Welcome. My name is Roger Torda. I'm the communications director for the New York Academy of Sciences. I'll be hosting this conversation along with my colleague, Dr. Srikant Iyer, who is the associate director of the Academy's Science Alliance. Our program today is News Reporting on COVID-19. Today's program explores the challenges journalists face in reporting the COVID-19 story, especially for general audiences. I can't begin to tell you how thrilled we are that we have four busy and very accomplished journalists participating today. Blayne Alexander is an Atlanta based correspondent for NBC News and MSNBC. She reports often for NBC Nightly News and the Today show. She’s been reporting in recent weeks exclusively on the COVID-19 story.

Laura Helmuth is the editor-in-chief of Scientific American. She is a former science and health editor for the Washington Post. And she's reported and edited for major science and general audience news organizations. She is also the past president of the National Association of Science Writers.

Sarah Parvini is a reporter for the Los Angeles Times. She covers demographics and diverse communities. Her stories in recent weeks show how COVID-19 has impacted different populations, including religious groups as they try to carry on with important traditions despite the health emergency.

And Ashley Rezin Garcia is an award winning photographer with the Chicago Sun-Times. She has remained out on the streets of Chicago after the city and the State of Illinois largely shut down. She's reported on drive-through protests and drive-through wakes. Her photographs also show the impact in a whole variety of ways that social distancing has on a major city.

Toward the end of our discussion, we'll ask our participants to take questions.

Let's now begin with very recent reporting and let's begin with you Blayne. You're based in Atlanta and you've been covering lead stories recently for NBC Nightly News. The partial reopening of the State of Georgia, and more recently, problems that we're facing with our food supply, especially at meat processing plants. So tell us about some of your most recent work and what it's like working in the field, interviewing people, and reporting this story.
Blayne Alexander:

So Roger, first, thank you so much for having me and I'm very glad to join you and our fantastic panel. I think that this is, as I kind of explain to other people, this is the story that nobody really knows which way it's going to turn and it keeps spreading out and really, truly impacting every aspect of our lives. So when we started this there was great focus on the cases and the science and what was going to happen. But as it kind of kept going, then we started getting deeper and saying, okay, now there's a population that's being disproportionately affected or, okay, now there are concerns about outbreaks in meat plants. What is that going to mean for our food supply? So it keeps spinning off. And I suspect that that's only going to continue.

As for what I'm reporting today, this very hour in fact I'm focusing on meat supply. And that's something that I've been focusing on for the better part of two and a half weeks now, I want to say. We went to Sioux Falls, South Dakota, and reported from the Smithfield plant there that has closed down. It's still closed down because of a hundreds of COVID-19 cases there.

But of course when you talk about it, you talk about it in two ways, right? Like one, this is another hotspot. Anytime you see a place where there are more and more cases that are being tied to a specific place, that's a hotspot. But the other part of it is, that this single building is responsible for 5% of the pork that we all eat every day around the country. So once that goes down, once other similar plants go down, then it raises the questions of, okay, what happens to the processes that we all know and have come to rely on for generations? So that's kind of our latest reporting right now. I want to say there are a couple of things that I focused on specifically when it comes to COVID-19. I want to say I did my first story maybe about five weeks ago or so.

I started in New Orleans. I traveled first to New Orleans, Louisiana, because that was emerging as a hotspot and that was kind of the first thing that we focused on, and how Mardi Gras was a super spreader. Essentially people throwing beads or sharing drinks. You're in close proximity on Bourbon Street. And very soon after that you started seeing these quickly growing cases of COVID-19. So that was something that I focused on for about five days or so. And this was still almost in the beginning stages of COVID-19, really taking grips here in the US. I came back and then the next thing I focus on was small towns. We went down to a place called Albany, Georgia, which is about three hours South of Atlanta, a small area, but it has the highest number of deaths anywhere in the State of Georgia, higher even than some parts of metro Atlanta that have more than 10 times the population.

So you look at that place and you say, okay, it's a small area, what is going on there? And it was another super spreader event. It started essentially from a pair of funerals and then kind of spread through the churches and just kept multiplying from there. Third thing that I've mentioned to you is that I focus on Sioux Falls. Sioux Falls, South Dakota, specifically the Smithfield meat plant there and what exactly that means for the food supply and that's something that's carried through to today, to the President's executive order yesterday.

And then finally just the discrepancy on how this disproportionately affects African Americans, African American communities, for a whole number of reasons. One reason is underlying health conditions, but also it has to do with a lot of discrepancies. Lack of access to health care. A lot
more employees in frontline jobs. In grocery stores, transit workers, janitors, people who have
to work and are unable to socially distance. And so those are the four threats that we've been
focusing on. But Roger, like I said, I think that it keeps spinning and it keeps growing and
developing even beyond all of those patterns.

Roger Torda:
Wow. You've been very busy. Thank you. You must be exhausted.

Blayne Alexander:
I try and nap when I can and coffee helps, but it's good.

Roger Torda:
Okay, very good. And Ashley, let's, let's move on to you if we could. You are a photojournalist
and multimedia journalist for the Chicago Sun-Times. Your work kind of by definition has you
out and about everyday you're working. You can't do your work effectively remotely. Do you
feel at special risk? And how do you cope with barriers that are in place through social
distancing, things that would interfere with the normal way you might go about photographing
stories?

Ashlee Rezin Garcia:
So first off, thank you very much for having me and thank you for everyone who's tuning in. So I
guess during this pandemic everyone has been very tense and I can say that that has provided
quite a bit of a barrier to me being able to do my job compared to how it was, for example, a
year ago. Everybody seems to be on edge, but I'm very fortunate that my company has
provided us with face masks and hand sanitizer. So you just change the way you do the work
and adapt. For example, a portrait session now where I used to go into somebody's home, and
maintain six feet distance, we do it on the sidewalk. I do what I can to make them comfortable.
That being said, every day a new challenge presents itself.

