

- Speaker 1: This information about COVID 19 is fueling attacks on the press.
- Speaker 2: We're facing a story where things literally change by the minute, this
- Speaker 3: Story like unlike most other stories is inside every community in every home.
- Speaker 4: You've watched our news anchors telling you the news from their kitchens and basements and living rooms.
- Speaker 5: It's definitely been a light changing experience. I would say, as a journal list, going through this pandemic,
- Speaker 6: Welcome to on the pandemic. I'm Mary Marchetta ode today, I'm joined by Lindy Washburn, a healthcare [00:00:30] reporter for north jersey.com the record and USA today to discuss the challenges of reporting on COVID 19, and also the ways in which the pandemic has impacted journalism as a whole Lindy. Thanks for joining us.
- Speaker 7: Oh, I'm happy to be here. Thank you,
- Speaker 6: Lindy, you have had a lot of past experience covering health and science for many years, and you've observed how science can change over time and public health guidance can can evolve, [00:01:00] but this particular pandemic was record setting in terms of the rapidly changing guidance. How do you take on this challenge of communicating about health and science, given that our learning evolves and so things change.
- Speaker 7: So I think that what we do is we try to explain the evolution we give, what the advice is from reputable sources, whether it was the daily or three [00:01:30] times a week, briefings that governor Murphy and the health commissioner Judy Perselli gave, or, you know, the CDC director talking like I would report what they said. And then if it changed, I would report why it had changed. I mean, basically science evolves and you have to make people aware of that. If they've forgotten that from their sixth grade lab experiments, where they were making hypotheses and testing them, and the whole knowledge of science was, [00:02:00] you know, changing as they did their experiments. I mean, this is what was happening in large scale. And so we would just seek to explain that, uh, and try to give the best possible advice you could give the official advice.
- Speaker 7: And then you could go to scientists and get them to explain how it developed, uh, why this was different, whether it involved mass skiing or, you know, that whole evolution that took place from [00:02:30] the idea that it was spread through droplets of saliva. We were wiping down our groceries. And some people that I talked to were a little fearful that it was aerosolized and that it was in the air, but then that, you know, that became the advice you could gotta wear mask because it is in the air. And, and, you know, I think if you just write with the confidence of the science, that's backing it up and that's evolving. You try to give some assurance of, [00:03:00] you know, this is our best knowledge at this point, but obviously it's a moving target, you

Speaker 6: Know, did you feel like it was different with this pandemic than in your prior experiences?

Speaker 7: So it's just, there was just so much more intense interest. I mean, we do metrics, you know, and the newsroom, um, we have graphs of each story, how many readers it got, like how many readers per minute clicked on it and never ever [00:03:30] in the time that this has been measured, which let's say six or seven years, have I had stories that would have tens of thousands of hits in an hour? So the level of interest was much greater, but science has evolved and there's been questioning of science all along. I mean, we have a very strong anti-vax movement in New Jersey. Climate science has changed as you know, there's, um, uh, global warming deniers. And, and so, [00:04:00] I mean, this is a through line in coverage of any scientific subject, but here the level of intensity and the quick, uh, um, politicalization of the discussion, really intensified those questions.

Speaker 6: Did it, did you feel like that intensity increase this dates for you as a reporter at all?

Speaker 7: No. I, I went at my job the same way that I always do. [00:04:30] I, I try to be extremely careful and rigorous and accurate and choose the sources carefully. And nowadays you can almost footnote a story because you can embed links. You know, you can show people like, it's not just me saying this here's the underlying study that says it. So I, I knew that there was a lot more intense interest, but it didn't really change how I did my job.

Speaker 6: So there are so many different people out there who talk publicly about science [00:05:00] and they have various credentials and perspectives. You just talked about your trusted sources, who are those people who are the trusted sources for you when you are reporting on either public health or healthcare?

Speaker 7: Well, I do both, um, verbal sources interviews, and also I read widely, I get thousands of emails in a day, and, uh, many of them are from [00:05:30] medical journals, the CDC, uh, all kinds of, you know, those, those new preprints that were coming out. And then there are organizations that almost anthropo those for you. Twitter is a great source because there were a lot of different doctors who were putting things out and you'd come to follow certain, um, physicians that are particular experts in aerosols or, um, you know, vaccines [00:06:00] and kids, or what have you. I did, um, often use record sources, um, because one aspect of the, um, reporting that I do is to focus on New Jersey and it's particular engagement with the study and research on COVID. And so there was a lot going on at Rutgers, um, that I was able to really tap into.

Speaker 6: Thank you for that Rutgers, um, mention, you know, we have [00:06:30] been very proud, um, and I'm an alum as well as, you know, an employee. So, you know, Rutgers has been heavily involved in this science and the research of the pandemic. Um, developing the first saliva test was, you know, widely, um, uh, recognized, but, you know, we participated in the vaccine trials and we executed, you know, public health policies internally. And we're seen as a leader on some of those, for our own campus in terms of tracking cases and treating and vaccines. Um, in fact, [00:07:00] this podcast

began as an effort to really share that work and expertise in a public format. What is your take on the role of universities such as Rutgers in this space?

