

**TELECONFERENCE WITH BREAST CANCER NETWORK OF STRENGTH  
ADVOCACY  
ON TUESDAY NOVEMBER 10, 2008  
AT 7:00 P.M. CT**

**CHRISTINA KOENIG:** Welcome, everyone, to our first Advocacy Teleconference. I'm Christina Koenig, and I'm the Director of Communications and Media Relations Breast Cancer Network of Strength. I'm a former journalist, and a seven-year breast cancer survivor. Tonight's call is Breast Cancer Network of Strength's first ever Advocacy Teleconference. On the line tonight are more than 70 advocates from about 20 states, and we've got international callers among us. For the first portion of the call we have muted your phones, and when we get to the question and answer part later on we will un-mute. Again, if you haven't already joined one of our calls on the Sharing Network Conference before this is a special version of our Sharing Network Conference. It's the Advocacy Teleconference. We will have this call recorded. It will be available as a podcast soon, maybe as early as next week. We will also have a transcript of this call available on our advocacy home page, and that should be later this week as well, or next week as well.

So now it's my great pleasure to introduce you to an old boss of mine, Richard M. Cohen. Are you there, Richard?

**RICHARD COHEN:** I am.

**CHRISTINA KOENIG:** Well Richard has worked as a network television producer for 25 years. He's covered all kinds of historic news making stories around the globe. He worked in his early days at the ABC News Washington Bureau during Watergate. He was with the CBS Evening News with Walter Cronkite, and was Dan Rather's producer when he assumed the anchor chair in 1981. Richard has also worked for a number of

projects on public television, including the McNeil-Lehrer News Report, and later he worked with Bill Moyers to produce and direct *Illusions of News*, which was an award-winning documentary about the press and how the press behaves. So that's when I first met Richard, and why I think he'd be a great person for our subject tonight. After that he was with CNN's Special Documentary Unit. Now on his personal side, Richard was diagnosed with multiple sclerosis early in his career. He's also had a couple of bouts with colon cancer, and he's written about his experiences in two *New York Times* Bestsellers; *Blindsighted: Lifting a Life Above Illness*, and *Strong at the Broken Places*, which was published this past January. He's also been a frequent contributor to the *New York Times Health* page, and he hosts a radio broadcast on WABC Radio that examines coping issues frequently associated with chronic illnesses. He has won numerous awards in journalism, including three Emmys, and a John Foster Peabody Award, which is certainly in my eyes one of the highest achievements anybody could ever attain. So Richard, thank you so much for spending an hour with us tonight.

**RICHARD COHEN:** Pleasure.

**CHRISTINA KOENIG:** So in the call our subject is, *Is the Media Delivering the Health News We Need?* There's so many factors at play, and of course with the recent election it's kind of a brand new world, but let's try to establish or set the stage of health news that we as news consumers see or read. With your experience working in the media, and with your personal journey with cancer and chronic illness, do you think Americans are finding out really what they need to know about healthcare and the healthcare system?

**RICHARD COHEN:** No. I don't even think that's a close call. I think that news is very good at giving us consumer tips. They're very good at, well a couple of things. One is that the every, it seems every at least morning show has a doctor you know, and the doctor, the TV doctor will tell you a lot about the latest news dealing with pharmaceuticals. They will answer questions about what you should do, when you should see a doctor, how you should deal with various medical problems, but television news really most news doesn't go anywhere as near policy questions. They don't talk at all about the structure of healthcare. They'll be happy to tell you which way to put the band-aid on, but they won't tell you how to pay for the band-aid, and it's an enormous flaw, but it speaks, Christina and everybody else, I think to a larger structural flaw in the media today. You're supposed to ask what it is.

**CHRISTIAN KOENIG:** What is it, Richard?

**RICHARD COHEN:** Well I think it's a crisis of ownership. I've looked at your agenda and I think I want to mix it up a little bit. I think what you really need to talk about, what you really need to understand is where, focus for the moment on the electronic media because rightly or wrongly, for better for worse that's how a lot of us get our news. I think you have to without turning this into a, you know a history lesson. You have to look at the road that the media has traveled. The Communications Act, see once the media was very tightly controlled by the government. The government believed that the public owned the airwaves. The government believed that the media had a public responsibility. The Communications Act of the 1930s, which really sort of set the agenda, put a large burden on the media. They talked about the need to, and these are the exact words, to cover controversial issues of public importance; and they believed in

that you know, and this was congressionally mandated, and the media had to prove to government that they were dealing with the way the issues of our times, you know –