Roger Torda:
And Sarah, you faced different challenges up until recently, and we'll talk about that in a
moment, but up until recently you've been pretty much working from home, reporting from
home. That sounds almost like a contradiction in terms. How have you made that work? What
techniques, what strategies, approaches, have you figured out to do your job effectively?

Sarah Parvini:
A great question and first thank you for having me on this panel. I really appreciate the
opportunity. In terms of the difficulties of mostly working from home. Yeah, certainly it's a
challenge but I think it really comes down, for me as basically an online and print person, to the
interviews and I think that's true regardless of what the situation is, pandemic or not. The fact
of matter is that you're not going to be able to write a really compelling story or a story with a
lot of imagery if you don't have the interviews there to recreate a certain moment or a certain
scene.
And so I find myself relying on that particular tactic a lot where I'm asking people I interview to reconstruct a memory for me when I'm asking these questions. I'm like, “I know this sounds really weird, I know this sounds like a silly question, but basically if I was a fly on the wall in this situation, what would I have seen?” And so we go through it almost in excruciating detail just so I can recreate a moment. Now I can also rely on social media. I can rely on something like Facebook Live, for example, and then it is like I'm there because I still get to watch whatever is happening as if I was standing on the sidewalk for example.

Roger Torda:
Sarah, I'm going to hold off on my follow up question because we're having some audio difficulty with you, but I'm going to guess that that's transient and we'll come back. So let me move on to Laura now. Laura, you're starting to hear stories from the other panelists about how they've gone about their work. As an editor, how typical do you think these are? What are your comments or reactions to how Ashlee and Sarah and Blayne have described the way they'd gone about their work as journalists?

Laura Helmuth:
Yes, they've been doing fantastic work and thanks for inviting all of us to be on the panel. It's an honor to speak with all of them and all of you in the audience. Thanks for coming. I've been really impressed with how quickly journalists who hadn't done a lot of health or science reporting have pivoted and have really quickly developed expertise about how this virus behaves, how it's affecting people, and how journalists have helped make it real and kind of brought people together. When we're sheltering in place, when people are under quarantine and they're not out in the world, I think journalism is one of the ways where we can feel connected and understand what's happening. And also I think, one of the reasons some people were a little bit slow to recognize the magnitude of this pandemic and the danger it would pose for everybody is that there was a lot of “othering” going on at first.

A lot of, “Oh this is just in China. It's just because of how they buy their groceries in China. It's only in Italy because they kiss each other on the cheek.” And I think there was a certain amount of denial or kind of mental distancing from the pandemic before it really hit the US hard. And I think journalists have really helped people comprehend, that this is real, this is happening in your communities, and this is why we need to change our behavior fundamentally to save lives.

Roger Torda:
You actually put together a tip sheet for reporters and I'd like to hear about the origins of that. But one thing that jumped out at me when I read through the list is you actually said as one of your tips, be aware of “othering” who is at risk. Could you elaborate a little bit because I think this is something that many reporters probably are grappling with?

Laura Helmuth:
Yeah, I think so. And that's why the reporting that the reporters on this panel are doing is so important. Especially early on people said, "Oh well if it's just people with underlying health conditions, it's just the elderly", and that's offensive in so many ways, and it really interferes with good communication if you make those people the ones who are at risk rather than
recognizing that basically all of us have some sort of underlying condition. Or if not us, we have immediate loved ones who are in the higher risk areas. And so I think it is important, making it clear that we're all in this, it involves all of us, either our direct bodies or the bodies of the people we love. And it's not something that just happens to some group and not another. And I think journalism can very powerfully make us empathize with and understand who the people are who are dying or getting very sick from this disease.

**Roger Torda:**

You know, you brought up the magnitude of the story. One thing that I'm curious about and I'm wondering if Blayne, Ashlee and Sarah could comment on this. We as consumers of information and news, I think we didn't necessarily initially realize the magnitude of this. I don't think our government or our officials did. There was a period in which, beginning I guess in late January, and in February and March, where it dawned on us how significant COVID-19 would be and how big an impact it would have on our lives. But I think we were slow in some cases, to recognize this. In terms of your reporting, when you first started covering this story, did you understand how big a story it would be from the get-go? And if not, when did you begin to understand the complexity and the magnitude of this story? And was there a specific story that helped you recognize that in your own work?

**Blayne Alexander:**

I can jump in on this one, regarding that kind of “aha” moment. Of course, as people in the news, we're voracious consumers of information, so you're seeing everything, we're reading all of the stories. But I think that for me when it really hit that things are very different, was the first time I traveled. As a correspondent, I travel constantly. I mean I can be on the plane three, four times in a given week. And typically, I’m not phased, I kind of know exactly what to expect. But I think the first time that I went to New Orleans, and got on a plane to take that trip, that was the very beginning, early in March. There were hardly any people on the plane. There was nobody at security. And when you go through security, typically they ask for your ID and then they ask for your boarding pass. They didn't even ask for the boarding pass. That little place where you scan your phone or your pass was shut off. And they just said, "ID only" and “hey, tell me your flight number. Okay, go ahead.”

So when I saw that, these areas that you typically know to be very, very populated, completely shut down, I think that was the biggest indication for me, just seeing it and being in it. Seeing the empty airplanes, getting to the hotel in New Orleans, finding out that I was one of only four guests in an entire hotel that had some 500 rooms. A shutdown Bourbon Street, right? A completely closed down French Quarter. So all of these things, when you're used to the norms of life that you're used to seeing, being completely disrupted, I think that was the first real kind of strong indicator that it was just very different.

**Roger Torda:**

Sarah, how about you? When did the magnitude of the story first begin to break in your mind?

