



# TRACKING THE (LEGAL) DRUG TRADE

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# IRE Board elections go paperless

BY MARK HORVIT

If you've ever cast a ballot in the Board of Directors election during the annual membership meeting, then you know that the system we've been using could generously be described as retro.

Or maybe old school.

But definitely not efficient.

While early voting went (largely) electronic last year, at the conference we've still been using paper ballots. It got the job done, but as any IRE staff member can tell you, it was labor intensive and pretty stressful, because it often took multiple counts to make sure we had the totals exactly right.

Starting this year, the election is going to involve electronic voting only, and the polls will be open for about a month. The goal is to try to make it as easy for as many members as possible to vote.

Why, you might rightfully ask, has it taken IRE this long to make the switch? Especially considering that we're an organization that prides itself on teaching journalists how to deal with data electronically.

When IRE was formed back in the 1970s, the founders believed it was important that those who voted for the leadership were also engaged with the organization and had something tangible upon which to base their votes. Initially there was no early voting – you could only vote if you came to the annual conference and attended the membership meeting, where the candidates each spoke about their priorities.

We later added early voting for those who couldn't make it to the conference, but the process was a bit cumbersome, and the vast majority of votes have always come at the meeting.

We've been slow to change that because the tradition has merit. It's good to get a large number of members in one place and to let them size up the candidates in person.

So it's important to note that, while online voting will be open both before and during the conference this year, we're still holding a candidate forum at the membership meeting and hoping lots of members will come to get a better idea of who the candidates are. It's an important tradition, and the best way to exercise your vote. (We'll also make more information about each candidate available on IRE's website, for those who can't come).

All the details on how voting will work will be made available as the election draws closer.

We'd also like to encourage active members to consider running for the Board.

For IRE to remain relevant, it's important to have a Board that represents our membership and our industry, from gender and race to geography and type and size of news organization.

If you're interested in running but unsure of what it entails, feel free to send me an email (mark@ire.org) or give me a call (573-882-1984). I can give you the basics and put you in touch with a Board member who can give you the inside scoop on what it's like to serve. Or, if you're not sure you're ready for the commitment of serving on the Board, think about joining one of our committees. It's a great way to get involved, and in many cases active committee members eventually become Board members.

Mark Horvit is executive director of IRE and the National Institute for Computer-Assisted Reporting. He can be reached at mhorvit@ire.org or 573-882-1984.

## 2014 Board Election Schedule

Number of seats up for  
election: 7 (out of 13)

**May 1:** Period to declare  
candidacy for the IRE Board  
begins

**May 30:** Deadline for  
candidates to file to appear  
on the initial ballot

**June 6:** Voting period begins,  
candidate statements posted  
at ire.org

**June 26:** Deadline to get on  
the ballot

**June 28:** Candidate forum  
at 6 p.m., voting closes at  
7:30 p.m.

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## IRE welcomes new Web Editor



Sarah Hutchins joined IRE in January and oversees the organization's web presence, including IRE's website and social media accounts. She previously worked as a reporter for more than two years at The Virginian-Pilot in Norfolk, Va. She's a St. Louis native and graduate of Indiana University. You can contact Sarah at [sarah@ire.org](mailto:sarah@ire.org) or @sarhutch on Twitter.

## 2013 Philip Meyer Award winners announced



Philip Meyer Award

IRE is proud to announce the 2013 Philip Meyer Award winners.

Three major investigative reports that used social science research methods to expose thousands of medical professionals who exploit Medicare for more money, shine a light on the growing gap between the rich and poor in the U.S., and uncover the tactics of Washington's shadowy world of "political intelligence" firms were named as winners of the 2013 Philip Meyer Journalism Award.

First place is awarded to "The Prescribers" by Tracy Weber, Charles Ornstein, Jennifer LaFleur, Jeff Larson and Lena Groeger of ProPublica. After reviewing four years of Medicare prescription records, the team found that the drive to get drugs into patients' hands overshadowed monitoring safety.

Second Place is awarded to Reuters' "The Unequal State of America" by Deborah Nelson, Kristina Cooke, David Rohde, Himanshu Ojha and Ryan McNeill. This team of reporters offered startling insight into the nature of inequality in the United States and the role played by government in exacerbating or alleviating it.

Third Place is awarded to "Leaky Washington" by The Wall Street Journal's Brody Mullins with Susan Pulliam, Tom McGinty, Michael Rothfeld, Jenny Strasburg, Scott Patterson and Christopher Weaver. For a year, the team delved deeply to reveal the extent of insider information provided sometimes unwittingly by the federal government to eager Wall Street traders.

## IRE brings back Total Newsroom Training

For a second year, IRE is offering free in-office training to newsrooms committed to watchdog journalism. For two days, we provide custom training based on the needs of an organization. Last year, eight newsrooms from across the nation were chosen. We provided hands-on training in Microsoft Excel and Access for spreadsheet and data analysis, as well as training in finding information online, obtaining public records, examining businesses and non-profits, insuring accuracy, confronting ethical decisions in investigative reporting and more.

For more information, visit [ire.org/events-and-training/tnt](http://ire.org/events-and-training/tnt).

## Journalism organizations to offer free training

Thanks to a grant from Sigma Delta Chi Foundation, the Society for Professional Journalists is working with Investigative Reporters and Editors and the New England Center for Investigative Reporting to offer a two-day Watchdog Reporting Workshop for journalists.

The grant will provide training for two reporters, editors or producers from a chosen newsroom. No previous investigative reporting experience is necessary. This workshop will teach the basics including how to mine the internet for information that leads to compelling stories, how to crunch data, how to conduct an investigative interview and how to investigate businesses and nonprofits.

Follow-up training opportunities and ongoing story consulting for a limited period of time will also be offered.

For more information and to apply, go to [ire.org](http://ire.org).

## IRE member wins 2013 Timothy White Award



Mike Fabey won the 2013 Timothy White Award for Editorial Integrity for his investigative coverage of the U.S. Navy's Littoral Combat Ship and its potentially dangerous manufacturing and design flaws. The Timothy White award is given out by the Association of Business Information & Media Companies (ABM). Mike will be presented with the award at the Neal Awards in NYC in March. Mike also wrote an article about his investigation for the fall 2013 issue of the IRE Journal.

# IRE TRAINING OPPORTUNITIES

IRE is offering its one-day Watchdog workshops designed for reporters, editors and producers from small, midsize and large publications, TV stations, Web-only news sites and news blogs. Get the tools and the tricks of the trade that you need to be a better, faster watchdog journalist.

Join us for a second optional day of hands-on Excel training.

### Upcoming Watchdog workshops:

- Iowa City, IA (April 5-6)
- Laramie, WY (April 12-13)
- Athens, GA (April 26-27)

# DAY CARE DANGERS

Investigating the world of unregulated child care in Indiana

By Alex Campbell

It started with a tip, but not the cloak-and-dagger sort: a key member of a large non-profit asked to sit down with us last February to discuss what he saw as systemic problems with Indiana's day care system. His pitch: major loopholes in Indiana law allowed many poorly run day care centers to operate without meeting basic safety standards.

Our tipster gave us concrete examples of issues he had seen on the ground. He had been to one that tasked two employees with looking after more than 50 children. Because it was exempt from key state licensing laws, it wasn't breaking the rules.

## Uncovering the Underreported

We started poking around. There had been sporadic news reports in recent years of deaths at specific local day cares, but nothing was comprehensive. Mark Nichols, our veteran database reporter, had done an investigation into the issue way back in 1991. Little had changed in the years since. Mary Beth Schneider, our veteran statehouse reporter, knew of lobbying forces that had helped to keep it that way.

Several of us were interested in this story, and we thought it deserved a holistic, in-depth approach. But we also had plenty else to do. So we broke the early reporting into pieces each of us could handle while working on other things.

First, we had to figure out what we might learn from public documents. Indiana's Family and Social Services Administration licenses day cares, inspects them once a year and moves to rein in or shut down those that pose serious problems to children's health and safety. I wrote records requests for documentation behind all recent "enforcement actions" – when the state has revoked a day care's license or demanded an emergency shutdown. Nichols set about corraling a database of all known day cares and their inspection histories.

We figured this would provide us with a strong sense of what goes on in licensed day cares. But in Indiana, day cares backed by a religious organization do not need a license. They face some rules, but they're exempt from some major ones. They can't get in trouble, for



Kelly Wilkinson / The Indianapolis Star

Britney Killea, left, watches as John Tilson shows a dog tag with their son Conor's handprint at their Middletown, Ind. home on September 27, 2013. Conor Liam Tilson was 5 1/2 months old when he died in an unlicensed home day care in January 2013.

example, for leaving young children in a room unsupervised. Then there are "small" in-home day cares, which are allowed to take in five or fewer children not related to the caregiver. They are never inspected, and they don't have to register with the state at all.

So state records were only going to take us so far. A fundamental question remained: How were we going to uncover what truly happens at unlicensed day cares?

We did know of a horror story that had come up briefly in the news back in 2012. Staffers at a church day care center lost track of a 2-year-old boy. They found him drowned in a baptismal pool, in less than two feet of water.

That story had faded from the news soon after the incident occurred. So reporter Robert King fleshed it out. The boy's parents at first seemed reluctant to speak with us, but the father eventually sat down for a 90-minute interview.

He told us he had had no idea that church-run operations faced lax rules. In fact, he had picked the day care because it was on a state-

provided list of day cares near his home. Yet he didn't like the place and had just gotten off the waiting list for another one. His son was due to start at the new day care the week after he drowned.

The boy's parents ultimately settled with the church over the circumstances that led to his death. But to us it was what didn't count as a violation of state day care safety rules that stood out. Because of the day care's religious exemption, it could not be cited for leaving a child unsupervised — even a 2-year-old.

## Raking the Data

But this was just one case. We needed data. That came thanks to colleague Eric Weddle's dogged reporting on what seemed at first to be a simple question: How many children have died in Indiana day cares?

He called up the state and asked for 11 years worth of information. The answer: "We don't feel comfortable giving you that." The state hadn't begun tallying day care deaths in a for-

mal way until 2009. Even then, Eric learned, the list wasn't going to be comprehensive. Because there was no law requiring that unlicensed day cares report a death to the Indiana Family and Social Services Administration, officials had to build part of their own database by checking for news reports. We realized the state might not even know about all of the day care deaths that had happened in Indiana.

Eric eventually got a number for deaths since 2009: 21; of which 15 occurred at unlicensed operations.

But the state refused to provide any identifying information, citing privacy concerns. Eric set about filling that in, combing through clips and Nexis and other databases and cross-referencing the details with the bare-bones facts in the state-provided list. He was able to find enough identifying information for us to start making calls and fleshing out individual stories.

One in particular piqued our interest. A 5-month-old boy had died at an unlicensed day care home in Indianapolis' wealthiest suburb – just months after the state had raised questions about its practices.

That the state had any contact at all with the day care was unusual. Because it was a small home day care, it wasn't required to be registered or inspected. But a parent had complained that an 8-month-old child had come home with bite marks and that caregivers were looking after too many children. A state inspector arrived and found several infants sleeping in the basement, evidently unsupervised. Yet despite noting the "safety concerns" – particularly with how the caregivers were looking after the sleeping infants – the inspector could do nothing about it.

Legally, the only thing that mattered was that the day care looked after no more than five children. As long as it complied with that law, it was free to continue operating under the radar. On the first inspection, the day care had too many children. But when inspectors followed up, there were only five. The safety issue was dropped completely. Four months later, investigators found that the 5-month-old boy who had died had been left in a room with no adults and no baby monitor. He had been lying on his stomach in a broken, sunken-in playpen with a large blanket. The investigators decided that an "unsafe sleep environment" had contributed to his death.

This incident, paired with another in which a young child died in a dangerous sleeping environment – this time at an unlicensed day care that had never had any interaction with the state – formed the spine of our first story, which focused primarily on the laws governing small home day cares. Child Care Aware of America recommends all day cares looking



Northwest Family Services director Jennifer Castillo checks on a child in Hammond, Ind., in September. During a three-and-a-half-year period, the center had the most citations of any day care in the state. Castillo said in September they had eliminated teachers, trained others and were trying to clean up the building. The day care has since closed.

Kelly Wilkinson  
The Indianapolis Star

after more than one child be regulated. Nationwide, there's not much of a regional divide. Texas, Oklahoma and Alabama all have the strictest laws; Indiana joins New Jersey among the most lenient states.