**CHRISTINA KOENIG:** And not, and then not on how to put on a band-aid, or –

**RICHARD COHEN:** No, that's right; and NBC, do you remember CBS reports? Do you remember now going back even further the era of the NBC White Paper where they actually you know tackled very difficult policy oriented topics because they were told by the government that they had an obligation to do that, and by the way, one of the ways, there were two ways in force. One was the Fairness Doctrine, which meant that if they didn't cover those issues that they heard from the government, and people who were attacked or criticized in any program had the right to come back and give their point of view. Now don't mix this up with equal-time. This has nothing to do with equal-time. This was simply a piece of legislation that was intended to protect the marketplace. It had nothing to do with protecting any individual, but the belief was that if people who were criticized had the right to reply, it would create a robust marketplace, and the communication, radio and television for many decades was a very robust place because they handled very difficult issues, and people did have the right to present other points of view.

**CHRISTINA KOENIG:** So Richard, how did we get from there to where we are now with (inaudible)?

**RICHARD COHEN:** Well the way we got here was really a series of events that all coincided in the early '80s. One was that the corporate, see this is not, where I'm going with this is not academic. If you're yawning listen just a couple more minutes of this.

The corporate structure of news, of networks changed. You know it used to be that William Paley of CBS who signed (sp?) on NBC believed that news was the public face of the network and that you know and it was like a lost leader, that's what got people into the market, and they died off, retired, and they were replaced by bean counters who insisted on profits from news that once you insist on big profits in news division the betting changes. Next thing that happens was Regan deregulated broadcasting, which meant that all of the regulations that I'm talking about went out the window. You know no longer did radio and television have to cover, quote, controversial issues of public importance. Now I would call healthcare an example of that, and no more was there an obligation to do it; and then the third thing that happened was the cable came online, and when cable came online it got intensely competitive, and so the issue was how were we going to make money. You know the government has told us that these aren't the public airwaves, these are network (sp?) airwaves, you know do with them as we will, and no longer did anybody take the big issues of our time seriously because that's not how they saw to get ratings; and I'm afraid healthcare has fallen into that wide empty space of an issue, the kind of issue that doesn't get covered.

Now if you look at the election, yes, the candidates disagreed on healthcare. Yes, they had very different policies, and many of us know in broad strokes that one wanted privatization more than the other. The other wanted so-called mandates. Do we all know what mandates are? See there's a whole new language, a whole new shorthand that really never got explained as far as I'm concerned. They started talking about the number of life years that they can expect from the population. What's all that stuff mean, you know?

**CHRISTINA KOENIG:** Richard, are you saying, I mean is it the beam counters' fault? Are journalists themselves not trying to take things seriously? Are they apathetic? Are they just looking, you know concerned about how they look and the ratings they get?

**RICHARD COHEN:** Well yes and no. It's not the individual journalist. The value system of the media comes from the top down. You know it's not the journalists; it's the editors and the publishers who are very concerned with the balance sheet, and they, you know the truth of the matter is that the broadcast networks, you know CBS, NBC, and ABC, have been on a steady decline since the very early 1980s because cable is eating into the audience so badly.

**CHRISTINA KOENIG:** You mean eating into the audience or eating into the advertising dollars? I mean –

**RICHARD COHEN:** Well it's the same thing. It's the same thing because the advertising dollars are tied directly to the size of your audience.

**CHRISTINA KOENIG:** Okay.

**RICHARD COHEN:** And if you look at the, what's called the share, the share is the percentage of viewers watching any given television, and the combined share, meaning the broad, the combination of broadcast networks, the three of them combined, the four of them counting FOX, that has declined steadily since the early 1980s, and the question then becomes how do these people compete in the marketplace, and you and I might have very different ideas of how to do it than I think they do. I think that I might be

tempted to deliver hard, relevant news because that's going to, you know that's what's going to draw people. I'm not sure that's what draws people.