**Sarah Parvini:**
I think that this story is a little bit different from other past disasters that I've covered. And I have unfortunately covered my fair share of disaster. Whether it is terrorist attack, mass shooting, wildfires. In those situations you instantly know that there is a huge problem that is going to affect a lot of people directly where you are, right? And with this pandemic, I mean it goes back to what you were saying earlier about this sense of “othering,” that it's not necessarily going to affect everyone. It took some time for me to think a lot of people to realize, "No, this is really something that is going to hit us all in some way or another." And for me, it was really sort of in the beginning stages, when at the Times, we started doing basically shifts to cover coronavirus.

Now for everyone, that's just like our job. Regardless of what section (of the paper) you basically work in, everyone at some point is now writing about coronavirus. But I think it was February maybe, it was late February I think, if I remember correctly, that our editor of Metro tapped me and several other people and said, "Hey, we're going to start doing this shiftwork, where we're going to split it up amongst people. But basically, your job for that day is going to be monitoring coronavirus news." And that was when I realized that this was something that was going to be a big story for a while, when we started basically just pulling people off assignments and dedicating them entirely to this story.

Roger Torda:

And Ashlee, how about you? Was there a turning point for you when you sort of came to appreciate the magnitude of the story?

Ashlee Rezin Garcia:

Yeah, absolutely. I think that my situation is very similar to Blayne's, in that I was out and about on my assignments. I'm a general assignment journalist, so crime scenes one day and then a mayoral press conference, so I'm always bouncing around. And so I hadn't been exclusively photographing things related to coronavirus yet. But while I was out and about, I started seeing more and more people of every age, race, gender, wearing face masks. And I started to realize like, "Wow, people are really scared." And it was all over Chicago and in late February, and people were walking to work during their morning commute and wearing face masks. And it really started to hit me like, "This is really scaring people." And so I think that that's when it really hit me like, "This is going to be huge."

Roger Torda:

Laura, how about you? You have a long history of solid reporting on science and editing on science and medicine and I believe you've done good and important work on other epidemics and pandemics. This is two parts, how well did that previous work prepare you for the COVID story and were you still caught off guard anyway?

Laura Helmuth:

Yeah, I think for a lot of us who are health and science journalists, who've been in the business for a while, I think we spent most of January saying, "This is really important. We really need to pay attention to this." And ever since then I think we've had to resist the impulse to say, "We told you so. We've been telling you this is coming for decades." I've edited or produced stories
about the 1918 flu pandemic and how that was like the most devastating pandemic in human history. Lots of stories about pandemic preparedness and the drills that various public health organizations run. And every single time there's a drill they say, "Oh, if there's a respiratory illness that spreads really quickly and kills people, we're completely unprepared."

So we've been warning, but the problem with public health and preparedness is, it's hard to get people really excited about a risk they can't see, that's in the future, that's definitely coming around. I mean, pandemic flu will come around at some point too. So it's just really hard to get attention for these sort of disasters, that were so far in the past we've forgotten what they were like. And that in a way are kind of similar to dangers that we're familiar with, like the (more routine) flu. But every few years, there's a flu so bad that the hospitals are overwhelmed. And it was completely predictable that the hospitals would not be ready for this and everybody should have been gearing up so much faster. So I think we'll be more ready next time, but like I said, the health and science reporters have been predicting this for a long time and talking to the experts who predicted it.

Roger Torda:

Could you, Laura, tell us about the origins of your tip sheet? I'm curious, did you anticipate the need and do this early or did people come to you and say, "Laura, I need your help. What advice do you have?" And you said, "Hey, it might be a good idea if I would write this all up and distribute it." What's the origin story for your tip sheet?

Laura Helmuth:

So this is a tip sheet, it's intended for reporters who are suddenly thrust into coronavirus reporting, from say the sport's desk or the style desk, because there are no movies to review and no sports to cover. And it actually came about because the editor of a website called The Open Notebook invited me to just write some tips and share what I was sharing with my colleagues when I was at the Washington Post. And this (The Open Notebook) is actually a really good resource for anybody who's interested in science communication. It's a website that kind of shows the craft of science writing, how to do it effectively.

I think one of the important lessons from science and health reporters, that isn't really taught well to reporters covering other fields, is the lesson to avoid false balance. We don't give both sides of the story, when one side of the story is based in evidence and the other side is conspiratorial nonsense. And when the conspiratorial nonsense gets a lot of attention or amplification from powerful people, there are ways, that are evidence based, that you can debunk misinformation or out-compete it. And so I thought it was just really important for people to know, "Look, here are some pitfalls, here's the misinformation that's spreading already. And here's how you can be really effective and tell people in a way that they can understand, what this virus means for them." And how to kind of help evaluate sense and nonsense, because they're going to hear so much of both.

Roger Torda:

And I think you're also an advocate for better communication, by and with experts, on a story like this. Could you explain why you feel that's so important?
Laura Helmuth:

Yeah, definitely. So there are a lot of billionaires and Nobel Prize winners and people who on the surface seem like “science experts” who ought to know things, but who are just spouting absolute nonsense. I'd like to call out Elon Musk today for saying, "Open up America," or whatever he tweeted out. So you just have to be really wary of people who have massive self-confidence and have some credentials, but are just either sharing bad information or disinformation. And it's just really important to know who your local public health officials are, who the actual epidemiologists are, who are people who've been publishing in these fields for years and actually know what they're talking about. Versus somebody who just did a back of the envelope calculation and claimed to have a new model, but one that doesn't take into account all the complexities of disease transmission. Because when you're covering a new field, it's really hard to know who you can trust and who you can't.

Roger Torda:

And do you think experts should step out and take some initiative in sharing their knowledge, their scientific knowledge and medical knowledge with folks?

Laura Helmuth:

Yes, absolutely. I mean this is the moment, people really need to hear from experts right now. So there are a lot of ways people can do that. They can write essays for Scientific American, if anybody wants to contact me, who has a message to share about coronavirus that's evidence based. And there are various ways they can sign up to be interviewed by journalists. There's a program called SciLine, from the American Association for the Advancement of Science, where they connect experts with journalists on deadline. And on Twitter, whatever platforms experts are comfortable with, this is really a moment where people are desperate to hear from them. Journalists are desperate to have really good sources, to know where the story's going, to really understand what people need to know, and what is known and what are the open questions still.

