In daytime, if you have a contract player commit a felony, it’s traditional to send them to prison, but it’s a really terrible place to have scenes played. So we are always trying to find ways of weaseling contract players out of jail, where they should be.

We didn’t want to put Adam Chandler, who’s played by David Canary, and is just a superb actor, in prison. He kidnapped Erica, took her to Canada for weeks, and we got very high ratings at the time, if I remember correctly. And when he came back, the network came to us and said, “Well, you have a serious felony, you’ve got to do something with Adam.” And we were sitting around the table, and I said, “Brain tumor.” I wrote the episode where – God help us, and those of you who are doctors in the room, just forgive us – the doctors are standing around. They had all their
surgical masks and stuff, and it didn’t look like ER at all. And one of them says, “They’re opening up Adam’s head, and another says, “My lord, it’s an anomaly!” And the first doctor says, “It’s the largest one I’ve ever seen!” Boom! Adam wakes up with a bandage on his head and goes back to the Chandler mansion, where he’s been ever since.

So I can’t accept this award without at least talking to that.

Martin Kaplan: Any other guilty consciences?

Let me ask, I guess, it’s a craft question, and it affects actors as well as writers, and it affects those of you whose shows are always about medical issues, and those of you whose shows are sometimes about them. Basically, a lot of the lines that you have to say for exposition’s sake are real mouthfuls. I mean, you have to pack in a lot of material, but you have to do it accurately, it has to be performable. You can’t break from the suspension of disbelief into a lecture that sounds like something from medical school or a drug commercial. How do you do that? How do you deal with the difficulty of the special kind of exposition, which is a lot of talk, a lot of complicated talk. How do you do that? How do you make people not step out of the situation?

Anjanette Delgado: Well, in telenovela, talk gets broken up into a lot of scenes. I mean, if the person who knows the least is the one asking the questions, then the viewer’s identifying and learning something. Also, finding a new perspective – for example, when we did the diabetes storyline, I couldn’t convince any writers to pick it up. We have about four novellas going on at the same time, and I’d say “Diabetes,” and they’d be like, “Um-um.” And I’d bring it up again, “Diabetes?” And, “Um-um.”

So, finally, I understood they needed dramatic possibility. I said, “It’s the number-one cause of impotence in Latino men. Dramatic possibility.”
Karen Maser: On ER they have to say these huge words and talk about thoracotomies, and laparotomies, and thermal cut-downs. I feel kind of like a doctor now, so if anybody has any problems, just let me know. If you need a chest tube, crike, central line, whatever... But they have to move while they’re saying these big, long lines, and they’re actually doing the procedures.

We have two real-life doctors on staff, Dr. Joe from this episode and another doctor, who are also writers, but we have technical advisors on the set who actually block the scenes, do separate sides for the nurses and doctors in trauma rooms — “You’re here. You’re here. This is how you hand an instrument” — and so they’re saying these big lines, but from week to week, there’s different medical things involved, and the actors have to be cutting people, and bagging people, and doing IVs, and things like that, so I don’t envy them with that. The cast read-throughs are a lot of fun, especially when it involves words the actors haven’t seen before, and they try to pronounce some words. Dr. Joe actually talks into a little cassette microphone to tell people how to pronounce these words so that they can get them right. But after a while — this is our 12th season — the actors think they’re doctors, too! They know 500ccs of atropine.

Martin Kaplan: Peter, yours is a medical show. Does that mean that it’s easy to do this stuff because it’s all motivated by the situation?

Peter Blake: To explain everything?

Martin Kaplan: Yes.
Peter Blake: The hardest part is to explain things without making it sound expository -- generally, what you do is put it in a scene with conflicts. In our show, we usually have two scenes per episode that are differential diagnoses, where we talk about other patients experiencing these symptoms: stomach pain, arthritis, and then you have the doctors throwing out different ideas for what the diseases could be. Those can be pretty boring and expository, but we just try to have them arguing, we give each one of the characters a very specific point of view, have them argue, throw in a couple jokes. Usually does it.

Martin Kaplan: Any other tricks of the trade?

Karen Maser: Many of our characters will say, "Could you tell me that in English?" like real people often do with their doctors. But we also have some actors, too, who really want to say the real stuff. And, you know, they say it well. They've been doctors on the show for a long time -- it's amazing to me. And then sometimes there will be such struggle with dialogue, that one will get a call and they'll say, "This is the line," and you either say, "Well, what the doctors told me it meant was, we could say it this way," or you say, "Cut the line. We don't need that. Just move on." So all those things can happen. But we try very much not to change the accuracy. We'll either say it in light terms, or just not say it right now.