Speaker 7: Well, Rutgers just has such a multiplicity of involvements here. I went back before we started talking today to look at some of the, um, sources from Rutgers that I used, you know, I just did a search Washburn and Rutgers. So, um, [00:07:30] so there, I mean, uh, the input that, um, Rutgers had, um, on the understanding of many different levels of, um, how the state and the nation responds to COVID was great. So there was, um, Dr. Larry Kleinman, um, you know, talking now I'm particularly interested in his work on long COVID and kids, but many aspects of, um, pediatrics [00:08:00] children, whether, I mean, there was that scary phenomenon that was identified early about the multisystem inflammatory syndrome. And, you know, people want parents especially want to know what to watch for there. So he was a great expert on that. Um, I loved writing about the staff studies, the, about how healthcare staff were affected both in terms of their exposure and, um, and subsequent immunity [00:08:30] and their, um, uh, you know, just the stress and mental health and also vaccine hesitancy.

Speaker 7: So Emily Barrett and Zo Rivera Nuez at the school of public health were people that I went to a couple of times. Um, then of course the vaccine studies, um, it was, it was great how, um, at, at university hospital, you know, they were really trying to make sure that the, um, modernness style [00:09:00] had full representation from black and brown and Asian communities, as well as white. And so I talked a few times to, um, show bus, I mean, Nathan, about that. Um, and then of course, um, Dr. STR is, you know, he counts the big picture on both the state, the policy, the science and the, um, you know, what was the university's really forward thinking policy about getting all of its students vaccinated? So [00:09:30] there were, you know, there were just many, many levels. I mean, there was another researcher was involved in like polling research, a collaboration involving, um, various states to look at, um, attitudes towards all kinds of things from, um, you know, social distancing to holiday gathering. You know, it was good to have data. You want data, you know, when you're reporting on this,

Speaker 6: Um, that's, that's great to hear and you've named several of the people that I've interviewed in my podcast. So we, [00:10:00] we have the same trusted sources, which is reassuring for me. Um, you, you talked a little bit about your coverage of the workforce, and I noted that, um, when I read some of your stuff as well, and, um, you know, how I think that this is still a current issue and a future coverage issue in terms of the pandemic I'm interested in, you know, what are the next stories to be written? Um, what are the topics that are going to sort of take off as we continue [00:10:30] in both an extended response, but the recovery phase of this pandemic, which having involve a super storm Sandy recovery, I know that's the longer part. Um, you know, what future stories do you envision writing about the pandemic?

Speaker 7: So I see mainly three tracks. Okay. One obviously is what the current situation is. We may not be having weekly briefings by the [00:11:00] governor and the health commissioner, but we still need to really follow what's happening in terms of the, um, cases, the hospital beds occupied the emergence of different variants. All of this is really important to understanding both individual behavior in group behavior, schools, you

know, churches, et cetera, whether they're how they're going to, um, take precautions. So, I mean, one of the things I'm watching right now with a [00:11:30] great deal of interest is the, um, that stealth area, BA two, you know, it's doubling in New York city what's happening in New Jersey because I don't know. I mean, is it pop that we've taken the mess stuff and declared the epidemic over too fast? You know, God forbid, so that's really important. I think, um, the second thing is like those consequences, and those are both kind of social economic consequences.

Speaker 7: As you were talking about workforce, the great resignation, [00:12:00] the need, the incredible need to replenish and the ranks of nurses, and also help them get through the mental health trauma that they've gone through. But there's other longterm effects too on be a slight long COVID, you know, emerging research. I mean, are people getting diabetes, heart disease, more commonly mental health effects on kids, um, you know, and then reinvestment in public health infrastructure. I mean, did we learn anything from this? Are we going to have community health workers? Are we going to bolster the workforce [00:12:30] act? And then the third is the accountability part of it, cuz you can't just walk away and say, oh thank God that's over. I mean, you really need to learn lessons here. And those are lessons about what happened at the veteran's homes. I mean we have two law enforcement agency, you know, the attorney General's office and the department of justice of the United States.

Speaker 7: Looking hard at that because while science evolves and we learn [00:13:00] people also had to take responsibility for certain decisions that may have been at variance with what the science told them they should have done at that time. The general question of accountability at nursing homes. I mean, these are huge things. I mean, we still have at, at nursing homes, you know, last night the health department said they were sending monitors to that place up in susex county. So, um, uh, other aspects of, you know, was the testing strategy, right? You know, were the invest, how did the money that was spent on [00:13:30] COVID relief, but went to various, you know, health agencies, et cetera, was it wisely spent? I mean, those are different threats of reporting that I think it will be important to look at going forward.