Roger Torda:

Okay, very good. Sarah, your audio was breaking up earlier and I don't think we had the opportunity for you to finish describing how you are able to conduct interviews by phone so effectively, and about some of the techniques you use. One question I was wondering, is whether you think your readers might not even realize that you were not present on the scene, directly interviewing people? And maybe you could share a story where you think you were able to really communicate the sense of place, without you having actually been there.

Sarah Parvini:

Sure, no problem. So as you mentioned earlier, a lot of the stories that I've been focusing on right now, just kind of by a chance tend to be stories about faith. The way that people are practicing their religion and staying in touch with that sense of faith, at a time when you can't gather despite gathering being so essential to many parts of many faiths. And so there's a story that I worked on with my colleague, Harriet Ryan, who is an incredible investigative journalist. This story was about, colloquially, last rights, anointing of the sick. Catholics who are dying,
either because of COVID, or from some other cause, and they want last rights. And Harriet and I worked on this story together and you'll find, from her reporting and from my reporting throughout the story, different scenes of people either who are sick with COVID in the hospital or people who passed away in the hospital and a scene of the family being there...

This basically comes down to interviews. And it comes down to painstaking detail and almost having an annoying amount of questions, to get that kind of information. So I spoke with the chaplain of one hospital, and he was describing to me sort of in passing, the fact that there was a woman who had coronavirus, was in the hospital, who wanted to pray. And luckily she was not on her death bed or anything like that, but she was sick and she wanted the comfort of her faith and being able to pray with a chaplain. In a normal situation, obviously he'd be able to just go into the room and sit with her and hold her hand and reassure her that everything is going to be okay... And so I asked him, peppered him with questions, "How did you talk to her?"

"Oh, I talked to her over the phone." "Okay, you talked over the phone. What did you guys talk about? Was there any moment that kind of stood out to you? What were her fears? What were her concerns? How did you feel that you couldn't be there with her? And in a normal situation, what would you have been doing with her? Did you pray together? If so, what prayer did you say together?" So it's a lot of tiny, tiny details. And again, it's something that is not just for pandemic reporting. I really think it's for any kind of reporting, when you're trying to set a scene and a sense of place. And that's basically how I've been doing it. I went out yesterday, for a story out into the world, but most of my work has been like that.

Roger Torda:
How did it feel to go out for the first time to report from the field? What was the story? And were you anxious about being outside and about?

Sarah Parvini:
I didn't feel anxious. Luckily, my work has provided me with a mask, with gloves if I need them, with hand sanitizer. So I don't feel like I'm being thrust out into the world with no protection at all. And I wouldn't want to go out that way, because I don't want to put other people at risk either. I felt okay about it, because it's not like I hadn't stepped out into the world at all, the entire time that this has been happening. I still have to do my normal things in life, like go to the grocery store and wait in line like everyone else. So I felt okay about it, I really did. I kept my social-distance. The story is about how a hospital – USC has a medical school, the Keck School of Medicine, and a hospital in Verdugo Hills – basically turned a hotel that they own across the street from the USC campus, in downtown LA, almost into like a dorm or like a hostel. It's basically for anyone on the medical staff, anyone who's working in these hospitals, who doesn't feel safe, who doesn't feel like they want to potentially expose their family that they live with to the virus. Anyone who has been working these shifts at the hospital, they can just stay at the hotel. And so I went over there to the hotel, to write about that. And I met with a doctor who was staying there. We kept our distance. We sat in the lobby and we were really far apart in two chairs. And I set my phone down kind of next to him to record, and then I walked away. And it really was fine. It's not like I was walking into a hospital where there are patients, COVID
patients. Then maybe I might have felt a little bit different, maybe I might've felt a little more at risk, but in this situation I really felt okay.

Roger Torda:

Blayne, you talked a little bit about travel and some of the complications and your experiences getting through airports. I'm interested in other ways that you as a television correspondent, television journalist, have had to modify how you do your work. I mean, clearly you work with a crew, you're not working by yourself. Have you worked with smaller crews? Have you worked with less equipment? I see people when I turn on the evening news, interviewing by cell phone. And I see audio operators using the full extent of their boom pole to get six feet away, while still mic'ing somebody who's being interviewed. Would you talk a little bit about the craft of television journalism and how you've had to adapt for the COVID story?

Blayne Alexander:

Sure. Absolutely. So everything that you just gave as an example is something that I've done, and then some. So there have been a tremendous number of changes that we've had to make. I'll preface it with this, that I do go out, not only into the world, but to some areas that have been labeled as hotspots, emerging hotspots, right? And so there's a tremendous amount of precaution that we take and that NBC takes, when they send us to places. I mean, we have a team that is specifically focused on making sure that we're safe. We've had a series of conference calls... "Okay, like here's what we should do. Make sure that you do this, this, and this, when you go out into the field."

On a typical day, non-COVID, our crew usually looks like myself as correspondent, a field producer who I work with, Charlie Gile, and two other members of our team. So we've got a photo journalist, and then an audio technician. So there's usually four of us. We may ride in the same cars, certainly in close proximity, a lot of that. Here's how that's changed. One, they're having our field producers, typically, not coming out into the field with us. Many of our producers are working remotely. And so that just kind of minimizes the number of people that are around. Secondly, we all wear masks, when we're around each other. And we all stay six feet apart, which can be difficult because you're used to an audio technician, mic'ing you up, or helping with your IFB; you're used to the photog being right over you to adjust lights. And what we do now is, you mentioned the boom mic, every time that I go to speak, my setup is done. They usually have a boom mic kind of standing there, the lights are done. I'll come in. If they need to adjust the lighting, I'll usually step back a little bit and they'll adjust. It takes a little bit longer.