## Telling the Story

We decided to break what we had into pieces for a series that would ultimately run throughout the fall. The first story focused on unlicensed day cares run in homes. The second was based on a ride-along done with state regulators. Marisa Kwiatkowski, who became a key reporter on the project soon after she joined the Star in July, watched with an inspector as a scraggly-looking stranger searching for a bathroom simply walked through one day care's unlocked doors. Because of the day care's religious affiliations, there was nothing the inspector could do about it.

Then we published our full story on church-backed day cares. It featured the baptismal font death front and center and tied in more general trends we saw from state inspection and complaint records.

Tips came in soon after we published our first story. One came from the grieving parent of an infant who died at an unlicensed home day care.

What caught our eye was that, according to the parent, the day care had opened back up for business the very next day. Eric and Marisa followed up. When called to the scene, police had found "a bad situation." Yet the state day care agency was never notified, and the day care kept operating. When we contacted the state about the day care – seven months after the death – officials decided to do an inspection. They found that it had been operating illegally for most of the previous eight years. This, like our other stories, required us to comb through court files, police records and state day care records, in addition to the in-person interviews.

In the weeks since the roll out of our series, we've been hearing murmurs from our Statehouse. One bill being debated at the moment would clamp down on day cares that receive federal funding, which would clamp down on some unlicensed day cares. But many others would remain under little or no scrutiny.

*Alex Campbell was an investigative reporter at The Indianapolis Star for two and a half years, where his reporting led, among other things, to a federal Treasury Inspector General audit. In January, he started at BuzzFeed's brand-new investigative reporting team, based in New York.*

# CORRECTIONAL CORRUPTION

Investigation reveals abuse in Florida's private prison industry

By Chris Kirkham  
The Huffington Post

The tip arrived the usual way: completely out of thin air.

I was on a routine call with a civil rights lawyer in Florida, on the lookout for stories about youth prisons run by private corporations. I had just written about a private juvenile facility in Mississippi that got slammed by the Justice Department for inhumane conditions, and I figured there was more to the story.

So I called David Utter, a renowned advocate with the Southern Poverty Law Center, to see what else he knew about juvenile justice in Mississippi. Not much, he admitted. But he knew a lot about Florida, which was about to fully outsource its juvenile prison system to private contractors.

I wondered who the main players were in Florida's growing market for juvenile corrections – one of the largest in the country. Utter mentioned a few names, but one stuck out: Youth Services International, run by an executive named James Slattery.

After running a few Nexis searches, I realized Slattery had been around for a long time, in the same industry, but he kept changing the names of his businesses.

As I asked around more, I realized this was a rich tale: A former New York City hotelier who rented rooms to released federal inmates found his way into the prison business and moved to Florida as the state rapidly embraced privatization in the 1990s. Trouble always seemed to follow his operations. A quick clip search revealed local stories and briefs about riots, escapes and abuse investigations.

One main question stuck out: How can a company with such history continue to receive tens of millions of dollars worth of contracts?

To get the answer, I needed to go forward on two distinct tracks.

First, I needed to find as many audits, inspections and other primary source materials as I could to document abuse through the years. Then I needed to understand Florida's juvenile prison contracting and oversight procedures, to determine how these past abuses went undetected.

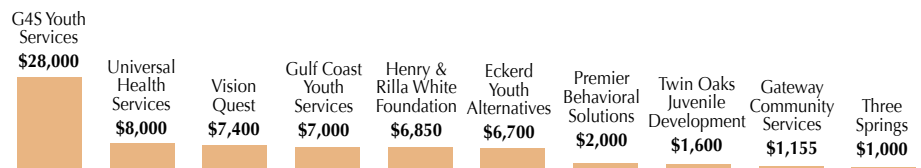
## Resistance on records

I started by digging into Florida's inspection process. I requested basic data on assaults,

Youth Services International  
\$418,110



## POLITICAL CONTRIBUTIONS FROM PRIVATE PRISON FIRMS



Political contributions in the state of Florida since 1998 from contractors who handled residential facilities for the Florida Department of Juvenile Justice. Source: Influence Explorer.





Youths wait in line to return to their dorms at the Pahokee Youth Development Center, a facility run by James F. Slattery's company in the late 1990s. Pahokee faced criticism for a high incidence of violence.

escapes and other serious incidents at juvenile prisons across the state.

I had never worked extensively with any Florida agency, and I wasn't sure exactly how the state's oversight system worked. But I was certain the government would track such data in a comprehensive way. I was wrong.

My first red flag came just a few weeks into the investigation, when the state Department of Juvenile Justice sent me a cost estimate on the records: nearly \$67,000. This struck me as an outrageous tab. I was certain that it was a tactic to chill the investigation, which piqued my curiosity even more.

I pushed back to clarify that I was looking for logs and master lists of these incidents – not every underlying report and document – but I continued to get resistance. The state public information officer handling my records request gave only vague updates on the process. One response made me think that it wasn't being honored as an official public records request: "I can't predict exactly when it will all be ready for delivery, but only after we are confident that it accurately portrays the whole, and not half, of the story."

I knew the state law, but I consulted with our in-house lawyer to get his take on the department's response. He agreed that the agency was violating the law and sent a strongly worded letter to get things back on track. From

that point forward, I was in direct correspondence with the department's lawyers, not their communications staff, which made the process much more efficient.

But I still didn't have anything to show how the state tracks complaints and incidents of violence across its juvenile prison system. The department kept telling me there were no records responsive to my request. So I changed the conversation.

If the state has no such records, I replied, was I then correct in writing that the state has no way to track when violent incidents occur in its juvenile prison system? A few days later, they came through with the logs.

Still, I faced another hurdle: Those logs were simply listings of incidents, printouts generated from an internal tracking system used by the department. There was no way to distill the data into a spreadsheet for easy analysis. I told my editor, Peter Goodman, about the data difficulties, and he rightly recognized it as a key part of the story. If we built the database ourselves, we could shine light on trends that even the state wasn't aware of.

So I took five years worth of the incident report logs and built my own spreadsheet to do the analysis. I figured out which private contractors ran each facility, plugged in the data by hand and analyzed several categories of violent incidents.

The results showed that allegations of excessive force and incidents of youth injury at Youth Services International facilities were disproportionately high compared to other private providers, based on the size of each company's facilities in the state.

## Decades of neglect

As I was wrangling with the state of Florida over the data, I was also unearthing documents and inspection reports to get a sense of the conditions inside Slattery's facilities through the years.

Staying organized was essential: The company had a long history and at its peak was operating in more than a dozen states. I systematically requested documents from each state, starting with annual audits.

I also did clip searches in different parts of the country to determine if there had been references to escapes or other major disturbances at facilities owned by Slattery's company. Then I followed up to get specific incident reports or investigations related to those incidents. I kept track of those requests in a spreadsheet and created Google calendar alerts as a reminder to follow up on public records deadlines that had passed.

It was difficult to track down some of the documents that were more than 10 years old (even five years, in some cases). Many of the

state juvenile justice agencies said they no longer had the records because the document retention periods had passed. In those instances, I sought out lawyers, advocates or state consultants who worked on the cases and might be familiar with the files. That was usually a goldmine.

To shine light on what was happening more recently in Florida, I used the facility addresses to seek logs of local police and emergency calls during the previous five years. I determined which cases seemed the most serious from the logs and requested the underlying police reports. Both the police reports and reports from the department's inspector general listed the names of YSI staffers whom I could look up to contact for more information.

Public defenders were also helpful sources in finding former employees and inmates. For years, several of the juvenile defenders in South Florida had been hearing complaints of abuse and lousy conditions from youths housed YSI facilities.

Yet they often lacked the authority – and time – to demand change.

Using those leads, I was able to create my own network of contacts who were familiar with the operations of YSI and the state Department of Juvenile Justice.

One of the most valuable resources was a former prison monitor with the Department of Juvenile Justice who called up the public defender's office in Broward County. He had been fired from DJJ after sounding alarms at a YSI facility nearly a decade before.

He turned out to be one of those rare gems, an insider who had been sitting on a trove of documents for years, just waiting for someone to listen to his story.

After spending an entire Sunday afternoon talking at his home in South Florida, he handed over hundreds of pages of documents for me to take back to New York and review. Those files became a road map for requesting other documents, helping me to learn the state's terminology for inspection records and other audits.

## Faulty background checks

I was armed with documented evidence of abuse across many states, including one where a guard had fractured an inmate's elbow after the boy refused instructions to throw away a cup, according to incident reports. My last challenge was figuring out how the state of Florida kept signing contracts with the company.

To learn how the state picks juvenile prison operators, I needed to put myself in the shoes of a potential contractor. How much does the state investigate prior performance? And how does the state rank and evaluate contractors?

I requested the original proposals that YSI submitted for more than a dozen contracts

## Tips

- **Social media is a godsend.** LinkedIn and Facebook provided excellent avenues to identify company insiders. If you haven't already, attend a free LinkedIn for journalists session, which will give you premium access to the site, opening up more distant networks.
- **Names beget names.** Scrub documents for references to specific employees or inspectors. Call all of them and ask all of them for more names. Former employees usually keep in touch with co-workers through the years.
- **Look for patterns.** For a company like Youth Services International, run by the same chief executive for nearly 25 years, it helps the narrative to identify common themes or patterns of incidents.
- **Use "no" to your advantage.** If a government agency denies the public records you request, use that as a lever to get what you want. When you are seeking common-sense data about an essential public service, you have the upper hand. If a government entity says such information doesn't exist, it raises bigger questions about how that agency does business.

over the last 10 years. Then I asked for the state's score sheets, known as "bid tabulations," to get a sense of what criteria the state used to rank competitors.

What I found was a system that relied primarily on promises from private prison contractors. The vast majority of a potential prison contractor's rating came from a written proposal.

YSI's proposals sounded fantastic, boasting of an "extensive and successful history" running juvenile facilities and an "excellent working relationship" with the state.

In reviewing the proposals, I noticed that YSI essentially used the same format and wording for every contract. Some proposals were carbon copies of earlier ones; the only differences were the address and the number of prison beds.

Only about a quarter of the score dealt with past performance. In the case of YSI, a multi-state operation, Florida officials didn't examine records in other states. During one of the firm's most rapid periods of expansion in Florida, for example, the Justice Department was investigating a notoriously violent YSI facility in Maryland called the Charles H. Hickey Jr. School.

And just a few years earlier, in 2001, an 18-year-old died of pneumonia at a company boot camp in Texas following nine days of medical neglect. Investigative reports from state law enforcement detailed how a nurse forced the inmate to do push-ups in his own vomit.

Those out-of-state troubles never surfaced in Florida's review of YSI, nor would they today, according to the state's contracting procedures. Florida looks beyond its borders only when a contractor has no previous affiliation with the state.

## From documents to design

Once the stories were written, I knew that we needed to do something different with the presentation. It would be a shame to have collected thousands of pages of documents and not allow readers to also engage with the material.

I had been using DocumentCloud throughout the reporting process to organize the large amounts of information coming in and take notes along the way. So I started talking with Andrei Scheinkman, our data editor, about ways to incorporate those notes into our design.

Rather than just link to a massive trove of documents, we could allow readers to interact in real time with specific primary source material. He was able to use the URLs from each annotation to link to interactive passages throughout the piece. It was a way of bullet-proofing the story and adding an interactive feature to accompany the photos, timelines and interactive map we created.

Since publication in October, our investigation has prompted calls for reform from several key Florida senators. Lawmakers have requested troves of documents from the Department of Juvenile Justice to begin an investigation.

A Florida Senate panel in January held a hearing on the company and the state's juvenile justice oversight system. Several senators are drafting legislation to reform the state's juvenile prison contracting procedures, based on our findings.

*Chris Kirkham is a business reporter at the Huffington Post in New York, where he has worked for three years covering the intersection of business and public policy. Previously he worked as an environmental and politics reporter at The Times-Picayune in New Orleans. A native of Texas, Chris attended the Medill School of Journalism at Northwestern University.*

# Data State of Mind

BY MARYJO WEBSTER  
DIGITAL FIRST MEDIA

After nearly 15 years of computer-assisted reporting and countless hours of teaching data analysis, I've come to believe that the key to successfully using data to produce better journalism is what I call the "data state of mind."

I picked up this term from someone else, and it's most certainly the digital-age equivalent of the "documents state of mind" that investigative reporters Donald Barlett and James Steele ingrained in the rest of us long ago.

Both phrases boil down to the same idea: data and documents are sources, just like people, but a little more reliable. Querying data is just like asking someone a question. You must decide how to phrase the right question to get the right answer. And each question usually leads to more questions. Just like an interview.

A data state of mind, though, tends to focus more on measuring or quantifying something. The best journalists start out by asking questions, such as, "How many deficient bridges are in my state and how has that changed over time?" or "What percentage of low-income students were grade-level proficient in math and reading last year?"