**CHRISTIAN KOENIG:** They want to know how to get their BOTOX cheap. How to look good, and –

**RICHARD COHEN:** And they want to know everything they can about Britney Spears. I mean you look at the content of news programming today and it's pretty appalling. Now what that suggests is the people in charge of news have a very different idea of what sells, and you know if you or I, any of you, got a job producing a network news broadcast and you said to yourself and to the people around you I'm going to put tough news on the air. I'm going to be analytical. I'm going to deal with public issues, and then the pictures of Britney Spears came in or any of the other fluff that you see on TV and you didn't run it because you're going to run serious news, let me tell you something, in the front office at every network sit the, you know the president and the vice president, and guess what they do at 6:30 at night Eastern Time? They put on TVs and they watch side by side all the other networks. They look at what everybody else is doing, and if you chose not to put great pictures on the air and everybody else ran them and you said I'm not going to because it's not serious journalism, you'd get a call from the front office, but you know they all have these instant phones where they pick it up and it rings right in the nerve center, and they said, your boss said why didn't you run those pictures? And you say because it's not news –

**CHRISTINA KOENIG:** Because I was doing the more in-depth thing on healthcare providers –

**RICHARD COHEN:** Right.

**CHRISTINA KOENIG:** -- and new Medicaid legislation. Now, okay, so this is the pretty dismal picture. Can you tell me, these journalists who might want to do the hard news who are working for maybe some of the traditional broadcast stations as well as the cable stations; are their Internet counterpart sites a place maybe where you know this information can go up and it can be more traditional and in depth?

**RICHARD COHEN:** Well anything's possible, but I think their perception of what people want to consume in the gossip news is very specific. The other thing we should talk about is cutbacks. I mean as all of these networks lose money, as all these news entities are having trouble making ends meet, what you can do changes. You know I worked in the fat and happy days of networks that made money back in the '80s. We could do anything. You know we had the freedom to if we could talk somebody into it, to go anywhere and do anything, and that just doesn't exist anymore.

**CHRISTINA KOENIG:** So how would you say, I mean can you give us an example of how, you know what that means maybe in a healthcare story? What are we seeing instead after these terrible budget cuts?

**RICHARD COHEN:** Yes, but you see the trouble is television competes; one of the elements that television uses to compete is great pictures. Nobody understood that better than Ronald Regan, for example. Ronald Regan and Michael Deberg (sp?), the late Michael, they're both gone now, they used to manufacture photo ops. They used to manufacture events that yielded great pictures because they knew that television was addicted to pictures. So when housing (sp?) stars went out Regan went into a house

being constructed and put on a hard hat and pounded the nails. When he decided to reduce capital gains taxes he walked into a bar in Boston and raised a glass of beer with working stiffs because it counted to policy –

**CHRISTINA KOENIG:** Does this mean that you think that we might see Barack Obama in a hospital gown?

**RICHARD COHEN:** No, I don't think so –

**CHRISTINA KOENIG:** No?

**RICHARD COHEN:** -- but what I'm saying is healthcare policy is not a visual story. It's not. It's an important story. It's a critical story for everyone in the country, everyone on this call certainly; but it's very hard to make it a visual story, and television has a prejudice against stories that are not visual. Do you understand the financial crisis? Do you think journalism has explained it as fully as necessary?

**CHRISTINA KOENIG:** Well I've seen Robert Crowich finally had to do a cartoon for ABC that explained it.

**RICHARD COHEN:** He's the best because Bob has a unique ability, a talent for taking a non-visual story and bringing it to life; but I also think Crowich is one of a kind, and probably because he came out of radio, you know, where it's in your mind's eye, you know where you have to be imaginative and have to bring stories to life. I mean I'm not, I don't want to take this call as far afield of what the sense of the subject is. I'm simply trying to explain why I think television has failed to properly explain the healthcare

system situation, and I, the truth of the matter is I don't think television has any interest in explaining it because I think it's complicated and I think it's not visual.

**CHRISTINA KOENIG:** Okay. Well before I ask you how you're going to, you know, suggest that we as advocates try and solve this situation; I wanted to touch on how you think the pharmaceutical industry might be playing a role in what we're seeing too. Do you think that there's you know some blurring of the lines of you know television advertising commercials for new pharmaceuticals, talk to your doctor about this new thing. You know are we spending more time as consumers with our eyeballs on ads?