I really think the biggest place that we feel this though is when we travel. And when we do travel, one of the things that we're doing is everybody's taking separate cars, of course. You're taking separate vehicles to get to where you're going... When we go out of town, they'll allow my producer to come back into the field with me.

Interviews, same thing. We make sure that you're socially distanced from the person that you're talking to. And we don't typically shoot inside. Now the thing that's complicated it recently is that Georgia has begun its process of reopening, and that's been a big part of what I'm covering. And part of the story is, hey, what does it look like inside of these restaurants that
are getting ready to welcome people back in? How are they kind of taping off tables and making provisions? What we do is, if we do go inside, once we get clearance to do so, everyone has to wear a mask. Just like some of the others, Sarah, I know, NBC has... also given us masks, and gloves, and hand sanitizers. Sometimes we'll even give people masks. And we'll come inside but everyone has to be masked. We'll be inside for a minimal amount of time. Usually we try and shoot from the doorway inside, if we can, just to minimize our risk.

The other aspect of it is, is I have to say, I am so impressed with the way that, we, as TV, have adapted so quickly. Typically, you have a studio, everyone's in studio, you've got floor directors, and just a whole army of people to make things work. And within a matter of days, our amazing technicians were able to set up home studios for some of our people, our correspondents, our anchors, to be able to broadcast live. I've done live shots right here in this very same spot, that have gone out nationally on MSNBC.

We've adapted, but also, it's kind of this place where it's like we all realize that we're in this crisis. Even though we're going out and covering it, in the back of our minds, or in the forefront of our minds, really, is how do we stay safe as well? And how do we make it work?

Typically you'd say, “oh, we're not going to use that cell phone video because it's pixelated or whatever.” Now it's like, how are we going to make it work? We're not going inside. Sometimes I'll text people inside of a nail salon, say, “hey, can you shoot us a video, send it back to us? We're going to put it on nightly news.” And I think that those kinds of things are different ways in which we've certainly had to adapt.

Roger Torda:

Thank you. Ashlee, you've done some remarkable work, I'm hoping you might share it with us. And also, there's a really nice story about your work on the lakefront that I'd like you to share. That you actually have a before and after story with regard to social distancing and orders to stay home. Could you tell us about that please?

Ashlee Rezin Garcia:

Yeah, absolutely. Chicago's winters are brutal, as I'm sure everybody knows. And when Chicago gets its first 70 degree day, it's an event in the city. People go out for it. Everybody's just so excited. There's always the guy that's wearing a tank top, and shorts, and flip flops. And it's not nearly warm enough for that in 50 degrees. But 70 degrees, it's like a holiday. That happened during the pandemic.

And I can share my screen with you, just a moment. The views of the lakefront show how it just got so crowded. There we go. Within 24 hours of me tweeting out these photos from the Chicago lakefront, our mayor closed it down. And now there are police officers stationed at every entrance to the lakefront and every entrance to one of the trails that are so very popular. And there's absolutely no access. So this is what the lakefront looks like now [empty again].

Roger Torda:

Do you think your photographs contributed to the order for the police to keep people away?

Ashlee Rezin Garcia:
I don't know directly, but I know that the photos got quite a bit of traction online and there were lot of people talking about them. I think I tweeted something like, “I overheard a group of men chatting and one of them said, ‘did anybody bring any wine?’” And I’m thinking to myself, I have my mask on, and I’m like darting around trying to stay away from people. Using long lenses to keep my distance, and I'm thinking to myself, yeah, totally pass a bottle. Go Chicago, right? Within 24 hours our lake front looked like this.

**Roger Torda:**

Do you find yourself working more quickly because you want to get out of that environment as quickly as you can? I’m thinking of the earlier pictures of the crowds.

**Ashlee Rezin Garcia:**

Certainly in certain situations, this one, as soon as I felt like I have it, I've got it, I was out of there because I don't need to be there and inhaling other people's sweat particles in the air longer than I already had been there. Despite the fact that I was wearing a mask, people exercising in just their shorts, it was gross. Yeah, certainly in this situation I was in and out pretty quick. Others, I'll stay and work longer. Yesterday, for example, I spent half the day with a nurse in Roseland Community Hospital on the far south side and I was there for probably about four or five hours. And that one I really worked there because we're trying to tell a very intimate story about what it's like to be a nurse on the COVID unit.

**Roger Torda:**

What did you learn from talking with and photographing the nurse and that team?

**Ashlee Rezin Garcia:**

That as much as everyone is tense in my line of work, and everyone is experiencing challenges day-to-day, what I'm seeing, they're experiencing it tenfold. It's very tense in the hospitals. Everyone is working very hard. And I can say that the challenges that I'm presented with really pale in comparison. I learned that it's truly God's work.

**Roger Torda:**

At that hospital have they seen the peak of their patients? Are they starting to see fewer patients or are the numbers of new patients still ramping up?

**Ashlee Rezin Garcia:**

They hit their maximum yesterday. I don't think that it's slowed down yet.

**Roger Torda:**

Okay. Laura, can I sort of change gears? We were talking with Blayne about technology, and cell phones. I'm interested in your perspectives on how reporters can, should, and are using social media. How is social media contributing to the practice of journalism during this story?

**Laura Helmuth:**
The platform I use most often is Twitter. And I think there are a lot of problems with Twitter, and a lot of toxic things about Twitter, but science Twitter and journalism Twitter are some of the best Twitters. And there are a lot of people kind of sharing good information very quickly. There's a lot of misinformation too, but I think there's both good information and very immediate debunking of bad information that's happening on the platforms.

And I think people are feeling isolated. It's a great way to have connections. And for journalists, it's a really good way to find experts, and to find people to quote, and to find people who are sharing their fears, their experiences. As Sarah was describing, the interviews are what really matter. And in some ways Twitter is a good way to find people who are relevant to the story. And also for journalists to be sharing their own work and to share it with an audience. The world is just hungry for really reliable information right now.