Having specific questions helps reporters find the focus of stories and, more importantly, helps them figure out what information they need to collect. This is a much better starting point for a story idea than setting out to write about "bad bridges" or "students falling behind."

A reporter with a data state of mind would first set out to find a spreadsheet or database that answers not only the specific question and many others but also provides examples and/or people needed to bring the story to life.

Yes, a reporter could probably call one or two human sources and get an answer to the first question, but is that really enough?

Not in my book. There are some stories that simply cannot be done without this kind of data analysis. And they always end up being really good stories.

Here's a very simple example from my newsroom at the St. Paul Pioneer Press: A business reporter wanted to bust the myth that the December holiday season was the busiest time of year at the Minneapolis-St. Paul International Airport. Many sources had told him this myth was untrue. But he didn't want to write a story only quoting people. He knew that wouldn't be sufficient.

So he went hunting for data and quickly found a Federal Aviation Administration database that listed all the flights in and out of each airport. He downloaded a full year's worth of data, and I helped him analyze it. We totaled the number of flights by day and by week and sorted the weeks

by the number of flights. The busiest week? The first week of June, just after Minnesota schools let out for the summer.

I think teaching all reporters how to develop this data state of mind — even before setting them down with a spreadsheet — should be the first step in teaching data journalism.

The business reporter at the Pioneer Press had learned computer-assisted reporting skills many years before, but he felt really rusty. He needed help with the specifics of writing queries in Microsoft Access.

But the key thing is that story never would've come about if he didn't have that data state of mind.

I've met reporters who have a data state of mind (or something similar) ingrained in them even before they ever learn anything about data journalism. I've found that these individuals tend to grasp CAR skills really quickly.

So how do you teach the data state of mind? Here are a few ideas that reporters and/or editors could implement on their own:

- Encourage reporters to hunt down the data that exists on their beat. Gather key bits of information about what data is kept, how it's collected, who the "data keeper" is, how you could get a copy of this data, etc. Maybe even try to take the data keeper to lunch sometime to chat.
- Insist reporters frame their stories as questions, not statements or nouns. Rather than saying the story is about the city's "street improvement spending," have them ask "How much money did the city spend on street improvements last year?"
- Both reporters and editors can tune their radars for data opportunities, such as trend stories that vaguely say something has changed over time or an interview in which a source cites numbers from an analysis.
- When you find yourself asking a government agency for summary data — e.g., total number of crimes last year — stop and ask yourself if there might be details in the underlying data that would be useful either for this story or a follow-up.
- Breaking news events are a great time to practice. There's a fatal car accident, and you follow up a day or two later with the question, "How often has this happened at this location?"

*MaryJo Webster started last month as the Senior Data Reporter for Digital First Media. Previously, she spent nine years as the computer-assisted reporting editor for the St. Paul Pioneer Press. She also teaches data journalism at the University of Minnesota. Previously, she worked at USA Today, the Center for Public Integrity and IRE.*

# THE DRUG BEAT

## Investigating the Pharmaceutical Industry

BY ELLEN GABLER AND JOHN FAUBER // MILWAUKEE JOURNAL SENTINEL

**OPEN THE MEDICINE CABINET** next time you're at a friend's house for dinner. Actually, don't do that. It's incredibly rude. But if you did, you would likely find at least a few bottles of prescription medicine.

Nearly 70 percent of Americans take at least one prescription medication, and more than half take two, according to a recent Mayo Clinic study. This means the majority of your audience have a personal tie to what's happening in the pharmaceutical industry. Although rising healthcare costs are an obvious issue, so too is the effectiveness of prescription drugs and the reasons they get prescribed.

The opportunities for investigation are endless: Prescription drug abuse is epidemic throughout the country. How many people overdosed on narcotic painkillers in your county last year and why? You could find out. Doctors in your state are likely making big bucks from their connections with pharmaceutical companies. How much and at which institutions? You could find out. What's with all those commercials for brand-name medications for acne, erectile dysfunction, fill-in-the-blank?

As with any beat, there are key sources, documents and data to turn to if you are interested in investigating the pharmaceutical industry and its influence on medicine in your community. You can elevate your reporting by studying the science, digging up irrefutable evidence and building a bulletproof methodology that even medical experts and scientists will respect.

Since 2008, the Milwaukee Journal Sentinel has had reporters covering conflicts of interest in medicine. John Fauber, sometimes paired with other reporters, has led that coverage since he began writing stories about the pervasive influence of drug company money on the University of Wisconsin School of Medicine and Public Health and its doctors.

Since then, John and others have written dozens of stories, branching out from the state university to stories about articles in medical journals that were ghostwritten ([goo.gl/iP1s0R](http://goo.gl/iP1s0R)) by drug company marketers; instructional videos for doctors that made misleading claims ([goo.gl/JGg1fL](http://goo.gl/JGg1fL)) about drugs; drug companies paying for continuing medical education courses ([goo.gl/OAxUP7](http://goo.gl/OAxUP7)) that, in essence, market their products.

In an effort to take a broader look at the issue, we published an investigation in late 2012 ([goo.gl/swjJYP](http://goo.gl/swjJYP)) that found treat-



Read stories in the series at [www.jsonline.com/sideeffects](http://www.jsonline.com/sideeffects).

ment guidelines related to the nation's 25 top-selling drugs were heavily stacked with doctors who had ties to drug companies. In some instances, the guideline panels promoted expensive brand name drugs made by those same companies and made dangerous or ineffective treatment recommendations. Our 2012 analysis found that of 16 major guideline panels disclosing conflicts of interest, 164 of 247 doctors — 66 percent — had financial ties to drug companies.

Here are some takeaways from the stories that can help reporters delve deeper into medical issues in their own communities.

## Understand the science, the regulations or the process of whatever you are investigating.

You can't explain something until you know how it works. Figure out who regulates an industry and how they do it. If a story is science related, understand the science. Be specific. Maybe you want to test for the amount of lead in toys or paint. There is a difference in total lead content and lead that leaches out of a product. Investigating conflicts of interest in medicine? Determine what constitutes a conflict of interest — direct payments to docs? Research funded by drug companies? There are differing opinions about what is an actual conflict.

Although many experts do consider it a conflict, we decided not to consider research funded by drug companies as a conflict of interest in our treatment guidelines investigation. We wanted to use a methodology that was as conservative and “fair” as possible so no one could quibble with the findings in the end.

A few more tips:

- Don't jump to conclusions or make assumptions. Report.
- Question things that don't make sense — it can become part of the story. If the process or regulation that is being used doesn't make any sense, you might really have a story.
- If there are no set regulations, look for authoritative guidelines for whatever you are investigating. In reporting the conflicts of interest and treatment guidelines story, we found a 2011 report from the Institute of Medicine stipulating that fewer than 50 percent of members on a guideline-writing committee should have financial relationships with drug companies. No committee chairman should have a financial conflict of interest, the institute said. We found that at most only two panels met those requirements.

## Read the studies and reports.

Government reports and academic and scientific studies can be a reporter's best friend. You'll find out what has already been done. You'll find sources to call and organizations to mine for data and statistics.

Before starting the treatment guidelines investigation, we scoured PubMed, a repository of scientific studies, to see if any academic or scientific studies had already been done. There was an interesting study that looked at conflicts of interest and guidelines for cardiovascular issues. Reading that study and talking with its author helped us craft the methodology for an investigation much larger than the study.

A few more tips:

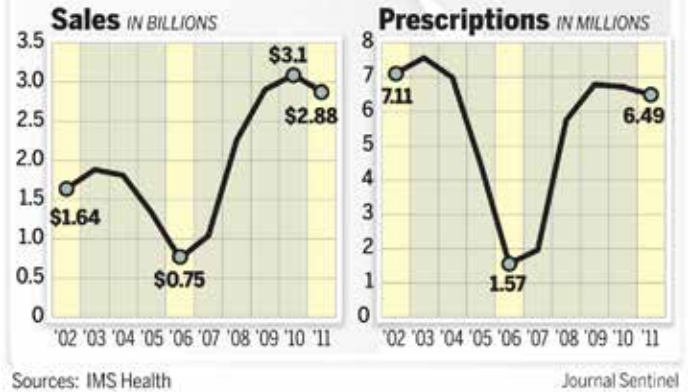
- Read footnotes. They lead you to other research and sources.
- Check for reports from the Government Accountability Office and Office of the Inspector General. Request audits by local, state and federal governments. Even old audits help because they provide a roadmap for how an agency works.
- But don't believe everything you read. A study might be flawed or funded by industry.
- Find the experts. There is an expert on every single subject somewhere in the world. Find them and turn them into a source.

## Don't bore people. Be relevant.

That story about treatment guidelines could have been awfully boring, so we made a considerable effort to explain why it mattered. For one, the guidelines affect how doctors across the country treat patients for everything from diabetes and asthma to chronic pain, depression and high cholesterol. If a reader isn't prescribed medications for one

## OxyContin sales and prescriptions

OxyContin is the top-selling prescription painkiller in the country, reaching more than \$3 billion in sales in 2010. In 2003, the General Accounting Office issued a report that was critical of the drug's marketing. Four years later, an affiliate of Purdue Pharma agreed to pay \$634.5 million to settle criminal charges brought by the U.S. Justice Department.



of those conditions, they surely know someone who is. We based our analysis on guidelines for conditions treated by the 25 top-selling drugs in the United States in 2011. Here's what we told readers:

“The drugs sit in the medicine cabinets of millions of Americans — Nexium for acid reflux, Lipitor for high cholesterol, Cymbalta for depression and OxyContin for pain. Their collective sales topped \$94 billion in 2011, accounting for 30 percent of drug revenue in the United States.”

That \$94 billion is a hefty figure, and certainly everyone has heard of the drugs.

## Incorporate “real people” into your story whenever you can.

We didn't meet this mark for the guidelines story but made a point of tracking down compelling examples for other stories in the Side Effects series. We've relied heavily on public records for finding people. A medical examiner's office can be a gold mine, as deaths are usually on public records and the agency likely maintains a database with causes of death as well as names and file numbers so you can do more reporting.

That's how we discovered Patricia Wickert, a 71-year-old Wisconsin woman who was found dead in her home with toxic levels of hydrocodone in her blood. Hydrocodone is one of the most commonly prescribed narcotic drugs. Our investigation revealed ([goo.gl/sUY3aC](http://goo.gl/sUY3aC)) how narcotics are increasingly being prescribed for chronic pain, an area where the safety and effectiveness of the drugs is unproven, especially for older patients. We identified Patricia and several other people in the medical examiner's database, then pulled their files to read more.

For another story in the series we tracked down seven patients ([goo.gl/ftwFTw](http://goo.gl/ftwFTw)) who had appeared in a promotional video for OxyContin in 1998, the beginning of the pharmaceutical industry's push of narcotic painkillers to treat long-term chronic pain.

In the video, the patients spoke glowingly of their experiences with OxyContin. We wanted to find out how they were faring 14 years later. Using police reports, court records and just good old-fashioned interviewing, we tracked them down and sorted out their stories.

Two of the seven patients were active opioid abusers when they died. A third became addicted, suffered greatly, and quit after realizing she was headed for an overdose. Three patients still say the drug helped them cope with pain and improved their quality of life. The seventh patient declined to answer questions.

A few tips for finding people:

- Request records from any law enforcement agency that might have been involved with a case. There is often overlap between a city police department, a county sheriff's office or the police department from the next town over.
- Police reports, 911 calls, medical examiner's reports are almost always incredibly revealing. Not only do they often substantiate claims people make, they also can contain cell phone numbers and names of family members you wouldn't otherwise find.

### Develop a plan of action and test your methodology.

Once you truly understand the agency, industry or issues you're investigating, develop a plan to build your methodology. You will have to make decisions, but at this point you will make informed decisions.