**RICHARD COHEN:** I don't think it's advertising. That's the one place where I think the line holds, that news organizations are not swayed by corporations that advertise you know on their air; but what happens is they, I think television takes the easy way out and pharmaceuticals, as with other corporations, are very good at providing free footage. They're very good at spreading the word. You know I always laugh about, laugh at charges that the press is liberal or conservative, and I'm sure to some extent those do exist, but the more than that I think that the broadcast news doesn't shake the, you know doesn't rattle the cage. It's pro-establishment. It doesn't you know journalists used to wear torn corduroy jackets and dirty pants the way I do, you know. Now they wear the same grey suits as the people they're going to interview, and they go to the dinner parties with them the night before. It's just a different relationship between the media and the establishment. I think it's sad because there's a rich history. Well first let me back up and say one thing. I think it's very easy to mythologize the past, and I don't think that that's the right thing to do because I don't think we were ever all that good. We were more serious, that I do believe, but I don't think the press is, especially broadcast press, has ever been exemplary, has ever met its you know matched its

potential, and you know so I don't harken back to a golden era because I don't think there was a golden era; but I just think that they did, or we did our jobs a lot, with a lot more seriousness in the past, and nobody really fights the system you know because they sign our paychecks and we make too much money to begin with. You know broadcast salaries tend to be inflated.

Now even as I'm trashing broadcast, broadcast news, I think the answer is for all of us as consumers is to read newspapers. You know I think we, I think we want it pretty easy. We want to turn on our TV for a half an hour and think we've met our obligation as news consumers, and it really didn't work a generation ago either. I mean I don't see how anybody can function intelligently without reading a newspaper, and I think too few of us read newspapers, and for those of us who live in communities where the local newspaper isn't very good or where it's a chain newspaper that is too tabloid for taste, there are lots of ways to get other newspapers. I mean and it's not, that's not a luxury to me. I mean the way the economics of home delivery have changed and you can get home delivery of the *New York Times* or –

**CHRISTINA KOENIG:** Well what about the Internet versions of the like Washington health reporting or –

**RICHARD COHEN:** You can look; you can do that on the Internet. I think that it just takes a little bit more work perhaps than it used to to be a serious news consumer because your choices are fewer, and you've got to work a little bit harder; but I think there are newspapers that do the analytical work such as healthcare analysis; I think the *Times* does it. You know I'm not just saying that as a New Yorker. I'm sure there are other papers that do it too, but you've really got to go get it. You've got to look for it and

find it as a consumer because it's not going to be put on the television in front of you, you know, and –

**CHRISTINA KOENIG:** So Richard, can you give us some like suggestions other than maybe the *New York Times*? Are there any sort of niche Internet publications that you might know of, or is there a particular columnist who intrigues you or who has interesting ideas that are more in depth so that we can start the process?

**RICHARD COHEN:** Well there are plenty of columnists who intrigue me. I don't see people writing too much about healthcare, and again you know columnists write about what's sexy, what's in the news. I mean they write about Sarah Palin, you know, they don't write about co-pay. You know it's just, it's a fairly barren landscape and I, you know and I was thinking about this call in advance and I was thinking that I'm going to sound like I'm walking around in sack cloth and ashes, you know I'm the voice of doom, and I don't mean to come off that way, but I'm not high in the media now. I had a wonderful career in the media, but I had, in the '90s I got out. I mean I just couldn't do it anymore, and I thought that there's got to be a better way and I started writing, and it's very challenging for all of us who need, because we need, we need to understand the system. The irony is that it's very hard to be a voter because you know you can't exercise your franchise without knowing your, you know, whether it's Beirut, Bombay, or your backyard. You need to have a reasonable view of the world however you choose to define that world, and it's very hard to find that view.

**CHRISTINA KOENIG:** Well speaking of B words, I mean do you think Barack Obama is going to force some depth, you know, as he goes along? I feel like you know a change might be interesting, especially you know when his position was that we need to do

something more, you know universal about healthcare. Do you think that he might be able to like improve journalist's gain (sp?) by bringing more in depth issues to them on a platter? I mean usually it's –

**RICHARD COHEN:** No. I think the answer may be that if they actually, see nobody's accomplished anything on healthcare. I mean correct me if you think I'm wrong, but there's just a certain amount of hot air you know in Washington and on the campaign trail, and it's a very, you know it's a very, I don't have to tell you, it's a very, very complex system. I grew up outside Hartford, Connecticut when your, you know, which was the insurance capital of the world, and your insurance agent was your best friend and you had a little problem of any kind and you filed the claim and they paid you, and they have built this system, I don't need to tell anybody on this call, and to this very contorted Byzantine structure, and it's all rigged against the consumer.