Speaker 6: You know, one of the things you touched on that I'm interested in is how does our workforce and our systems of work evolve, um, from the health environment, how much telehealth will we continue to maintain and where does it work well, where does it, does it and you know, how does, um, reporting [00:14:00] continue? You know, these are, you know, how does our system of work evolve from what we've learned? So I think it'll be very interesting, um, to continue reading what you're writing about. Um, tell me, um, just, you know, this is your first experience being on the other side of the interview, um, uh, in the podcast and thank you again for taking, uh, the step with me. What did you think?

Speaker 7: Oh, [00:14:30] it's interesting. I mean, fair, you know, I, I am an old school reporter. I don't like putting myself in the middle of things, but it's always good to reflect and to take a long view. I mean, reporters do everything on deadline and it's not often that we kind of stop and look back. And so that was kind of a good, uh, opportunity to reflect

Speaker 6: So much about [00:15:00] the way we have been working has changed because of the pandemic. And this has affected journalist and journalism as well. Take me into the newsroom. What are the biggest challenges that you have experienced?

Speaker 7: Well, if I took you into the newsroom, it would be a place that I haven't gone for two years. It's like an archeological dig right now with posters left from St. Patrick's day of 2020. So I guess this is a good message for me to clean [00:15:30] out my desk, cuz all the stacks of files I left there, I haven't really needed. Um, we went remote when someone I'm not sure who, um, uh, had a sore throat and respiratory symptoms back in March of 2020 and out of an abundance of caution, they sent us all home really rapidly it 30 minutes, clean out your desk and leave. And I've been back a couple of times to get notebooks and printer paper, but uh, I haven't been back to work or to [00:16:00] have meetings or anything like that. So during this whole time we've really like every other corporation used all the technology available, zoom meetings, teams, meetings, email, text, I mean every single thing. Um, and that's how we've all kept in touch with each other.

Speaker 6: So this is a big change in terms of how newspapers have worked in the past and how journalists have covered, um, press conferences and you've moved to a lot to virtual working. [00:16:30] How has this affected your writing or the coverage?

Speaker 7: Well, press conferences actually became almost more accessible, uh, because when you do it virtually, I don't have to evaluate whether it's worth a two hour drive to Trenton or not to go cover something I can, uh, tune in. And uh, so I think some organizations got more coverage because of this. Um, I, the other choices about going in person to various places [00:17:00] became, um, harder decisions I did go out, um, and um, made. Um, I went with a home nurse once, um, when she was, um, making a visit to a COVID patient and went through the whole garbing, you know, in PPE, out in the parking lot of this apartment building and you know, it was, it was a good for me to have the experience, um, to see what people were going through all the time. I, [00:17:30] I went out also when the, um, a team of, um, of public health workers was giving of vaccinations to people in congregate care settings, not nursing homes, but like assisted living facilities.

Speaker 7: And, uh, you know, that was interesting too. They sprayed me down and every time I, you know, got in the car, um, so those, those decisions were harder about what to go out for. And, uh, I did a large part of my work on the phone and [00:18:00] so that's really been a good, um, discipline to learn a good skillset to develop. Cuz there were a couple of stories where I would be interviewing an ICU nurse, like right in the thick of things, um, in late March of 2020. And I really wanted to get a very sensory description of what her life was like, you know, it was, I just wanted to really go granular. And I remember [00:18:30] asking her, you know, just tell me every sound you hear right now. And I want you to turn in the room and tell me what you see and do you smell anything? And uh, you know, what conversations are in the background and, and try to get people able to describe to me over the phone, what the five senses were experiencing. Um, and that's always good for a reporter [00:19:00] to develop, hone those skills. I think because writing is better when it includes all kinds of description, as well as just, you know, the words that someone's saying,

Speaker 6: That's, you know, really, um, it sort of makes you feel like you're there in a different way. Um, exactly,

Speaker 7: Exactly

Speaker 6: Strong.

Speaker 7: Right? I think also a lot of the interviews that I did were somewhat emotional, um, when I would [00:19:30] talk to, um, uh, certified nurse assistants in long-term care facilities early on, I mean they had a lot of fear and I think there's almost a certain intimacy in that being seen, but just being a voice in the ear and perhaps that almost made it easier for them to confide or to, to really talk from the heart about what they were experiencing. Um, and so, you know, it was, I didn't necessarily find it a hindrance [00:20:00] to be working from home and using the phone a lot.

Speaker 6: That's really interesting to hear you say anything else you wanna share?

Speaker 7: No, we're good.

Speaker 6: Thank you so much for joining us Lindy.

Speaker 7: Thank you. Good to talk with you.

Speaker 6: Thank you for joining us for this episode of on the pandemic. This is Mario Dowd executive director of health systems and population health integration for Rutgers university. For more information on how Rutgers is meeting the challenges [00:20:30] of the COVID 19 pandemic, please visit coronavirus.rutgers.edu.