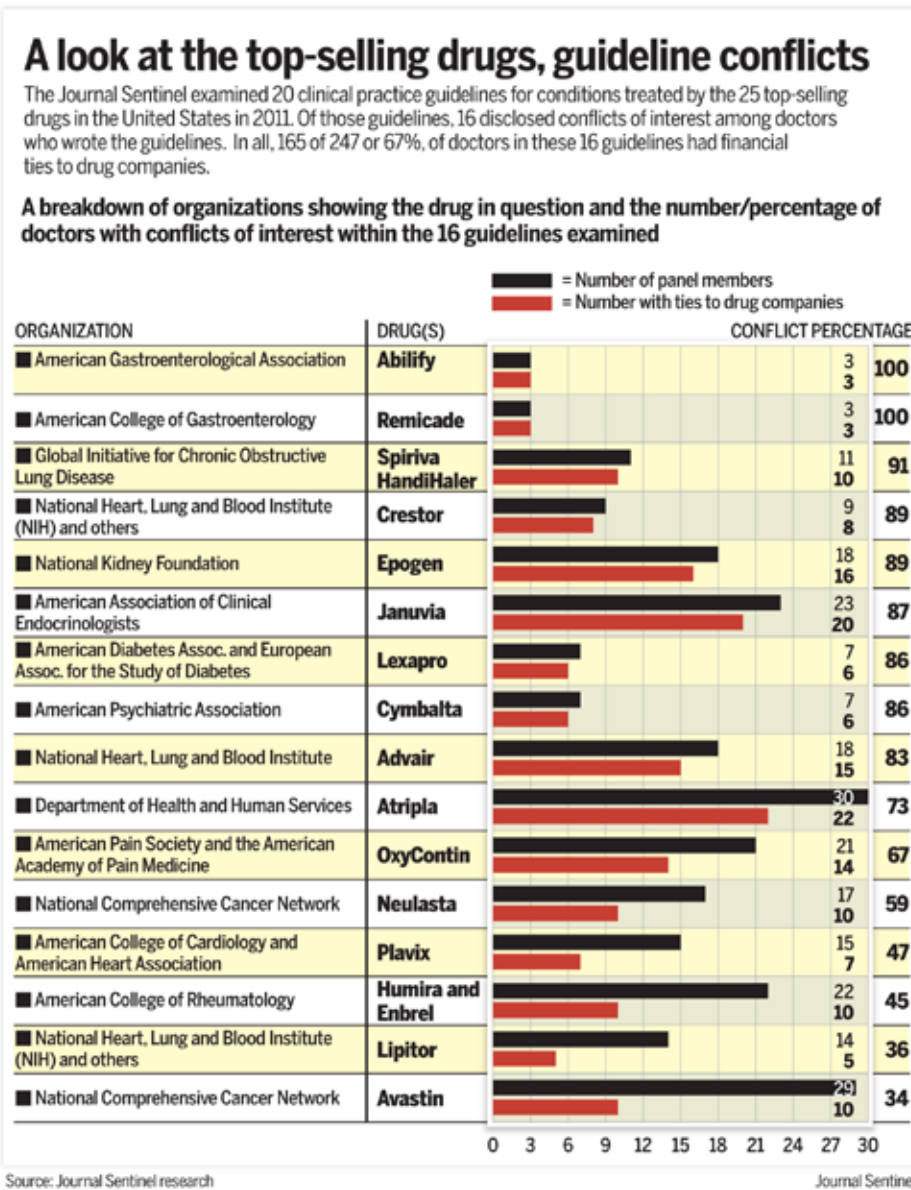
Some tips:

- Lay out the parameters. What is your time period? Are you looking at all complaints or just those that were substantiated?
- Get comfortable in the gray zone. Not all of your examples are going to fit neatly into your methodology. Account for that, accept it and set up guidelines for how to deal with it.
- Test your methodology. This is a must before you get in too deep. Run your methodology by your editor, experts and, if possible, your critics.
- Don't be afraid to do things no one has ever done before. In fact, shoot for that. Sources or government agencies will often say things like, "we don't track that" or "no one knows the answer to that question." Enter: You.

Here's how we developed a methodology for the treatment guidelines investigation, where we wanted to establish how many doctors making influential decisions about treatment guidelines had financial conflicts of interest with drug companies.

1. We obtained a list of the 25 top-selling prescription drugs in the United States in 2011 from IMS Health, a market research firm.

2. We identified the year each drug was



approved by the U.S. Food and Drug Administration and the condition for which the drug was first approved.

3. We searched for relevant clinical practice guidelines using the National Guideline Clearinghouse, PubMed and other medical databases. Preference was given to guidelines and updates issued by major health organizations and associations that were issued after 2000.

4. When multiple panels issued guidelines, preference was given to those that disclosed conflicts of interest. Guidelines also were checked to see if specific drugs were mentioned or recommended as treatment options.

5. Reporters identified the number of guideline panel members who disclosed conflicts of interest in the guideline. A conflict included consulting, speaking or advisory work by panel members that was paid for by a drug

company; any contract with a drug company or owning stock in a drug company.

### Be transparent.

Secrets are bad (that is why we investigate them). Be open about your methodology.

- Run your analysis AND your findings by your subjects before the story runs.
- Give them time to respond. It is only fair.
- Explain your methodology to readers in a "nerd box."

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A variety of pills collected at death scenes sits in a box in a coroner's property room, pre-destruction. Liz O. Baylen | Los Angeles Times

# UNCOVERING OVERDOSES

*California reporters use data to investigate a deadly trend in pain medicine*

**BY LISA GIRION AND SCOTT GLOVER // LOS ANGELES TIMES**

**ONE DOCTOR DOLED MORE HYDROCODONE** out of his suburban Los Angeles practice than any other doctor in the U.S. — so much that he used a bill-counting machine to keep track of all the cash the pain pills were bringing in.

Another sold prescriptions for OxyContin to young addicts and straw patients bused in by drug dealers in a practice that afforded the doctor a hilltop home and luxury cars.

As Scott Glover chronicled the prosecutions of the two doctors on criminal drug dealing charges, he got emails from read-

ers lamenting the loss of loved ones to prescription drug overdoses. Invariably, they pointed to one doctor or another. Glover began to suspect that these doctors were only the beginning of the story.

Then he met Arline Clyburn, whose son Alex fatally overdosed at age 23 after becoming addicted to pills prescribed by one of the doctors Glover featured. There was nothing about the college student — a former baseball player and Eagle Scout — to suggest his life was headed for such a tragic end.

“If it can happen to us,” Arline Clyburn said, “it can happen to anybody.”

The hook was set. Glover began investigating the broader story and asked Lisa Girion, an experienced healthcare reporter, to join him. That was mid-2010. Prescription drug addiction was not a new story, but the death toll was still mounting. The Centers for Disease Control and Prevention declared prescription drug deaths an epidemic in 2011, and, as we discovered while mining government mortality data, a surge in prescription-involved overdoses pushed drug deaths ahead of fatal traffic accidents in 2009.

## CHALLENGING A MYTH WITH STATISTICS

As we delved deeper, it became clear that there were important aspects of the epidemic that were not well understood. The problem was largely portrayed as one of abuse and “diversion,” a term used by law enforcement and the pharmaceutical industry to describe the flow of legal drugs to the black market. Commonly cited forms of diversion were teenage thrill-seekers stealing pills from their parents’ medicine cabinets and pharmacy robberies. Occasionally, the arrests of doctors made headlines. But they were portrayed as outliers, not as a substantial source of the drugs fueling the epidemic.

Our early reporting suggested that this view of the problem was, at best, incomplete. Our hunch was reinforced by conversations at kitchen tables and in living rooms from Santa Barbara to San Diego with people who had lost sons, daughters, mothers and fathers to prescription drug overdoses. Many told strikingly similar tales: Their loved ones had been engaged, productive and caring people until a car accident, athletic mishap or workplace injury turned them into pain patients and, then, into pain pill addicts.

Their lives revolved around Vicodin, Norco, OxyContin and other drugs they initially used to combat pain but eventually needed just to get through the day. They dropped out of school, jobs and family life. Many had close calls before the final overdose.

We came away from these conversations wondering whether these cases reflected a broader truth, an overlooked part of the epidemic. Was it possible that physicians were playing a significant role in prescription drug addiction and death? Our research found scant information on the question.

Over the next two years, we put together a large dataset of prescription drug deaths and used coroners’ information to link fatal overdoses to physicians’ prescriptions. We included all accidental overdose deaths involving prescription drugs—3,733—in Los Angeles, Ventura, Orange and San Diego counties, from 2006 through 2011. Doug Smith, Times director of computer-assisted reporting, and analyst Sandra Poindexter organized our data and wrote programs that allowed us to link overdose deaths to drugs prescribed by doctors.

We found that:

- 1,762 deaths — almost half — were caused entirely or in part by drugs prescribed by physicians;
- 71 doctors — 0.1 percent of all practicing doctors in the four counties — wrote prescriptions for drugs that caused or contributed to 298 deaths, 17 percent of the total linked to doctors’ prescriptions;
- Those 71 doctors each prescribed drugs to three or more patients who died;
- Four of the doctors had 10 or more patients fatally overdose during the study period.

At the top of the list was a Huntington Beach pain specialist who prescribed drugs that contributed to the deaths of 16 patients. In interviews, the doctor told us that he was unaware of some of the deaths



Liz O. Baylen | Los Angeles Times

As a teenager, Alex Clyburn was an athlete and Eagle Scout. In 2006, after he suffered painful injuries in an auto accident, he became addicted to OxyContin.



Liz O. Baylen | Los Angeles Times

“If it can happen to us, it can happen to anybody,” Arline Clyburn said of her son Alex’s addiction to prescription drugs. She’s photographed with her husband Ron Clyburn.

the Times had identified. He said he practiced state-of-the-art pain medicine, but many of his patients were difficult to treat and high risk. Nonetheless, he vowed to take steps to improve his practice.

## SOURCING THE OVERDOSES

Linking doctors to patient overdose deaths wasn’t easy. The details of overdose deaths are not collected with an eye toward identifying



# CHARTING OVERDOSES

BY DOUG SMITH // LOS ANGELES TIMES

For the Data Desk, the prescription drug story presented two problems of measurement that we solved with a tedious tag-team process of data processing and gumshoe reporting.

The final calculations were not difficult: one percentage and one group and count. Getting the data ready for calculation took months.

Using records from seven Southern California coroners, we sought to calculate the percentage of prescription drug overdose deaths attributable to doctors through prescription, as opposed to illegally diverted drugs, and to count the number of deaths attributable to each doctor in the record.

Our data, obtained by reporters Lisa Girion and Scott Glover, came in different formats: spreadsheets, PDFs and paper documents. There was no standard schema. We eventually narrowed our analysis to four counties that recorded the information we required. But initially we processed data from all seven counties.

We scanned the paper documents, used OmniPage to convert PDFs into free text and then applied regular expressions in Python to parse the text into CSVs.

A tougher problem was standardizing drugs, doctors' names and causes of death. The practices of medical examiners varied considerably both in what they recorded and how carefully they did so.

Prescriptions obtained from the scene of death were recorded with an array of trade names. Misspellings were rife. We went through a series of iterations producing drug-name frequencies that Girion painstakingly grouped into active ingredient names that became identified in our data as "LATDrug." Starting with 9,000 unique occurrences, Girion whittled the list down to 516 distinct drugs.

Girion then classified those LATDrugs into two groups, prescription and illicit.

The next step was to determine the denominator: Cases in which a prescription drug was identified as a cause of death.

This was not straightforward. Not all drugs identified in the toxicology were listed by the medical examiner as a

cause of death. Using our initial table of matches, Glover and Girion further refined the list by individually reviewing the medical examiners' cause of death notation to remove cases in which a prescription medication found in the toxicology was not listed or referenced in the cause.

Next came the numerator: Cases in which a prescription drug identified as a cause of death also was prescribed by a physician.

At that point we had our primary statistic: 47 percent of prescription overdose deaths involved a drug prescribed by a doctor.

The next step was yet more demanding. The doctors' names on the prescriptions were recorded haphazardly, sometimes as last name only or last name and first initial. Many spellings were garbled. Once again we launched an iterative process combining our data processing with hands-on vetting by Glover and Girion. After an initial run by the Data Desk to clean names with obvious flaws, we did a group and count to identify doctors with three or more deaths linked to their prescriptions.

This allowed Glover and Girion to focus their attention on a pool of several hundred doctors. They pored over the list with two goals: weeding out false matches of multiple doctors of the same name and recovering names incorrectly dropped by our cleaning scripts. The hardest part, of course, was ensuring that we didn't count two doctors with the same name as one. If there was any doubt, we left the name out.

After reviewing every case they whittled the list down to the 71 doctors who each could definitively be linked to three or more deaths.

Glover and Girion obtained paper coroners' reports for all 298 deaths of patients ascribed to the 71 doctors. Hailey Branson-Potts entered demographic and narrative information from these reports into an online Django database built by the Data Desk.

*In 43 years at Los Angeles Times, Doug Smith has covered local and state government, criminal justice, politics, education and a dabbling of sports and society. As Database Editor since 2006 his primary focus has been analysis for news and investigative projects.*

# The deadliest drugs

Here are the 10 medications most commonly linked to prescription overdose deaths from 2006-2011 in four Southern California counties.