Roger Torda:

How would you assess the job that our government is doing and the health agencies, CDC, HHS, others? How are they helping reporters do their job on this story? How may they be hindering it in some cases?

Laura Helmuth:

Yeah, it's tricky. There are incredibly dedicated, brilliant people working non-stop at the CDC and other federal agencies. I think everybody's doing the best they can. There's been a real problem with a lack of clarity and with politicization of what should be strictly public health information based messaging. When you have the President going off on what sounds like a campaign rally rather than giving the floor to a few trusted, experienced, science-literate people who can share the best information in real time, that's a real problem.

And we're seeing it now in some of the kind of pro-Trump protests against social distancing and demands to open things up before it's really safe to do so. And also in the kind of endorsement of conspiracy theories – that doctors and journalists are making it all up – for whatever reason. Yeah, I think that when we look back on this, it's just astonishing how much worse having bad science communication made the whole situation from the very beginning.

Roger Torda:

What are some of the other challenges Laura, that journalists have in explaining the science in a story like this? Especially to general audiences?

Laura Helmuth:

One thing that's been interesting, when we first started doing this... There are all these terms from public health, like “social distancing”, like “asymptomatic spread,” “community transmission,” these terms that we had to really explain in elaborate ways because they were so unfamiliar to readers. But people have come up to speed very quickly. I think just the science vocabulary, the public health vocabulary, of just general readers, of the general world, in the United States and around the world, has just improved so quickly. Because, of course, people are scared, they're fascinated, they want to understand. I think it's been kind of a two way thing where journalists have been doing their very hardest to make things as clear as possible, but
readers have been coming with us from the other side. They're really trying hard to understand and asking lots of questions.

And there has been a nice engagement feedback loop, where readers ask questions and journalists try to answer them. And we do more FAQ's. [And we report] as new things are learned about the virus, like the most horrifying thing about it, that it spreads asymptomatically, that people who don't know they're sick can be out and infecting lots of other people. As we learn more and more about how that's happening, the journalists and the readers, everybody's getting better at understanding what's happening and better at listening to one another.

Roger Torda:

I've been impressed with many of the illustrations that accompany stories. Has visual communication been an important part of better communicating the science to general audiences?

Laura Helmuth:

Yeah, I think that's very important. I mean certainly the photos, like Ashlee's photos, to just see people so close to each other, it's amazing how now that kind of [shows] a horror movie scene. Yeah, the photos have been really important. The graphics have been really important, especially because a lot of this is invisible to most people. Viruses, obviously, are invisible. The immune system for the most part is, what's happening inside your lungs, you can't see it. Even a lot of what's happening in the hospitals, aside from the work of some really brave photographers, like Ashlee, who were finally able to get into some of the hospitals, a lot of it's happening behind closed doors, closed for good reason. And the same with nursing homes. Anytime we can make something visual and graphic it can really clarify a really complicated situation.

Roger Torda:

One thing that's been very valuable to me as a reader, as I read newspapers, read stories online, and watch broadcast news reports, is I'm always amazed at how there are facets of this story that I didn't understand. I couldn't believe. And Sarah, actually I'm thinking of a story that you wrote about the census and the impact of COVID on the census. Could you explain that please?

Sarah Parvini:

Sure. Obviously with rules of staying at home, and self-quarantining, and minimizing your exposure to the outside world, that also affects things like the census, right? We were supposed to be very much in the thick of enumeration. And the census is just really important because a lot of people might not know this, but basically billions of dollars are influenced by data from the census. And that includes healthcare programs in communities. And [there are consequences] if that accurate data does not exist in a given community. We're seeing this in the way that this virus has affected communities of color. Communities of color are among the groups of people who don't always respond to the census, because there's a sense of distrust in
the government having information about them. There's just, in general, not necessarily the same kind of information coming in.

[Many communities] rely on trusted messengers, people who look like you, knocking on your door coming and telling you, you need to participate in the census. And that's not just an operation out of the Census Bureau, but there are grassroots organizations that go out into predominantly African American neighborhoods, go out into predominantly Latino or Asian neighborhoods, who say, “hey, I don't work for the census, but I'm going to tell you why it's really important for you to fill out this information. And why our community needs to have an accurate representation when it comes to the government data.” Obviously that's been disrupted. It's not that you can't go and fill out your census online right now, super easy. That's how I did it.

But it has disrupted some of the messaging. And so community organizations have sort of been forced to scramble and tailor the way that they are doing that messaging. Talking about social media earlier, a lot of them have pivoted to pushing out campaigns on social media, where before they would have maybe relied on literally walking up to someone's door and knocking on it. And at a time like this, when we're in the midst of a pandemic, there's probably no time that is more important than now to have accurate data on communities, because that determines the funding that goes to your health clinic, that determines the funding if you need assistance with food, WIC [Women, Infants, and Children], programs like that. These are all determined by data that comes from the census Bureau.

Roger Torda:

Very good. Blayne, you were telling me the other day, an interesting story about how good sources can emerge unexpectedly. I believe you were in South Dakota. Could you tell us about that please?

Blayne Alexander:

Yeah. Roger, I think one of the interesting things about this is that when I talk about the fact that we scaled down travel, you look at the value of going to a place. For instance, the story with South Dakota, we'd been covering what was happening with the meat plant for a few days or so, but then decided... [inaudible].

Roger Torda:

Let's come back to you in a moment, Blayne, and we'll see if the signal will stabilize.

Ashlee, maybe we can ask you to share some more of your work. One thing I was struck with was the strange beauty that emerges that can be captured by a talented photojournalist like you. Chicago is an eerie place now. What was it like to photograph empty places, empty streets, and could you share some of that imagery with us?

Ashlee Rezin Garcia:

Yeah, absolutely. Chicago, after the stay at home order, it got very quiet very, very quickly. During that same time, two weeks earlier when I was seeing morning commuters wearing face
masks, going to work, then when the morning commute was nonexistent. And I can certainly share photos of that as well.