**CHRISTINA KOENIG:** Well, and you heard, you know I heard Barack Obama, I never heard any figure you know running for president or a president talking about you know I saw my mom in her dying days you know when she was battling cancer spending you know her last days trying to argue with insurance companies.

**RICHARD COHEN:** Right. Well you know I don't doubt that he's going to do something serious about that issue, and maybe action will drag the press into it. I mean inaction, for one thing inaction isn't much of a story. You know a bad system isn't necessarily news by a strict definition, but a serious move to change the system, you know, and congressional action might be a different story, and I think it would probably be handled differently. Grudgingly, but differently.

**CHRISTINA KOENIG:** Well, what do you think about what we can do now? Maybe as, I mean yes we can dig deeper to look for new stories. Perhaps –

**RICHARD COHEN:** Well I think, I think advocacy networks should take it upon themselves, and I do a fair amount of public speaking to all kinds of groups. I would say the same thing, which is that we've all got to be proactive. We've got to reach out to each other on lots of different levels, and one is informing each other, and there's no reason why we can't do some of the work ourselves, and find, not that we're reporters, but I mean seek out the analytical articles that you can find. Go on the Internet Google searches and reproduce stuff, you know, and put it on your network. I mean I don't think you could argue that nothing has been done. I think you can argue that not enough is being done by a long shot, but I wouldn't sit here and argue that nobody does anything of consequence, and I think that, I think that it's up to us to seek it out and reproduce it and make it available to your people on your network and start a dialogue and get people involved in the issue.

**CHRISTINA KOENIG:** Well why don't we do exactly that right now? Why don't we start a dialogue with the folks who are on the call? We're going to open up the lines for questions now, and we're going to try (inaudible)... to how this is going to go because it is our first time. So try not to talk on top of each other if possible, but if you have a question why don't you start by stating your name and where you're from. Does anyone have a question?

**FEMALE SPEAKER:** I do.

**CHRISTINA KOENIG:** Okay.

**FEMALE SPEAKER:** It's not so much a question as a comment. I'm a Breast Cancer Network of Strength peer counselor. I'm also on the faculty at Indiana University. I teach telecommunications, and you're pretty accurate with your history except that you forgot the salary change in the '80s that drove everything sky high starting with Dan Rather; but I'm not quite as doom and gloom as you are on at least the potential for television in a couple of areas. First of all with animated graphics there is an opportunity to create visuals that were not available 20, 30 years ago to make a story more interesting. I've done some studies and other people have that show when you put animation in science stories, including one that we looked at about the effects of Tamoxifen, that it keeps viewers' attention and that they learn more from it. The other thing that television does very well is to reach people on an emotional level, particularly using exemplars with people's personal stories. Now you're not going to get all the information you need on any topic in a 60-second television story, and I agree with you, we're not seeing the NBC White Paper kind of coverage like we used to, but I think television can at least make people aware of and concerned about issues and then they can turn to other sources as you say, newspapers, the Internet. People shouldn't be relying just on television anyway for any information whether it's healthcare or anything else.

**RICHARD COHEN:** I think you're right. I don't know, I mean I'm not sure that people aren't already aware of what a crisis there is. We see it all around us. We see it with our friends, our colleagues, our neighbors, and in our own families. So I think that we're all convinced that there's a problem. I don't think we begin to understand what the problem is or how to deal with the problem, and you're right about all the stuff and the graphics, but again somebody's got to want to do the story. I'm not saying television

couldn't do it and make it comprehensible. I'm not sure there's anybody in a position of leadership that particularly wants to do this.

**CHRISTINA KOENIG:** But you know what's really interesting, Richard, this is Christina. I look, you know what is going to get ratings? I think of one of the best shows, and it refers to as the last caller talked about those emotional stories. One way that we're learning about how people are really affected by the lack of a healthcare system is Extreme Makeover Home Edition. You see these people living their lives, trying to do good things, but something happens to them, and it's usually a healthcare crisis, and so suddenly you know there's taking a news story and turning it on its head to get an hour of you know maybe information about is it interesting that maybe there is a bit of a success story there even though it's entertainment, quote unquote.

**RICHARD COHEN:** Right, but that next step of telling people how to solve the process and why it's –

**RICHARD COHEN:** -- and how we can do something about it. Nobody's going near that.

**CHRISTINA KOENIG:** Hey folks. I'm going to make a little housekeeping announcement. If you're on the call and you're doing things around your house, we can hear you now. So why don't you hit star, six. That'll mute your phone, and when you want to personally ask a question again to un-mute it you hit star, six. So that might be a good idea.