Prescription	Hydrocodone	Oxycodone	Alprazolam	Methadone	Morphine	Diazepam	Citalopram	Quetiapine	Carisoprodol	Clonazepam
Also sold as	Vicodin, Norco	OxyContin, Percodan, Percocet	Xanax	Dolophine, Methadose	MS Contin, Kadian	Valium	Celexa	Seroquel	Soma, Soprodal, Vanadom	Klonopin, Ceberclon
How it is used	Painkiller	Painkiller	Anxiety control	Painkiller, heroin substitute	Painkiller	Anxiety control	Anti-depressant	Schizophrenia treatment	Muscle relaxant	Panic attack and seizure control
Details	Most frequently prescribed drug in U.S.	Changes the way the brain responds to pain. Abused for its euphoric effect.	Highly addictive	Riskier than other painkillers because it stays in the body longer.	Main active compound in opiates.	Can be habit-forming and can increase the effects of alcohol. May cause sleepiness and confusion.	Relaxing effects similar to Prozac.	Misused by addicts to offset effects of amphetamines.	Prone to abuse because of euphoric effect.	Prone to abuse for its euphoric effect. Often abused in combination with other legal and illegal drugs.
Number of overdose deaths	362	237	211	201	191	174	160	154	146	119

Note: Results are based on a computer analysis of coroners' data related to prescription drug deaths from 2006-2011 in Los Angeles, Orange, San Diego and Ventura counties.

Sources: Times research, National Library of Medicine, U.S. Drug Enforcement Administration. Data analysis by **DOUG SMITH AND SANDRA POINDEXTER**.

**LORENA INIGUEZ ELEBEE** Los Angeles Times

doctors whose prescribing may be risky. And nothing about the standard packet of information coroners routinely give reporters suggests that drawing such connections would be possible.

A key break came in an interview Glover and assistant city editor Matt Lait had with Los Angeles County Coroner Dept. officials. They learned the agency collected information on medications found at the scenes of suspected overdose deaths. The "3A," as the form was known internally, was an inventory of the drugs, the number of pills prescribed, the number of pills found, dosing instructions, dispense date, pharmacy and prescriber.

The next break came in a visit to the San Diego County Medical Examiner's office. Deputy Medical Examiner Jonathon Lucas was concerned about prescription drug deaths and intrigued by our interest in characterizing the role of physicians. Lucas is also a data hound who regularly draws upon the agency's relatively sophisticated death database to identify emerging problems.

Would it be possible, Glover asked, to use the database to identify physicians mentioned in drug overdose cases? Lucas turned to his computer and, within minutes, produced a list of doctors whose names, in order of frequency, appeared in overdose death reports. The data was unquestionably dirty—a doctor could be named for any number of reasons other than prescribing a drug implicated in the cause of death. But the demonstration told us we were onto something.

The next step was to gather the death records. We asked seven counties — including Santa Barbara, San Bernardino and Riverside — for lists summarizing all accidental overdose deaths involving at least one prescription drug since 2005. We asked for demographic information on the decedent, the cause(s) of death, toxicology results and medication inventory information. It took months of conversations, negotiations and fine-tuning to collect the records. In the end, we were able to obtain searchable electronic data from 2006 forward and only from Los Angeles, Orange and San Diego counties. Ventura provided text documents that Poindexter parsed and converted into a searchable database.

Data cleaning took months. We used the websites of the Medical Board of California and other licensing boards to confirm the

identities of prescribers. We used the National Library of Medicine as our primary source to translate drugs recorded in medication inventory sheets and in toxicology results into a common language. That allowed us to match drugs prescribed by certain doctors to causes of death.

## PUBLISHING THE RESULTS

The overdose study was the basis for the first in a series of four stories published in late 2012 called "Dying for Relief." Stephanie Ferrell designed a web landing page that featured still photos and videos by Liz O. Baylen, as well as a searchable database of overdose deaths created by Hailey Branson-Potts, Armand Emamdjomeh and Lily Mihalik.

The second story examined the failure of the medical board to identify, investigate and stop physicians from reckless prescribing, even as patients were dying of overdoses. The third showed how rogue pharmacists contribute to the problem, and the last looked at the Attorney General's failure to use its prescription drug monitoring program to identify problem prescribers.

The series inspired several bills aimed at curbing the prescription drug epidemic. Gov. Jerry Brown signed two into law. They allow better monitoring of doctors who prescribe painkillers and other commonly abused drugs and provide new tools for medical board investigators.

The board assembled a prescription drug strike force with a dedicated team of investigators and empaneled a committee to explore policy changes. One doctor identified in the Times series was arrested in October and charged with unlawful prescribing.

*Lisa Girion is a staff writer at the Los Angeles Times. She was previously City Editor of the Los Angeles Daily News and reported for Dallas Times Herald, The Dallas Morning News and the Wilmington (DE) News Journal.*

*Scott Glover has been a reporter at the Los Angeles Times for 15 years. His work has received multiple local, state and national awards, mainly for investigative reporting. Glover is also an adjunct professor at the University of Southern California.*

# CLINICAL DECEPTION

## *CNN and CIR collaboration exposes widespread California rehab funding fraud*

BY CHRISTINA JEWETT AND WILL EVANS // THE CENTER FOR INVESTIGATIVE REPORTING

**THE RENTAL CARS WERE HOT.** The bathroom breaks were rare. And the work was tedious. But reporters working on The Center for Investigative Reporting and CNN's Rehab Racket series were on a mission to see for themselves whether fraud was still going on at a Los Angeles County drug rehabilitation clinic.

The payoff came at the end of a 10-hour day: No more than 30 people walked into the clinic even though later records would reflect the clinic billed for seeing 179 clients that day. The stake-out revealed key information about the center's operator, who had been convicted of organized crime a decade earlier.

Overall, the Rehab Racket series exposed systemic and blatant fraud in California's taxpayer-funded network of drug rehabilitation centers, part of the nation's largest Medicaid program.

Initial stories in the year-long investigation laid out the modus operandi at troubled clinics, where owners pressured staff to accept clients with no addictions or to fabricate phantom care. Another report showed how state and county authorities left the door wide open for operators with histories of fraud.

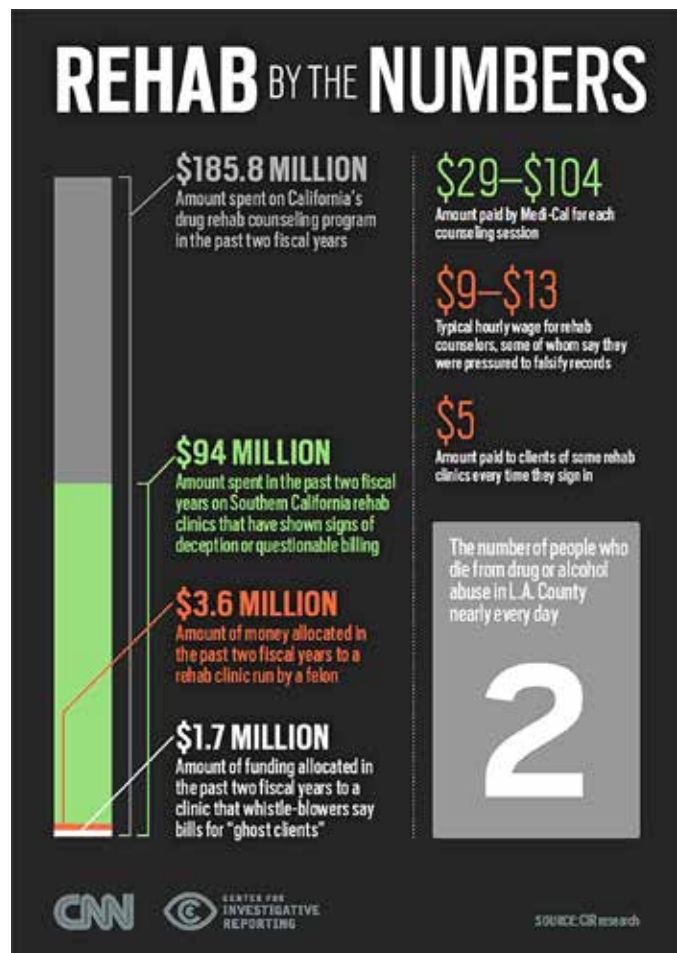
Follow-up pieces focused on medical directors whose signatures secured funding for fraudulent care. We also examined clinics – including one caught bribing a government inspector – cut off by Los Angeles County but funded through federal grants.

In response to reporters' queries, state authorities began suspending clinics and pledging changes even before the first stories broke. By the time the first two days of stories ran on Anderson Cooper 360, on the CNN and CIR websites and in truncated form in California newspapers, lawmakers were calling for action.

The stories spurred a statewide enforcement blitz that culminated in the suspensions of 83 clinics — and 131 other clinic sites — with all cases referred to the California Department of Justice for investigation.

One Los Angeles County audit completed because of the stories confirmed some of our findings, as did an internal state audit. The state's top Medi-Cal official, who dodged interview requests for months, was called to a legislative hearing on the

Read the stories at [cironline.org/rehabracket](http://cironline.org/rehabracket) and [cnn.it/1gyYV92](http://cnn.it/1gyYV92)



stories where he apologized, saying the fraud was rampant and oversight failures were unacceptable. His agency outlined a slate of reforms in January, and the governor proposed funding 21 new positions to help with the overhaul.

## LAY THE FOUNDATION

The story grew out of a tip that took a quick turn into a discovery: Rehab center operators in Southern California were scamming the Medi-Cal program and authorities were not doing much to stop it.

The big question, as always, was how to get a handle on the depth and breadth of the problem and convey it clearly to our audience. We needed a rock-solid foundation for a quickly growing list of surprising anecdotes. With the help of insiders who knew the players and paper trails, it became clear that county inspection reports were going to be the key documents and Los Angeles and surrounding counties were the hot spot.

Reporters had an initial break when L.A. County rapidly responded to a Public Records Act request with two banker's boxes of inspections that had rarely been viewed outside of government offices. Skimming them was eye-popping. But Post-it notes weren't going to suffice.

So we began to build a spreadsheet documenting the findings. We made an entry for each clinic and for each annual inspection going back to 2008. Entries included facility addresses, annual funding and names of executives, medical directors and counselors. We searched for felony convictions linked to operators and included findings from state audits. We tracked billing oddities, such as facilities claiming to provide counseling sessions by counselors who weren't at work that day.

We filled 430 rows stretching across more than 40 columns. Then we had to make a critical decision: What criteria could we agree on to describe what we found? After discussions with our editor we agreed that we would describe troubled clinics as those with "deceptive practices or questionable billing." We compiled a list of audit findings that would qualify and went back through documents, cross-checking each other's conclusions. We discussed borderline cases and erred on the side of not counting clinics that might just have sloppy paperwork.

Bit by bit, we moved toward what became a key finding: Over two years, officials sent \$94 million to questionable clinics.

We had our foundation. And in the process of marinating in those reports and documents obtained through dozens of records requests related to the emerging troubled clinics, we had a good feel for where to focus our phone and ground reporting.

## THINK VISUALLY

Partnering with CNN meant that CIR reporters faced the added pressure of cultivating compelling sources willing to appear on national TV. Focusing our reporting for shoots started with frequent conference calls between CIR and CNN. The calls were strategy sessions: The CIR reporters talked through notes from interviews, and CNN's Senior Investigative Producer Scott Zamost suggested ways to turn anecdotes and tips into vivid news footage.

The collaboration with Zamost and investigative correspondent Drew Griffin required creative thinking. Zamost discussed strong visual sequences that might unfold if we got to the right place at the right time.

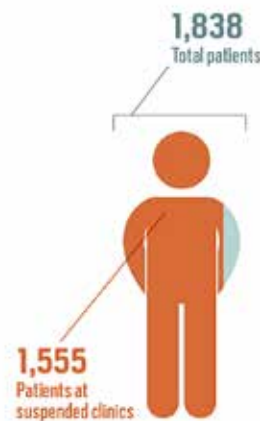
For instance, we had encountered former counselors who talked about kids who were bussed from foster care group homes to

## BY THE NUMBERS: DR. OLIVER'S CLINICS



**19** Total clinics with Dr. Howard Oliver as medical director

**16** Clinics suspended by state



SOURCES: Los Angeles County Substance Abuse Prevention and Control, Riverside County Department of Mental Health; CIR research  
ILLUSTRATION: Anna Vignot/The Center for Investigative Reporting

Dr. Howard Oliver, the most prolific medical director tied to suspect drug and alcohol rehab clinics in Southern California, approved treatment for more than 1,800 patients. Oliver acknowledged he never saw most of them, and the law doesn't require it.

rehab, including many who had no addictions. Zamost encouraged us to find out if similar activity was still going on, and if we could find a teen or two who would go on camera. We discovered when and where the vans were going. And after days of cold-calling and door-knocking, we found two teens willing to talk about being shuttled to rehab even though they had no addictions. We nailed down what Zamost envisioned, and it conveyed the story well for TV and for print.