Martin Kaplan: Would anyone here like to ask a question of any or all of the panelists?

Oscar Streeter: I'm a radiation oncologist. I've got two medical students, one from George Washington, one from Chicago, and they love House because of the differential diagnosis, I didn't know that until today. I'm never home to watch TV, but it was interesting that they were very excited about it. Do you get a lot of feedback from medical students?
Peter Blake: Yes, surprisingly, doctors like the show. It’s really, really hard to write because we have to have four acts of “What the hell is this disease?” and you start off like the person has seen all the normal doctors and they’ve done all the normal tests, and then you have to come up with four acts of Dr. House and his team trying to figure it out.

So the doctors like the show for two reasons, because they can follow along and try to guess what the disease is, and also because House is such an incredible jerk, and he’s mean to patients all the time. They love it, because it involves all the stuff that doctors are not allowed to do because it would be unethical, like lying to patients or yelling at them.

Oscar Streeter: I’ve got one more question. In ER, you have an Indian doctor.

Karen Maser: Parminder Nagra. Yes, she plays Dr. Rasgotra.

Oscar Streeter: Have you thought about putting something about cultural-competency, say, with an Indian patient coming into the ER and dealing with how you disrobe the patient, who should be in the room, that type of thing?

Karen Maser: That has come up recently in the room with Muslim patients; it just came up during an ER residents’ night or ER attendance night. We ask real doctors and nurses to come in and tell us anecdotes. There was a story that one of our nurses had talked about, how there was a Muslim woman who waited in the ER for about 12 hours because they needed a woman doctor – she could only have a woman doctor to see her and touch her. So we haven’t touched on that in the show yet, or if we have, it’s been 12 years, I can’t remember. But that’s an issue that has come up recently.

Martin Kaplan: Do those people who come in sign releases saying they won’t sue you for taking their ideas?
Karen Maser: No, we just talk about anecdotes, not stories. The doctors talk about funny ones and sad ones. The big thing is ethical dilemmas, conflicts between residents, with attendings, with nurses, with the nurse managers. Because our hospital is based in Chicago, a fictional county general, we go to Chicago to talk to the real-life Cook County Hospital doctors, and try to get as many anecdotes as we can. But we always change names in situations, and give it a twist, so they’ll never know.

Tenaya Wallace: My name is Tenaya Wallace. I’m with OneLegacy; I think we’re actually the organization that spoke with you about organ donor issues. We’re the organ procurement organization for Southern California.

I was wondering – we’re a very cause-oriented organization, and want to see our cause accurately represented in storylines. Obviously, Hollywood, Health & Society is a huge resource, I assume, for you guys. Do you get approached by a lot of other causes, though? I know that cancer is obviously a big topic at CDC, but do other causes and cause-oriented organizations actually try and approach you with storylines and information? And if so, how do you deal with that? Do you want that? Or does that kind of turn you off?

Anjanette Delgado: I can do the primer on this one. We do get approached a lot, especially in Spanish, because we’re the only ones that write about causes. One of the things involves talking with somebody who is not the writer: the writer is writing. He has deadlines; he has issues; he has a plan. And so somebody will have to get to him with the accurate information, and explain to him how to solve problems. The writing is about creating all those situations. If organizations that are cause-oriented would maybe send less, but send stuff that would solve problems, or like I was saying before, with dramatic possibility, that would be great. Like Peter was saying, “What is the thing, the plot point, the conflict, the issue that will get me here?” Or, “I need to do this. How do I get there? What can I portray here that will be interesting to people?” Obviously, it’s a business, but it’s also entertainment. People are supposed to watch it -- it’s not supposed to turn people off. So what facts do you have that could be stories? What anecdotes do you have that could help my writers solve a plot problem? And if all communications between organizations and non-
profits and the creative people went that way, it would be great because you’d be the resource. You’d be the problem-solver, as opposed to providing all these facts, that might include a story somewhere inside those 500 pages of information.

Tenaya Wallace: Good point.

Martin Kaplan: Based on our experience at Hollywood, Health & Society, I think, Anja, you should not only be the primary, but also the secondary and tertiary **WHAT??* on that answer, which allows me to say, would you please join me once again in congratulating all the winners?

Thank you, Tyne Daly, Patric Verrone, all of you who are here. Thanks very much.