The pigeons seem to be very happy. They have all but taken over, living their best lives. This is a public square in downtown, this is Daley Plaza. And you can notice there's no cars on the streets. There's nobody walking on the sidewalk... The famous Chicago landmark, the Bean, has been closed off and it just got very quiet, very fast. It was very jarring.

Roger Torda:

It's very, very striking. Blayne, can we try again?

Blayne Alexander:

Absolutely. Roger, I was saying, there were two things that really stood out to me as why it's beneficial to travel, because we cut back on our travel and we're not going every place like we typically would. We're pretty judicious about where we go.

The story in South Dakota, I had been reporting on the meat plant issues for several days, and then we decided, let's go to South Dakota. The CDC was coming in to inspect the plant after it had been shut down. So, we went there and [inaudible] after my first live shot, about 10, 15 minutes later, a woman drives up and I see her out of the corner of my eye while I'm doing another thing, taping something else. And she says that she saw us on MSNBC and wanted to come up, to talk to us, and tell us specifically how important it was that the state have a stay at home order. At the time, there currently was no stay at home order for South Dakota.

So she came over to us and really has since then become a very solid source when it comes to reporting on this. And so through her, through a couple of other people that we actually met in person that day, I think that it took our reporting much further than it would have had we continued to report from here in Atlanta or had we continued to try and reach people by phone. So we spent less than 24 hours, less than 12 hours actually there in Sioux Falls. But from that, I would say that I got a number of valuable sources who still text, who still call. Through that, we were able to get an exclusive interview with a worker who actually works inside Smithfield Foods, who works inside that plant and kind of described the conditions inside. So we've really been able to advance the story.

And I think that the strongest thing, and this was what she and another person said to me, was that they were just really touched and appreciative to see somebody there. She said, "We were just really surprised to see you here. We're surprised to see you come out here."

And so from that we ended up getting a lot of sources. The other thing I'll say very quickly is about going to New Orleans. There was also great value in going and reporting from there because I think that you can talk about New Orleans, you can talk about a place that shut down, but [it has a different impact] when you see it, from the middle of an empty French quarter, right? Or in the middle of Bourbon Street, me standing alone with nothing around. I think that's what drives it home. Especially in television when you're talking about a visual medium.

Roger Torda:
This is really wonderful. I feel like we could go on for a while, but we do want to give some of our viewers a chance to have their questions answered. So we're going to bring back my colleague, Srikant. He's been monitoring the questions as they've come in. Srikant, thank you. Why don't you read questions as you wish, and try to identify who you think will be the appropriate respondent.

Srikant Iyer:

Okay. This has been so fascinating. I love all the different stories that we've been hearing. They are just amazing. I had have one question that is really interesting. How do our panelists deal with emotional aspects of COVID reporting?

Sarah Parvini:

I can talk about that if you want. I mentioned earlier that I have a lot of experience covering horrible things, which is just part of the job. I think every person is different obviously, when it comes to covering these sort of emotionally stressful situations, and especially at a time when you're kind of going through it yourself. You're often stuck at home because that's the safe place to be.

For me, it's kind of been similar to covering other disasters in the sense that perspective is everything. Obviously there are so many other people who have it so much worse, who are not as safe. But also it hits you in really weird times.

I found that covering something like a mass shooting, if I am in the middle of interviewing the family of someone who was killed, I'm fine. But it might be that three days later, I'm watching TV and then there's a poignant moment in like a diapers commercial or something like that and it makes me feel emotional. And I'm like, "What is happening?" And then I realize, after many years of covering horrible situations, that there's kind of a lag almost in the processing of the information and it kind of hits you at a weird time.

Srikant Iyer:

Very interesting. Anyone, else?

Ashlee Rezin Garcia:

I find that I'm very good at compartmentalizing. So I can be at a horrible situation like Sarah was mentioning, like a homicide scene where there's a DOA or where somebody just coded at a hospital, like yesterday. And I'm thinking about what I'm doing, and my camera, and I'm not so much thinking about what's happening in front of me, but I have to remind myself to be human. And so I think that that's a really important part of it too. Sarah, Blayne and I, we're all human, and we're also witnessing these terrible things and we need to remind ourselves to be present in those types of situations, and be human. And be human with the nurse for example, when she had a moment. Of course I took the photos, but then afterward I asked, "Are you okay?" Things like that make a really big difference and that that can certainly help in situations like this.

Blayne Alexander:
And, and I'll jump in real quick too. I think that, you know, exactly what Ashley said, being human I found is that one thing that really helps, for the people that I talk to. I have spoken to a number of people who have lost loved ones to COVID-19.

I continued texting them, right? In order to have people feel comfortable talking with me, you have to give a degree of humanity. You have to let them know, "Hey, we are all dealing with this together." I think it's very different. As Sarah mentioned, we've all seen our share of terrible things and mass shootings, tornadoes, all of those things. You name it, we've been there.

I think what's different about this situation though is that we're all living in this fear at the same time, and even as journalists we are living with this fear. We're not showing up to the scene afterwards and witnessing something that's already happened. We're in the middle of this and also living with that very same fear that we could be impacted in some ways or risking ourselves by covering this.

I really have kept in touch with a lot of people that I've interviewed. One woman lost her husband to COVID and she texted me a few days after our interview and she said, "I'm not doing well. I'm having a really hard time." And I connected her with a friend of mine who is a widow, as an advocate, and kind of put them together.

Another gentleman that I'd interviewed was an employee in a meat plant, and later he told me that he tested positive for COVID-19. And he said, "I'm scared, I do not really know what to do." And so we texted back and forth, and I tried to just get him to calm down. So I think with things like these, you can't just go in and interview people and move on. I mean for me the emotional connections and the human connections really do help deal with all of this.

Srikant Iyer:

Here is another question that came along. How can journalists reach and flip the mindset of those who don't seem to respect the importance of science and experts at times like this?