Combining video and text needs added complexity and benefits. Once production got underway, we really had to hustle to find a steady stream of strong characters who were articulate and outspoken. The notion of national attention scared away several of our sources. Some worried that they would face retaliation from clinic owners – and one actually did receive threatening phone calls afterward. Others worried they wouldn't land another job in the industry or that they'd get in trouble for admitting involvement in fraud. We had to hunt for more sources than we actually needed, then winnow them down to the ones who could carry the story on camera.

The unexpected benefit was the greater likelihood that people would go on record for the written stories. When the big question on the table is 'will you go on camera,' being named as a source paled by comparison. In all, putting in the extra work

# VISUALIZING THE INVESTIGATION

BY SCOTT ZAMOST // CNN

Drug rehab, criminals and lax government oversight sounded like the makings of a good story for the first investigative reporting partnership between CNN and The Center for Investigative Reporting.

CIR reporters Christina Jewett and Will Evans were in the document gathering stages of an investigation into potential widespread fraud in California's drug rehab program, which is part of the largest Medicaid system in the U.S. It sounded intriguing. It was original and had national interest, but a Medicaid fraud story doesn't immediately come to mind when one thinks of compelling television.

There were no guarantees that anyone would go on camera or that we would even be permitted inside one of these clinics. Beyond interviews with former counselors and state officials, where would we go from there? But we thought the potential was strong, so I flew to San Francisco with Investigative Correspondent Drew Griffin to meet the senior CIR team.

Early on, we had to choose which subjects would illustrate the major findings for the TV stories. Four themes emerged: felons and others running drug rehab clinics despite being legally barred from doing so, teens with no drug issues taken from group homes for counseling, clinics allowed to operate despite a history of serious problems and, most importantly, years of poor government oversight.

Our first on-camera interviews were promising – a former counselor who claimed she was told to bill for clients who didn't exist and a former client who was taken to counseling from a group home for teens, even though she said she had no drug problem. But I kept pressing for visuals to show the widespread fraud.

Over the course of several months, the reporting team found more former counselors to support what the extensive documentation showed. But it was difficult to convince numerous people to go on camera. Our bar was high – we didn't want to do any silhouette interviews. Everyone had to be on camera with their real name, including a teen who was paid to go to drug counseling, which is against the law.

In the world of drug rehab, that wasn't easy. Luckily, there were plenty to choose from.

The team discussed who would be the strongest interviews to illustrate the larger problem. We zeroed in on a convicted felon who went to prison for an organized crime scheme in Texas.

Another clinic operator who was banned from billing Medicaid was actually arrested during the course of our reporting but continued to stay open and bill the state when he was out on bail. That would be the lead element for our first story.

Then there was the clinic that former employees claimed had been billing for "ghost" patients. We heard this time and again, and government audits repeated these claims. But how do you show that? After watching who went in and out of one particularly troubled clinic, I walked into the lobby one day because I saw no one there. It turned out they were closed on Wednesdays and did not offer any counseling. To show that, we later returned with hidden cameras. And the billing records ended up confirming what former employees claimed: The clinic was billing for clients on days that it was closed.

It wasn't until after we reached out to all the subjects in the story that we captured the key visuals. No one would talk, so we conducted extensive surveillance over several months outside multiple locations in southern California. When it came time to approach the clinic operators, only one stopped briefly to answer Drew's questions. It was the convicted felon who had been to prison, telling us his crime was "not what it seems."

After those exchanges, we had a compelling story for television. But what would turn out to be the most memorable part of the series was the state's repeated unwillingness to do an on camera interview. After weeks of getting nowhere, we found out that California's Secretary of Health and Human Services was chairing a public meeting. We returned to Sacramento and approached her as she was entering the building. At first, she refused to speak and headed toward the women's restroom, which was locked. She then stopped to answer one question but did not address our findings about why the widespread fraud was allowed to continue for years.

It wasn't until the week before "Rehab Racket" aired that a state official agreed to answer specific questions on camera.

For journalists considering a print/broadcast collaboration, it's critical to sort out the potential visuals in the beginning, cast a wide net for photos in social media, keep reviewing what is and is not working for both mediums and, above all, be flexible.

*Scott Zamost is senior investigative producer at CNN, where he has worked for six years. In his career, he has won 23 Emmys, five Murrow awards, two National Headliner awards, an IRE award and a National Press Club award among others.*



CNN Investigative Correspondent Drew Griffin tries to question California Health and Human Services Secretary Diana Dooley about widespread fraud in the Drug Medi-Cal program.



Alexander Ferdman, a convicted felon, smokes a cigar outside his drug rehab clinic in Panorama City, Calif. Ferdman closed the clinic in the wake of the “Rehab Racket” investigation.

CNN

of assembling dozens of sources made it easier to write with authority using rich detail and authentic voices.

## EMBRACE REJECTION

Investigative projects love to trumpet the dozens of sources whom reporters contacted to nail the story. But we don’t usually talk about the hundreds of phone calls that went nowhere. In this investigation, we learned to push through what at times seemed like an endless chain of unsuccessful cold calls.

We combed through lawsuits, old staff lists in government audits, clinic certification records, Medicare provider ID filings and wage claims lodged with the state to try to find insiders willing to talk. Many days we’d feel like we accomplished nothing; dialing up disconnected numbers, sending Facebook or LinkedIn messages into the ether or finally reaching people who wouldn’t talk.

But when we did get a hit, it was often a huge break – one that led to other sources and energized the team. Some of the people we assumed wouldn’t talk to us, because they were too high up, too involved in the fraud or had no axe to grind, turned into some of our best sources.

Sometimes, of course, people opened up initially then stopped returning calls. Some were skittish and couldn’t be convinced to help. But others just needed persistent pressuring – repeated reminders to call back in the midst of their chaotic lives or a knock on their front door from a friendly reporter.

## LEARN TO LOVE THE MEMO

As reporting evolves and themes start to emerge, it’s crucial to track them. Sounds boring, right? But when you’re compiling masses of information and logging several major interviews per week, it’s necessary.

Our approach was not incredibly elegant. We used shared Google document files to track major themes as they emerged – such as felons (we focused on fraud-related felonies) running rehab centers, misdeeds of medical directors, anecdotes of ghost billing and instances of Los Angeles County terminating clinics that the state later funded.

Some anecdotes seemed exciting at first but did not turn out to represent a broader problem. As intriguing information emerged, we constantly asked ourselves: Is this an isolated incident or a theme that cuts across the industry of taxpayer-funded rehab? For

instance, we discovered that one rehab clinic filed paperwork with the state for a new clinic site under the supervision of a medical director who was dead. The incident turned out to be isolated, though, so we didn’t focus on it as a theme.

Reporting with an eye toward themes helped guide our focus and which questions we asked as we encountered more former counselors and government workers who could help us with an insiders’ perspective.

When it came time to write story memos, we could turn to those theme files to present a coherent case for possible stories, sections of stories and follow-up pieces. The themes were like puzzle pieces that we could move around, making organization less of a struggle. Also, when starting each day with the question of ‘where should I focus today,’ building on key themes was a compelling approach.

## BEFORE YOU DROP THE BOMB

We learned some more valuable lessons along the way:

- Rake in all the information you think you’ll need before you drop the bomb. We encountered a deep freeze from official channels and public records officers after the first Rehab Racket stories published and aired. It was likely that after the story got high-profile attention, our requests were flagged for additional layers of review.
- Fight the tendency to save all of the interviews with authorities until the end. We talked to several people who were responsible for some of the failures at early stages in reporting. Doing so opened doors to key reporting pathways early in the game.
- Read the responses to your records act requests carefully for references to documents that you didn’t get. We got some official emails and investigations that referred to other documents that we didn’t get. We made a habit of going back and asking for the rest – and it often came through.

*Will Evans is a reporter for The Center for Investigative Reporting, focusing on government oversight. He previously worked at The Sacramento Bee.*

*Christina Jewett is a reporter focusing on health and welfare for The Center for Investigative Reporting. She previously worked at ProPublica and The Sacramento Bee.*

# WEED DIGGING

## *Data analysis uncovers lax oversight of medical marijuana in Oregon*

BY NOELLE CROMBIE // THE OREGONIAN

**IT BEGAN WITH A PHONE CALL TO THE NEWSROOM.** A reader wanted to talk to an Oregonian reporter about his arrest for marijuana possession while traveling through Texas. He was surprised when, even after handing the officer his Oregon medical marijuana card, he ended up in jail and his marijuana seized.

I was curious about the caller's predicament. Could Oregonians travel out of state with medical marijuana? How much were they allowed to have? Where did they get it?

The call never amounted to a story, but it set me on a months-long investigation of the Oregon medical marijuana program, which serves more than 55,000 Oregonians. The series, edited by managing editor Susan Gage and editors Steve Suo and John Killen, dug into the culture and politics of medical marijuana in Oregon and shined a bright light on a 15-year-old program that had never faced much public scrutiny ([bit.ly/1hESmCG](http://bit.ly/1hESmCG)). Through deep sourcing, I revealed how singer Willie Nelson, a Hawaii resident, became an Oregon medical marijuana patient; how a mother administered a daily dose of THC-rich cannabis oil capsules to her cancer-stricken 7-year-old daughter and took readers behind the scenes of the state's largest marijuana farm.

The stories revealed how Oregon's medical marijuana program had grown far beyond its original intent and operated largely without oversight from the state. The Oregonian's series generated thousands of comments on the paper's website, OregonLive. In 2013, the Oregon legislature approved a law creating a dispensary registry which allows the state to start tracking medical marijuana retailers this year.

Our series relied on strong law enforcement sourcing, as well as a wide range of contacts within the state's robust medical marijuana community, from patients to large-scale marijuana producers. It required an extensive review of dozens of court records, police reports, detailed records of drug-related traffic stops and analysis of the state's patient database.

Among the series' key findings:

- Nearly 40 percent of Oregon pot seized on the nation's most common drug-trafficking routes during the first three months



Beth Nakamura | The Oregonian

Dr. Thomas Orvald, a retired heart surgeon from Yakima, Wash., was featured as the busiest medical marijuana prescriber in the state. In the course of one year, Orvald signed off on 4,180 medical marijuana card applications.

of 2012 was tied to the state's medical marijuana program. The Oregonian's analysis of Oregon State Police highway stops in 2011 found that 1 in 5 marijuana-related stops had ties to the medical marijuana program.

- Oregon is home to a flourishing and unchecked retail market for medical marijuana. Authorities have little idea how much marijuana and cash move through the thriving industry.
- Nine doctors approved half the 56,531 medical marijuana patients and pending applicants in Oregon as of last fall. ([bit.ly/1bsOaS6](http://bit.ly/1bsOaS6))

### **Getting organized (the old fashioned way).**

The project was an ambitious one for a solo reporter juggling an early morning breaking news shift, which starts at 5 a.m. From the start, I maintained large three-ring binders for each story. Notes from interviews with what turned out to be dozens

# NEGOTIATING FOR PATIENT DATA

BY BETSY HAMMOND // THE OREGONIAN

We knew we wanted to get data to help us learn as much as possible about the people approved to use medical marijuana, the doctors who recommend it, medical marijuana growers and people serving as caregivers who can legally transport and provide marijuana to patients.

But we didn't want broad-brush statewide numbers. We wanted ages and ZIP codes of patients, names of the doctors making recommendations, ZIP codes of the grow sites and ID codes that would let us link patients (known by the age and ZIP code, but not by name) to their particular (but unnamed) grow sites, growers and doctors by name.

The state was willing to turn over information – but balked at nearly all the detail we wanted, particularly patient ages and ZIP codes. And they had at least two big defensive tactics to use against us: Bureaucratic caution and delays and the Health Insurance Portability and Accountability Act (HIPAA), the health privacy law that makes getting patient records a nightmare.

Ultimately, we were able to overcome both problems. We fought reluctance and delays by being persistent, polite, precise and patient.

We overcame the bigger problem of HIPAA restrictions by using Census data to show beyond a doubt that the records we would receive would not include “personally identifiable information.”

More specifically, we agreed on a plan to obtain patients' ages by five-year age range, such as 20 to 24 or 25 to 29, rather than by single year of age. Then, working with

our Oregon Census State Data Center, we painstakingly showed that nearly every Oregon ZIP code had at least 50 people of each age range, so the agency's release of a patient's zip and age range would not possibly disclose the patient's identity. For the relatively rare cases in which a ZIP code's population was too thin in any given range (such as people over 60 in a ZIP code filled with college dorms), we agreed to let the state suppress those patients' ages.

