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## **Kaiser Family Foundation Tutorial Unique Challenges July 21, 2008**

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**BRENDA WILSON:** Sometimes the story about AIDS is not just about having HIV.

**JEN KATES:** One of the unique challenges with HIV, it is a challenge and an opportunity, but it is unique, it is not just a story about a disease. It is a story about culture. It is a story about politics. It is a story about science. It is a very complex story. When you start to report on it, you all of the sudden start peeling things away and you realize how complex it is and I think it therefore makes it really uniquely hard.

What is the focus, what are you trying to say? And can you do a story justice without touching on all those areas. The opportunity is that it is a very rich story. It really tells us a lot about our culture and our society, how we treat disease and how we respond to it.

**RENATA SIMONE:** The cross-cultural issues are the ones that really interest me. And it is challenging. You think you know about AIDS after doing X number of stories, even one and then you go to another place. You do not have to leave the country.

You can go from the Bronx to San Francisco to Cleveland; every group has its own cultural norms around this. Because AIDS and HIV have to do with such deeply personal issues I think, it goes right to the heart of who

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someone is or who a family is, so who a town, a city, and then getting bigger. But, it is always amazing to me and thrilling in a way to just have my eyes completely opened again every time I start to talk to people.

**JEN KATES:** Common misperceptions are that certain groups of people are taking more risks and people see somebody of a certain country, a certain race, a certain community and just say well, that person must be more at risk. We do not know that. And they sort of attach their own understanding of who they think somebody is to their risk level.

Or the opposite. That person would never be at risk for HIV. That is both dangerous to the person as well as to the community because we should all understand our own risk. And we maintain ideas that certain types of people are not at risk, others are at risk. That may not be accurate. So, there is still misconceptions about who is at risk and what does that really mean.

**BRENDA WILSON:** Here is what I think has been the biggest challenge for me, having done HIV and AIDS reporting for as long as I have done it, it is the fact that you have to find new and different ways to tell the story, a story that although it changes, changes ever so slowly, incrementally, there every now and then dramatic events, the failed vaccine, the cut or the drop in numbers because new

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ways of counting.

But, ultimately, there are those 33 million people whom we do not want to neglect, do not want to forget, do not overlook. But, what can you say new about them? What can you say that people will not feel they have already heard before?

**JACKIE JUDD:** How do you persuade the gatekeeper, the editor, that this is still important?

**RENATA SIMONE:** Yes, yes. Local, go local. How I have been successful is to present evidence to the editor that this is a problem in their world, whatever their world is. If they are a sports fanatic, I find out what is going on in sports and HIV education.

**BRENDA WILSON:** I am pretty good selling and I find that I have to do it all the time. I will use guilt. They do not like it when you do that. You cannot use it too often. I think I try to make the best case. You have to really go prepared when you speak to the editor about why it should be done.

**JOHN DONNELLY:** There are a couple things you can do. One of them is getting documentation for your story. So, if you go to your editor with some paper or some figures and you have something that no one else has, you have a breaking story. So, you already have got their attention. And you try to go for significant breaking stories, you go for it,

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you are aggressive in it.

The second thing, I think it is very important and often overlooked, is to figure out how the editor can actually learn him or herself about what is going on in the epidemic and that can be ranging from things like programs that actually do training on HIV and AIDS to include editors in that training, to sensitize them more of how to cover it. But, it also can be inviting that editor out to the field or to an interview that you do and getting them more personally invested in understanding the story.

So, I think you just need to come up with a couple different approaches. I know editors have almost no time, I know it is really hard to get them out of the newsroom. It can mean bringing in someone who is inspiring to you, either a government official or a funder, or someone who is positive. Bringing them into the newsroom and setting up a meeting, talking to them or even giving them material to read at night.

Think of ways of making it interesting for them and not just the traditional back and forth you have with an editor, saying I have this feature story or I have this. Do something different, change the dynamic a little bit.

**RENATA SIMONE:** Find out the statistics in the readership if it was a newspaper or viewership if it is a local television station, the demographics of your national

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station, who is our viewership, what can we say of value to them? And that is really all the editor wants to know.

**JOHN DONNELLY:** A lot of people, a lot editors, in particular, are tired of feature stories about HIV. And often features stories are about this poor community or this poor person, they are suffering, they need more resources, they need more support, the granny who has and is doing an amazing job with 24 orphans in her community, helping them out. And there are amazing stories like that and people should always remember how resilient communities and families have been in trying to deal with the epidemic.

But, there is also a obligation for reports to push more, to actually go and gather hard facts about what their government and what other governments are doing and whether it actually is moving in the right direction.

**JEN KATES:** We are very limited in the ability of any country to truly measure new infections. Trying to understand how many people are becoming newly infected is a very challenging scientific task. There is no test that can tell us that exactly because of long intubation period, people not knowing they are infected. We will not ever really be able to get there and that frustrates reporters. But, it is not because the data are being withheld. It is a really unique challenge to this disease that people need to understand.

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**CZERNE REID:** One thing I have to deal with a lot and correct people about is, so I write often and deeply about HIV in South Carolina and many people will come up and say thank you for your advocacy and they appreciate my advocacy and so I often have to remind them that though what I do helps with their trying to raise awareness or raise money to help people in need, that what I am doing is journalism, not advocacy. And I think sometimes it can be difficult for a reporter to walk that line between advocacy and journalism and you have to be very, very careful that you do not cross that line.

**JACKIE JUDD:** And how do you make sure that you do not cross the line in your reporting and your stories?

**CZERNE REID:** Well, I try to be balanced of course and then if there is anything going, I am not always flowery about the HIV advocate, the lawmakers who might be supporting a particular cause. I will try to with people who might be in a position to what they are trying to do and still get the people who are against and people who are for, so I present a balanced view. And I do not ignore things because of the sympathy to a cause or to a certain group of people.

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