**CHRISTIAN FERRY:** I'd like to make a comment.

**CHRISTINA KOENIG:** Sure. Where are you calling from?

**CHRISTIAN FERRY:** I'm in Madison, Virginia. Christian Ferry (sp?), and as a part-time farmer as well as self-employed business person I'm very interested in the healthcare situation in this country. I was going through a loss of my insurance very shortly before a cancer diagnosis. I am not a television person, partially because out in the sticks we don't get much broadcast, but I've found a wealth of information just reading candidates' platforms on the Internet. Also there are quite a few books. I've got a stack of them because I concluded I had to understand this issue a lot better, and a third thing that is sort of media is you know you can subscribe to the *New England Journal of Medicine*, their table of contents, free of charge, as a for instance. This is just an example of what's available on the Internet, and it turns out that their commentary and their policy discussions are all free. You can, you don't have to have an extensive subscription to read what these experts are debating about. So I've given up on the mainstream I guess, and gone that way.

**RICHARD COHEN:** Well you're a remarkable person. I'll tell you because I don't think your average American is going to look at the *New England Journal of Medicine* or read platforms of candidates. You're right. You're absolutely right that it's all out there if you want to go get it and if you want to spend the time to educate yourselves. I applaud you, but the trouble is I don't think you're representative of most of us. I think people, I think people want it served up, you know, and it's not being served up.

**CHRISTIAN FERRY:** I do agree that you're right that I am somewhat exceptional, and part of my interest, motivation comes from the fact that the healthcare crisis is destroying family farms, and so you know as an advocate in that industry you know you have to get

involved in healthcare. What we, it's going to be, what's going to have to happen is that the advocacy core, people like you know who are on this phone call, we have to do all that homework, read that stuff, and we have to take the case to Congress on behalf of a lot of other people because you know folks are just busy; but I actually had a comment that I thought was, I wanted to hear you expound on. One of the things television maybe personalities have done, some of them when they've had cancer, like yourself, they've become the story. You know a number of prominent media people, you know, and some got, some people got all this, we got very involved in the story of Tony Snow for example, you know, and people like that. Comment if you would on whether that's helping or you know.

**RICHARD COHEN:** Well the cynic in me thinks that celebrity sickness is a good story, and we are very interested whether it's Tony Snow or Peter Jennings, you know, and partly because these are people who are in our living rooms every night, and we almost feel, we feel like we're almost related to them; but again, I make a distinction, I draw a distinction between following somebody's sometimes heartbreaking story dealing with serious illness and understanding the system that they're grappling with, you know, and I think we're all tuned into illnesses. I think we get it you know. I mean 90 million Americans have chronic illnesses, 90 or I saw a credible figure that put the number at 125. The CDC says 90 million. The Rand Corporation study put it at 125 million and the thing that people don't know or realize is that it correlates to aging. So we're an aging population and chronic illness is only growing according to that Rand study, close to 160 million people by mid-century will have a chronic illness. That's half the population. I mean this is not the other guy we're dealing with; this is everybody. This is everybody around us, you know, and if you don't have a chronic illness, somebody in your family or a friend or a colleague or a neighbor does, and we're all invested in the

system, and you would think that everybody would demand from news organizations that it be explained, and I think in large part I feel like we're whistling (unintelligible). You know that we're not demanding and the answers that we need, the information that we need that is going to empower us as we face whatever crisis we're going to face.

**SHIRLEY:** Hello. I would like to make a comment. Is that okay? My name is Shirley, and I'm from a suburb of Chicago. Just a couple of, well maybe three comments. I think you're very, and it's an honor to hear you speak, Mr. Cohen. I've seen you on television and I really admire all your work and your courage and your inspiration. Regarding the celebrity sickness, I think you're right that people attach and can relate because celebrities are like one of our family. In my mind though when we hear about sickness among celebrities I think it encourages society to want to find more dollars for research because we hate to lose people that we love in the media, or I should say in films or government or whatever; but I don't know that their stories do much to improve healthcare because my feeling is that people who are celebrities generally have good healthcare or if they don't have a good healthcare plan they have the wherewithal, the means to pay for what they need.