After scores of phone calls and emails to multiple officials and months of waiting for approval of our requests, we were able to get: ZIP code and age range of every patient (with a small percentage of ages suppressed); a code to link every patient to an unnamed grower and grow site; an unique identifier and ZIP code of each grower and site; every doctor by name and which patients (by ZIP and age, not name) they had approved for medical marijuana; which patients (by ZIP and age) were served by each unnamed ZIP-code-identified caregiver; and which qualifying medical condition or conditions each doctor had cited for a patient to qualify.

In the end, we were able to analyze those datasets using Census ZIP-code-level population figures as our denominator. This allowed us to paint a full portrait of which doctors recommended marijuana to the most patients, which ZIP codes were home to an unusually high percentage of marijuana card-holders, where all the medical marijuana was being grown, how many young cardholders were in the program and which ZIP codes housed the largest approved grow operations.

of sources were transcribed immediately and placed into the labeled binders. I used these files to track court records, police reports, public records requests and the status of those requests. Since I reported multiple stories simultaneously, this system allowed me to quickly sort material into notebooks that were essential and efficient when it came time to write and fact-check.

## Database analysis.

Oregon maintains a cardholder registry, which proved to be a treasure trove of information on patients, growers and caregivers. The data includes patients' ages, ZIP codes, qualifying conditions and the

names of physicians making medical marijuana recommendations. The agency also keeps ZIP codes of caregivers and marijuana growers.

Identifying the data was one thing. Getting it was another. Betsy Hammond, The Oregonian's database guru and statewide education reporter, and I spent weeks negotiating with the state to get key elements of the confidential cardholder database, which was stripped of names and other identifying information. Hammond's analysis helped lay the groundwork for parts of the series by identifying which ZIP codes were home to the highest percentages of patients; how many large-scale grow sites operated in Oregon and in which ZIP codes they were located; and the names of doctors issuing the most medical marijuana recommendations.





Mykayla Comstock is one of the youngest Oregon medical marijuana patients. At the time the Oregonian wrote about Mykayla, she consumed a potent form of marijuana each day to deal with symptoms of her illness and its treatment.

### Mining public records.

If you cover marijuana policy, you'll hear plenty from cops about black market trafficking. But can that diversion be quantified? We wanted to find out. The Oregon State Police was my first stop. I made a public records request for drug-related traffic stops on Oregon highways for the previous four years. I asked the agency to break down each stop by location, type of drug involved and the amount of money and drugs seized. For marijuana-related stops, I asked the agency to identify, when it could, whether the marijuana was medical and the state from which the motorist originated.

That data helped flesh out trafficking within Oregon, but what about out of state?

Pinning down nationwide data was trickier. During the course of my reporting, I obtained an Oregon State Police report that examined medical marijuana stops on the country's most common drug routes for the first three months of the year and found that nearly 40 percent of Oregon pot seized on those highways was tied to the state's medical marijuana program.

Idaho State Police had done something similar. The agency found that in the first three months of 2012, 40 percent of marijuana seizures of one pound or more on Idaho highways involved Oregon medical marijuana.

A federal law enforcement summary I obtained also illustrated the black market trend. It showed the nationwide marijuana cases opened in the previous two years that had Oregon ties. These were large-scale trafficking operations that made big profits and

trafficked hundreds of pounds of Oregon medical marijuana to at least seven states.

In the end, the data I pulled together from various sources, coupled with my own analysis of Oregon highway stops, showed a strong link between the state's medical marijuana program and trafficking within Oregon and beyond its borders.

### Fleshing out the data.

I spent days combing through court records of marijuana distribution cases to find a case that could illustrate how a typical marijuana trafficking operation works. One case stood out: A Boston transplant who found herself in rural southern Oregon selling medical marijuana to support herself was caught by Portland police. I relied on the court records and police reports, which included photocopied pages of her diary, as well as a brief but revealing interview with the woman, to show readers how these operations typically work. ([bit.ly/19XnRZc](http://bit.ly/19XnRZc))

In that case, the drug was trafficked through an unwitting shipping company. But what about the highway? Lynne Palombo, The Oregonian's news researcher, and I scoured local news sites daily for reports of Oregon motorists arrested for marijuana possession in traffic stops. One of those reports, just miles from the Oregon border in Idaho, caught my eye. Oregon State Police had stopped the motorist initially. I requested the Oregon State Police report and all entries from the trooper's notebook, which showed that the trooper had suspected marijuana was on

board but let the driver go after he said he was a medical marijuana cardholder. The officer then relayed a message to his Idaho counterparts, who then stopped the driver.

### Get out of the newsroom.

From the start, it was clear the project would require several trips to southern Oregon, the heart of the state's outdoor marijuana growing region. I traveled frequently to the area during the course of the project, developing sources, meeting with police, growers and patients. It was on one of those trips that I heard about James Bowman, a cannabis grower whose large-scale grow site had caught the attention of law enforcement. Federal raids of large outdoor marijuana grow sites the previous year made growers skittish, but Bowman agreed to meet with me – and with Oregonian photographer Beth Nakamura on a subsequent visit. Nakamura and I ended up spending hours at Bowman's place over the course of two days, capturing the operation, meeting his farmhands and talking at length with him about the risky business of growing pot.

Our analysis of the state's marijuana grow site data confirmed what I suspected: Bowman was Oregon's largest medical marijuana grower.

Within months of our story, U.S. Drug Enforcement Agency agents and local police raided Bowman's operation. He has not been charged with a crime, but the federal government shut down his farm.

Nakamura, Oregonian photographer Ross Hamilton and I made other trips to southern Oregon: We traveled back roads, toured marijuana gardens featuring towering plants and flew over the region in a police helicopter just before harvest. We showed Oregonian readers a part of the state few knew much about and highlighted how a lack of regulation and oversight contributed to the gray and black markets for the drug.

Our series coincided with shifting public opinions about marijuana, successful legalization campaigns in Colorado and Washington and the expansion of medical marijuana to other states. As momentum builds for legalization efforts in Oregon, The Oregonian's series offered readers a clear idea of where the medical marijuana program stands and laid the foundation for what has become a beat at the paper.

Throughout, I welcomed hearing from all sides, took criticism seriously and kept personal biases in check. I maintained a no-surprises policy when it came to my sources and my stories; sources always knew what I'd be reporting. And finally, the series served as a reminder that a single call to the newsroom may not sound like much of a story at first, but can, with some digging, lead to compelling journalism.

*Noelle Crombie has covered education, crime, federal court and, most recently, breaking news, for The Oregonian in Portland, Ore. She came to the paper 15 years ago from The Day in New London, Conn., where she was a general assignment reporter.*

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# Medicare data reveals improper prescriptions

BY JENNIFER LAFLEUR

When ProPublica's Charlie Ornstein filed a federal Freedom of Information Act request for Medicare prescribing data, he wasn't going to take no for an answer.

For good reason: the U.S. Health and Human Services Inspector General has found over the years that the Centers for Medicare and Medicaid Services was not monitoring how physicians prescribe under the 10-year-old, \$62-billion program.

ProPublica ([bit.ly/1gy7lhm](http://bit.ly/1gy7lhm)) worked with the Centers for Medicare and Medicaid Services to get the data and protect the agency's concerns. Reporters met with people from multiple departments to explain why we wanted prescriber data and why the agency should release it. To CMS' credit, it released data from 2007 through 2010 about prescribing by physicians and other providers under Medicare's drug benefit program, known as Part D. It was the first time Medicare had released prescribing information with provider identities.

The Part D data allowed us to find physicians who prescribed in unusual or possibly unsafe ways and to provide the public with data about how their doctors prescribe.

The data included any health professional who wrote a prescription that was filled by a Medicare Part D participant. In 2010, nearly 1.7 million providers wrote more than 1.1 billion prescriptions, including refills.

For each prescriber and drug, we received the total number of claims, including refills dispensed, the retail cost of the drug, the days of supply and the number of units (i.e. pills or ounces). In cases where a provider wrote 10 or fewer prescriptions for a specific drug, CMS removed prescribing totals to protect patient privacy.

CMS provided ProPublica with two different prescribing files for each year, allowing reporters to analyze the data in different ways. One file was broken down by provider ID and drug name. The other file was grouped by the first 9 digits of a standard code, called the National Drug Code, which is used to classify medications, and indicates the dosage strength of the drug.

Because some drugs are more dangerous to seniors, we also got prescribing data for patients 65 and older in 2010. The American Geriatrics Society compiles what's called the Beers list ([bit.ly/1fn8CZD](http://bit.ly/1fn8CZD)) of drugs that may be inappropriate for seniors; often safer alternatives exist.

The data analysts at CMS were invaluable in helping us better understand the data and running summary numbers that we couldn't calculate because of redactions.

For example, CMS did a special run of data on the top 500 drugs prescribed nationally and in each state, since our totals would have excluded all of those providers who prescribed drugs fewer than 10 times.

As with any data-based story, the data alone was not enough. To better understand the data, we consulted dozens of experts on how to do our analysis.

Several experts told us to look for outlier prescribers within drug categories, such as narcotics, antipsychotics or antidepressants. We used data from First Databank, a company that sells and analyzes health information, to assign drug brand names to specific categories.

We also interviewed many high-volume prescribers to better understand their patients and their practices. Some told us their numbers were high because they were credited with prescriptions by others working in the same practice. In addition, providers who primarily work in long-term care facilities or busy clinics with many Medicare patients naturally might write more prescriptions.

Because the Part D data included unique identifier codes, but did not include prescriber names, identifying the prescribers required us to match the prescribing data against two other data sets.

We received the data in SAS files, but ultimately loaded them into Microsoft SQL Server for processing. We also used Microsoft Access database manager and Excel spreadsheets for the analysis.

For those prescribers with a valid National Provider Identifier, we pulled names, addresses and phone numbers from data available for download ([go.cms.gov/1d7X3QX](http://go.cms.gov/1d7X3QX)) from CMS' website. The NPI data also indicates what providers reported as their primary specialties.

In some cases, prescribers did not have NPIs, but had DEA numbers. While DEA does not release its registration data, the National Technical Information Service

**Several experts told us to look for outlier prescribers within drug categories, such as narcotics, antipsychotics or antidepressants.**

(1.usa.gov/1iaSg6T) sells it. We obtained a database of U.S. Drug Enforcement Administration registrations from the National Technical Information Service to identify providers who did not have an NPI but did have a DEA registration number.

In other cases, we were unable to identify prescribers because pharmacies at times use “dummy” ID codes that credit prescriptions to an invalid individual, or they incorrectly enter prescriber codes for a prescription. Those represented about 1 percent of all claims.

The data allowed us to show that some physicians around the country prescribed impossible numbers of drugs to patients or prescribed drugs inappropriately to patients. ([bit.ly/1kwUDVJ](http://bit.ly/1kwUDVJ))

We found physicians writing Medicare prescriptions after they had been disciplined by state medical boards or kicked out of Medicaid programs.

We also made the data available online through an app we call Prescriber Checkup ([bit.ly/1mXS2jI](http://bit.ly/1mXS2jI)). We picked data points and characteristics that experts said were important to understanding a provider's prescribing and practice. These include:

- The percent of patients 65 or older: Medicare covers seniors as well as disabled adults, so a prescriber's drug choices may vary based on the nature of his or her practice.
- The percent of patients receiving at least one narcotic: Because of problems with abuse and misuse of these drugs, they are of particular concern.
- The percent of patients receiving at least one antipsychotic: These drugs are frequently given for reasons other than schizophrenia and other serious mental illnesses.
- The percent of patients age 65 or older receiving at least one antipsychotic: These drugs often are given to dementia patients, though they can increase the risk of death. Critics say they are sometimes misused as chemical restraints in nursing homes.

We also wanted to compare providers. Based on the advice of experts and our analysis, we showed providers against those in the same specialty and in the same state. We ranked each provider's top drugs in order of total claims. Adjacent to that provider's rank is the same drug's rank among all prescribers in the state with the same specialty. For example, a provider's No. 1 drug may be Lipitor, while for others in the specialty Lipitor ranks No. 12. We didn't show a ranking when there were 10 or fewer prescribers in a specialty in a given state.

The news app also included a chart that compared prescribers using a measure called Euclidean distance for each prescriber's drug preferences and volume. It compared providers to each of their peers and then calculated an average for each

provider. So on the chart, when a provider appears far to the right from others, it means his or her drug preferences and volume markedly differ from others.

That was just the beginning. We continue to work with the data to report other stories and plan to add features to the app and update it using 2011 data. We also plan to add tools to make it easier for other journalists to use the next round of data.