Laura Helmuth:

It's always kind of frustrating that there is some subset of the population that sort of willfully rejects evidence. I think that segment is maybe shrinking. I think optimistically it seems like people are very interested in evidence right now and are kind of following the science. I mean, the science is developing in record time and, and people seem to be really interested in following it and keeping up with the latest and sort of recognizing that, Tony Fauci for instance, is somebody who knows what he's doing, has a whole career in infectious disease and that's who we should be listening to.

So I think there are more and more people who recognize the importance of science in this moment, but there's still plenty of people who haven't been reached....Who are suspicious of expertise, suspicious of experts, who want to politicize everything or see it through a lens. Partly out of fear, ignorance or willful misinterpretation.

And I think part of the way to fight that, I mean as journalists, is to do the best we can to create really clear, compelling, engaging, memorable, sticky stories that can reach a huge audience. But I think where you really can have an impact on the people who still reject it, is through
social connections. Like people who reject evidence but have friends who will tell them the evidence. They're more able to hear it from somebody they know than they are from the mainstream, the "lamestream" media, or whatever it's being called right now.

So I think it's kind of up to everybody to be amplifying real reporting. Amplifying the evidence and sharing it as much as possible on social media and with people they know to sort of reinforce that what should be guiding our decisions and what should be guiding our knowledge is actual research, actual reporting, and people who are transparent and showing how we know what we know.

Ashlee Rezin Garcia:

And if I could take this opportunity to advocate for my craft just a little bit, I think that a very important piece of that puzzle in getting people to understand the facts and how serious of a situation this is, is through visual journalism. I really think that visual journalism is a universal language, right?

So not everybody can read for example, but nobody can deny that people were being careless on the lakefront during a stay-at-home order. And that's evidenced by my photos. So I think that it's a necessary job, but it's a very important one. And I think that there's no arguing with the photos.

Srikant Iyer:

This is another question that came in... We've heard a lot about frontline medical workers becoming infected themselves while fighting the disease. Journalists also are required to be in high risk situations. Have there been journalists infected in the line of duty? How does that impact others working in the field?

Ashlee Rezin Garcia:

So we had a journalist here in Chicago. She doesn't work for the Chicago Sun-Times..... It can be a very dangerous job. And as I said in the beginning, I'm very fortunate that my company provided me with face masks and hand sanitizer.

Sarah Parvini:

We had a journalist at the Times also and she wrote about her experience actually. She wrote a first person account of what it was like and some really telling and scary details in her story of what it was like for her. And I thought it was so brave.

I think that there can be kind of a stigma maybe, if you come down with coronavirus and as journalists, we typically don't really insert ourselves into the story. We're always telling other peoples' stories. But I just felt like that was such a powerful moment for her to just take this time when this horrible thing has happened to her. And it really just sounded like the worst experience... [inaudible]

Srikant Iyer:

I got a long question here and it's really interesting how it's been set up. So this person says, "I live in Anchorage, Alaska, with a Democratic neighbor and a Republican governor. Despite being
a red state, we took relatively fast action. First in Anchorage then statewide to hunker down. As a result, we have a fairly low case count. Currently 351 confirmed, nine deaths. Of which two were out of state. But as a result of the lockdown...we don't have a big problem here. We’re now opening up dining restaurants and everything. How might this compare with other more populated states like Georgia, which have many more cases that are also opening up? Do you guys care to comment in terms of how the spread could be affecting different regions, and which might soon become a hotspot?

Blayne Alexander:

I can jump in on the Georgia piece since I've been covering it extensively. I think the biggest thing here in Georgia, and going back to our reporting, some of the biggest concerns with Georgia's reopening, is the types of businesses that have been reopening.

And so just this week we saw dine in restaurants and we saw movie theaters, but before it was tattoo parlors, hair salons, barbershops, massage therapists, all things that require touch, close proximity.

And so I think that that combined with the fact that the White House put out guidelines of what should be in place before starting to lift restrictions. Not requirements but guidelines. And one of them was two weeks in a downward trend when it comes to new COVID-19 cases. Georgia didn't hit that threshold. A number of other States didn't meet that threshold either. So what you saw here was this really intense back and forth. Some say, "You know what? Yes, we're small businesses. We have to get back to work. We are in dire straits financially and taking precautions to reopen their businesses." But then others say, "Yes, I'm going broke, but I absolutely can't open it because I just don't think it's safe." So that was kind of the back and forth that we saw here with the reopening and the types of businesses that were reopening.

Srikant Iyer:

I think we've covered a lot of different topics... I really appreciate all the viewpoints and all the conversations that you have really brought in. I really appreciate the time that you have spent. Thank you so much.

Roger Torda:

We have come to the end of our 75 minutes. I'd just like to make a personal observation about that last question, which I think points to how important it is for us to have journalists sharing with us experiences that reflect the diversity of the impact of COVID-19.

We're a big country, we live in many different ways. Urban, rural, different ways of making a living and we're all impacted in different ways and that means we're going to actually recover in different ways too.

And I think by sharing and understanding the experience of different peoples across the country, we will do a better job in getting back to normal. I think we're very dependent on journalists to share those different experiences with us all.

The other thing I want to say is I think that we have demonstrated how journalists are essential workers at this time. We're used to thinking of first responders, of firemen, of policemen, of
nurses, of doctors, of delivery people as essential workers. People in our food services industries and in distribution chains, but I think reporters and journalists are clearly essential workers right now as well.

So let me thank all of you. Srikant, thank you. Let me thank you, Blayne Alexander of NBC news. Thank you so much. Ashlee Rezin Garcia of the Chicago Sun-Times. Laura Helmuth of Scientific American. Sarah Parvini of the Los Angeles Times. Thank you very much for taking some time out of your busy schedules and sharing your experiences with us.

*Note: Minor edits have been made to the transcript for clarity.*

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