My other comment is that I've seen some wonderful program, a wonderful program put on by PBS who followed four people without healthcare and then showed what happened in their families. It was a very thorough expose, and it was, I don't know how many people watched it, but I think it really opened people's eyes. These were people all who had jobs but you know fell ill and then, and some weren't even chronic, not even cancer but two other illnesses; and then if we look at Michael Moore's attempt to try to, and I know he's received criticism, but I think he did a nice job of trying to show that what other countries can offer with healthcare.

My final comment would be that I think as a solution advocacy networks like the Breast Cancer Network of Strength or the National Breast Cancer Coalition, both of which I advocate on behalf of, I think could offer, go beyond just offering programs to encourage or give out information about the latest research or how you go about advocating for more dollars for finding a cure, but we also could offer programs to educate the public on insurance and healthcare crisis before people get in that say cancer journey. If we think of 20 30-year-olds who are signing up for insurance, if they're fortunate enough to have a job that offers them insurance, they have no idea what they're talking, co-pays, pre-existing conditions, et cetera. So I guess in closing I would hope that our advocacy group could take the lead to say we want to educate the general public about these issues and maybe do that in conjunction with perhaps programs or new ideas that our President-Elect might offer to help us solve some of the healthcare issues.

**RICHARD COHEN:** I think that's all very constructive, and I didn't know about that PBS program, but that's an example of what we need to see. There's no better way to explain the system than to show the people trying to find their way, you know, through it, and that could be very powerful. Did you ever, let me throw out another idea; digital video has changed the landscape of not just television but video on the Internet. Digital video and editing with a Mac system called Final Cut Pro makes doing video stuff very again compared to television very inexpensive. Maybe some of these advocacy groups can do stuff themselves on video and you can put it up on your network. You know you can put it on your websites and you can share.

**FEMALE SPEAKER:** You could even put it on YouTube.

**SHIRLEY:** Or make a viral campaign. I remember that inflammatory story that you know 10 million hits. People thought the (inaudible) story about inflammatory cancer and forwarded it to everybody. It was quite a quick phenomenon. So maybe –

**RICHARD COHEN:** It's not the goofiest idea. I've got a lot of goofy idea. This isn't the goofiest. Where you can you know a digital camera you know is a couple thousand dollars. That's a lot of money, and I'm not suggesting otherwise, but a television camera is \$100,000. You know, and if you have this Mac program and if you, if somebody learns to edit you can do all kinds of video stuff. It doesn't have to be ER you know. It doesn't have to be polished. You don't need a soundtrack with it. It's just got to be, if it's substantive it's going to be interesting. You know, and it's more affordable maybe than you think.

**SHIRLEY:** That's a great idea.

**CHRISTINA KOENIG:** Well great. Should we move on? Does someone else have a question or a comment? Something they'd like to share? We have time for a few more questions.

**SHIRLEY:** At the risk of sounding, of taking up more than my share of time I wanted to make an observation about the challenge of doing exactly what's been mentioned here, educating the public about healthcare and health insurance especially. I discovered through you know a nine-month fight that nobody, not even the people working for the health insurance companies understood the laws concerning or governing health insurance. I listened to a program recently, right before the election, where two senior healthcare policy advisors to the candidates were having a debate and they were taking

calls, and a woman called in who said she was not eligible, she couldn't get health insurance and in fact she was HIPPA eligible, and neither of these policy advisors understood that she was; and I only did because gosh I had to dig into it pretty deep when I got accused of misrepresenting my HIPPA eligibility. So this is a huge challenge.

**RICHARD COHEN:** Of course it is, and you know, see the problem, another problem with television is that, and you, people who are TV consumers think about it because you've all seen it. Everything is getting sordid. Everything what used to be, you know sound bites used to be a minute long and now they're three seconds long. News programs used to be, do longer stories. Everybody wants short, short, short, and this is not a subject that lends itself to that. I mean as you just said, this is such a complex convoluted subject that it takes long form to do it, and there's very little long form left in television. You know so whatever you can create for yourselves and put on, you know and share on your network is really going to serve the public.

**CHRISTINA KOENIG:** Does anybody have more questions or thoughts or comments? You know I did read today that you know I know that the economic prices was the number one thing that Barack Obama has to deal with, but I read that today already that he's taking steps to reverse President Bush's stance on stem cell research. So I mean –

**RICHARD COHEN:** I read that too, but he can't do anything. I heard some suggestion that he isn't going to wait until you know January 20<sup>th</sup>, but he can't do anything until then can he?

**CHRISTINA KOENIG:** No, but –

**FEMALE SPEAKER:** But that's an executive order.

**CHRISTINA KOENIG:** -- but that he would bring it up like day three of being President-Elect. Let's talk about, I mean it's a health issue. It's not exactly healthcare system, which I know he must be working on you know getting people lined up to attack that issue, but it's interesting. Does anybody else –

**FEMALE SPEAKER:** It's an executive order so he can, there are executive orders he can deal with day one.

**RICHARD COHEN:** Sure.

**FEMALE SPEAKER:** So he can go in and reverse all of Bush's executive orders on day one. He certainly can't do that as President-Elect.

**RICHARD COHEN:** Right.

**FEMALE SPEAKER:** But he can do it as President.

**CHRISTINA KOENIG:** But it's interesting that he put out that message, like okay what is he you know warning researchers? Guess what, you know maybe this is, what was that Kay Wissmann (sp?) is our Director of Government Relations. Kay what were you saying?

**KAY WISSMANN:** No I said the researchers are getting excited because they have wanted to have additional stem cell lines to work with, and this'll open the door for a lot of research. Not necessarily for cancer, but for a lot of different disease.

**RICHARD COHEN:** You know organization, advocacy organizations, and there are so many affinity groups in this country, ought to get together and demand that the healthcare people, whether it's on C-SPAN or you know broadcast on the Internet, however it's done, that they make themselves available to people and that they explain this stuff thoroughly because that never happens, and there's never been public demand for it to happen, and I don't know whether, you know I've joked with people, it's not joke, but frankly it's not a bad idea. Sometimes I think there ought to be one advocacy group because you know there's so many of us, so many different illnesses and we all go to Congress and the fact of the matter is none of us walks away with any money, with any luck. You know there's a push to increase the NIH budget, which is only appropriate legislative response because they can't give one you know group money and not another group money, but if there was some way, you know, to have an advocacy or you know network, you know, that connected all these groups, you know all these illness groups what would we speak with a loud voice.

**CHRISTINA KOENIG:** That sounds like maybe the subject of our next conference call. Any other comments right now? We've got time for maybe one or two more.

**JULIE FOX:** I would just like to add as well, this is Julie Fox again from Indiana University that there's a real disconnect between journalists and scientists in the medical community that often medical researchers or people in policy positions don't really understand how journalists work. Most journalists anymore are not trained to

understand science. They've maybe taken one science class in college you know. So they're often not adequately prepared to handle those sorts of stories and discuss those kinds of issues, and they don't know the kinds of questions they should even be asking when they conduct those interviews.

**RICHARD COHEN:** I think that's very true, and I think I'm on a couple of boards that make me realize that scientists talk to each other, and they're not too good at talking to the real world.

**JULIE FOX:** Right.

**RICHARD COHEN:** And they know in some places they know that they've got to improve, but again the question is how much does the media want to talk to scientists? But again I don't think the science is the problem with the media. I think the policy questions are the problem and that's what I think we've got to crack.

**JULIE FOX:** Yes. Yes, I would agree with that.

**CHRISTINA KOENIG:** Richard?

**RICHARD COHEN:** Yes, ma'am?

**CHRISTINA KOENIG:** Any final thought?

**RICHARD COHEN:** No. I mean we're all in it together, and I think there's a large mutual frustration, and the thing is you're not going to, you know you're not going to

change the media. You know you're not going to change the values and the priorities of the media because you know those currents are bigger than any group of us. I do think that the challenge for us all sources and I think that we all need to be more willing than maybe we are to work at being news consumers because that's the only way we're going to find out what we need to know.

**CHRISTINA KOENIG:** Well, on that note it is just about 8:00, and Richard, we really thank you for your time, and we hope that maybe we can open up the tradition of this call and maybe check in with you in a couple of months, see how the new administration is doing, and see if we're getting any better as consumers or if journalists are getting any better at telling us the hard stories.

**RICHARD COHEN:** Sure, but it might be very interesting for you to try and get a news executive to do the call with you. You know? I mean you might be able to find somebody who'd be willing to do it and, you know, and talk to him or her about some of the things that we've talked about tonight and see if you get honest answers from them.

**CHRISTINA KOENIG:** Great idea. Well everybody on the call, thank you so much, and Richard again thank you; and goodnight.