*As with most ProPublica projects, this was a group effort. Web developers Jeff Larson and Lena Groeger built the app and reporters Tracy Weber, Charlie Ornstein and Jennifer LaFleur analyzed the data and reported the stories. The stories also were published in The Washington Post.*

*Jennifer LaFleur is senior editor for data journalism at The Center for Investigative Reporting. Previously, she was the director of computer-assisted reporting at ProPublica and has held similar roles at The Dallas Morning News, the San Jose Mercury News and the St. Louis Post-Dispatch.*

**The data allowed us to show that some physicians around the country prescribed impossible numbers of drugs to patients or prescribed drugs inappropriately to patients.**

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# IRE RESOURCES

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## TIPSHEETS

**No. 3869:** “Cracking Codes.” Learn about datasets that can help localize health stories, including pharmaceutical company spending on doctors, nursing home violations and hospital quality, among others. We will dive into Medicare data and data that local and state reporters can use. (2013)

**No. 3432:** “Health Care on the Beat: Investigating Doctors and Drugs.” Duff Wilson’s tipsheet covers the health care beat - from doctors to drugs. The tipsheet contains information on the approach to your coverage and many useful links. (2010)

**No. 3349:** “Resources for Health Topics.” Alex Richards highlights data on health topics including mortality, prescription drugs and hospital performance. Richards points where to look for data from state pharmacy boards to Drug Enforcement Agency. (2010)

**No. 3133:** “Covering the Drug Industry.” This PowerPoint presentation goes into detail about covering the drug industry. It includes examples of industry reports, court documents and FDA warning letters. David McKie discusses various sources for reporters, as well as general advice for reporters on this beat. (2008)

**No. 3106:** “Tapping Research to Investigate Science.” This PowerPoint presentation recounts the steps taken by AP to report their Pharmawater series about drugs in drinking water. The tipsheet reviews the story and discusses how the authors went about a literature review and creating original surveys to fill in gaps in the data. (2008)

**No. 3096:** “Where to Score Good Drug Stories.” Mike Huckman lists five internet sources for covering the pharmaceutical industry. The sources include blogs, message board and the FDA. (2008)

**No. 2710:** “Tips for reporting on Vaccines, Mercury and Autism.” Lists numerous sources for reporting on autism and vaccines, ranging from research groups to doctors to government agencies. It also lists relevant web sites and journalists who have reported on autism and vaccines. (2006)

## STORIES

**No. 24797:** ProPublica. “Dollars for Docs.” The series investigates the relationship between pharmaceutical companies and the physicians they pay to serve as their speakers and consultants. ProPublica created a searchable database on its website that allows members of the public to see whether their doctors have been paid by one of seven pharmaceutical companies. (2010)

**No. 26007:** NBC/The Hansen Files. “Trial and Error.” “Trial and Error” is a year-long investigation into the way pharmaceutical drugs are tested and approved for sale in the United States. Our report examined the strength of the safety net that is supposed to ensure that the billion-dollar blockbuster drug of today won’t be the dangerous drug of tomorrow. (2012)

## THE IRE JOURNAL

**“Foster Care Rx: Medicaid data, court records show growth of off-label psych meds.” The Rochester Democrat and Chronicle.** Gary Craig explains the reporting that went into the Rochester Democrat and Chronicle’s two-day package that highlighted a significant increase in the prescription of psychotropic drugs to the area’s foster children. Craig explains what data was used for the story and how it was acquired and analyzed. (March/April 2008)

**“Rogue Market.” Houston Press.** In October 2003, The Washington Post published “Pharmaceutical Roulette”, a five-part series on the illegal drug market that operated in the shadows of the legitimate drugs distribution chain. These criminals stole, sold and supplied drugs threatening public health. Article includes tips on tracking drugs and sellers through public records and lists of tipsheets and online databases on health-related topics available from NICAR and the IRE Resource Center. (March/April 2004)

## EXTRA! EXTRA!

**“An effective eye drug is available for \$50. But many doctors choose a \$2,000 alternative.”** Doctors choose the more expensive drug more than half a million times every year, a choice that costs the Medicare program, the largest single customer, an extra \$1 billion or more annually, the Washington Post reports. Spending that much may make little sense for a country burdened by ever-rising health bills, but as is often the case in American health care, there is a certain economic logic: Doctors and drug-makers profit when more-costly treatments are adopted. (2013)

**ProPublica’s “Dollars For Docs” tool** helps reporters easily search data on payments from pharmaceutical companies to doctors and other health professionals. The available records come from 15 major pharmaceutical companies and represent \$2.1 billion in disclosed payments. Learn more at <http://projects.propublica.org/docdollars/>

# Fight College Censorship and Student Journalist Bullying

BY DAVID CUILIER  
UNIVERSITY OF ARIZONA SCHOOL OF JOURNALISM

**B**aaa baaa baaa baaa baaaaah. That's the sound of journalism students across the nation bleating, as our education system seems bent on raising a generation of sheep.

I'm amazed at the lengths college administrators go to hobble the campus press, particularly by giving students the run-around on public records and bullying them and their advisers into easing up on investigative reporting.

Over-controlling and secretive school administrators threaten the future of watchdog journalism. Administrators like those at Oregon State University.

## Pressure Rises at the Barometer

The OSU newspaper, The Daily Barometer, had, until recently, a really good adviser.

Kate Willson, a former newspaper reporter for the International Consortium of Investigative Journalists, was hired in 2012 to advise the paper. By modeling investigative practices, she taught students how to produce great stories from government data.

Last fall she requested employee compensation data and crime data to use for a student workshop. The university said it would require more than \$10,000 in programming time to copy the information and, citing a state exemption for computer programs, said it wouldn't provide a record layout or data dictionary. As she pressed for the information, the university also told her that as a public employee she wasn't entitled to make a request.

When Willson, student reporters and The Corvallis Gazette-Times appealed in January, a local district attorney ruled that record layouts and data dictionaries constitute trade secrets and proprietary software. Really?!? The journalists countered by submitting a new records request seeking a list of field names.

In the meantime, Willson, unsure her contract would be renewed in June, accepted a job at the Willamette Week. She was pressured out, a huge loss for the students, profession and society.

## Getting Worse Everywhere

These scuffles are all too common, says Frank LoMonte, director of the Student Press Law Center. In the past seven

years he's witnessed increased censorship, bullying and record denials in the student press.

In particular, LoMonte said universities are centralizing media requests through public information officers, causing unnecessary delay.

"Everything is about message control and image control, and employees are intimidated about being branded as leakers," LoMonte says. "There's been a clampdown on access to information of all kinds, both documents and interviews."

Records requests are run past lawyers to increase redaction and search fees, causing huge bills that college students can't afford. Anything and everything is deemed secret under the Family Educational Rights and Privacy Act, and presidential searches are hidden until the university has chosen its "final candidate." Some universities simply delay until summer break, when they know students will leave town and lose interest.

The good news is this is a great educational experience for what students might expect when they graduate. The bad news is this is teaching a lot of students to give up and give in.

## Push Back Hard

Students and pros CAN fight back. We must if we want to protect the future of investigative reporting. Here are some suggestions, gleaned from the Oregon example:

- **Challenge.** A lot of students assume university lawyers know FOI law, but most don't. They usually don't teach the subject in law school. Two-thirds of judges have never even had to adjudicate an access case. Appeal.
- **Face them head on.** Students too often rely on email. If a university delays, send a letter saying what time and day you will show up to look at the records. Then go there. It is much harder for someone to ignore a live, breathing person.
- **Tell citizens.** Universities are particularly sensitive to negative media coverage. When an agency denies records, they are withholding that information from the whole community. Tell them.
- **Team up.** At OSU, the university attempted to shut down the information by telling Willson she couldn't request records. But students and the Gazette-Times

rose to the challenge. Band together. We have strength in numbers.

- **Make the denial the story.** Recently, a reporter told me she was denied data because the agency said it would require hundreds of hours of programming to copy data from Lotus. If it takes that long to export data from commercial software then the problem is with the agency's staff, not the computer program. Just how inept is the organization? There's the story.
- **Scrap FERPA.** The Family Educational Rights and Privacy Act is the most twisted law on the books, and it needs to be canned. We need sensible legislation that protects student privacy without shielding problems in the education system.
- **Go national.** The Student Press Law Center, Reporters Committee for Freedom of the Press, IRE and the Society of Professional Journalists eat this stuff up. Ask them to write letters, provide legal assistance or send someone into town to hold a press conference. I've seen it work. The SDX Foundation's Legal Defense Fund just provided \$5,000 to students challenging closed police records at Otterbein University. Tap that war chest.

Administrative bullying of college students, traditionally a problem on campuses, is getting worse. We have a responsibility to stand beside students, show them they are

## More information

**Student Press Law Center recap of the Kate Willson debacle:** [splc.org/news/newsflash.asp?id=2649](http://splc.org/news/newsflash.asp?id=2649)

### Advocacy groups that can help:

- Student Press Law Center, [splc.org](http://splc.org)
- Society of Professional Journalists, [spj.org](http://spj.org)
- SDX Foundation Legal Defense Fund, [spj.org/ldf](http://spj.org/ldf)
- Reporters Committee for Freedom of the Press, [rcfp.org](http://rcfp.org)
- Investigative Reporters and Editors, [ire.org](http://ire.org)
- National Freedom of Information Coalition Knight FOI Fund, [nfoic.org/knight-foi-fund](http://nfoic.org/knight-foi-fund)

supported and help them become dogged investigative reporters of the future.

We need watchwolves, not watchsheep.

*David Cuillier, Ph.D., is director of the University of Arizona School of Journalism in Tucson, Ariz., and president of the Society of Professional Journalists. He is co-author, with Charles Davis, of "The Art of Access."*

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# Student newspaper exposes sexual harassment at South African university

BY PRELENE SINGH, EMELIA MOTSAI AND SHANDUKANI MULAUDZI  
WITS VUVUZELA (JOHANNESBURG, SOUTH AFRICA)

The Wits Vuvuzela, the student newspaper of the University of Witwatersrand (Wits) in Johannesburg, played a key role in 2013 in exposing and reporting incidents of sexual harassment on campus.

## Background

Before we started our investigations, allegations of lecturers harassing students had been an “open secret” at the university, according to a number of our sources and members of our team. Students and staff members had whispered about it and about the lecturers who were doing it. A few victims had even reported incidents, but these cases had been dismissed due to lack of evidence. The university took action only after the media had reported the accusations.

In 2012, student reporter Kirsti Buick wrote a story about allegations of a professor asking students for sex ([bit.ly/Qu1lmj](http://bit.ly/Qu1lmj)). Although the story did not name the accused professor, as none of the alleged victims were willing to give their names or lay official charges, it did, however, alert the university community to the issue of sexual harassment.

## Investigating the Accusations

In March of 2013, #teamvuvu (as we’re known) discovered a drama lecturer had been accused of sexual assault and misconduct by some of his students. After the national newspaper, The Sunday Times, broke the story, the Vuvuzela staff decided we would take the story further. We decided to interview more people who could give information about sexual predators within the university.

Through our investigations, we exposed two more lecturers involved in sexual harassment of students. We named the politics lecturer alluded to in our 2012 story. We also confirmed allegations of sexual misconduct against a professor in the department of media studies. We named and exposed these lecturers because we had sufficient evidence against them as well as sources willing to make official complaints and stand by their complaints after the articles were published. As a student paper, we had inside access to the campus community, and we made use of these resources.

We confirmed the identity of the accused politics lecturer with the help of Kirsti Buick, the former #teamvuvu member who had initially written about sexual harassment in 2012. Buick was an intern at the Vuvuzela in 2013 and assisted with mentoring the current team. She told us the details of her initial story, and we followed up by interviewing members of the relevant department about its response to the allegations. Despite the university’s silence on the matter, we confirmed through these discussions that the accused politics lecturer was under investigation.

Dineo Bendile wrote the story in which the media studies professor was named. She spoke with other women who had made allegations against him and then interviewed the accused lecturer. Because she had studied in the department, she had the students’ trust, and they spoke to her openly about what had happened to them. She spoke to the lecturer in the presence of another #teamvuvu journalist, confronting him with the allegations without revealing the names of her sources, as she had promised to protect their identities. In the story, she came out as one of the alleged victims of the lecturer and told her own story of harassment.

## Overcoming Obstacles

During the inquiry into his case, the accused media studies professor made an official complaint to the university Media Board against the Vuvuzela staff. He took issue with the Vuvuzela’s having one of the alleged victims write the story in which he was named as an accused sexual harasser. We had assigned Bendile to the story for two main reasons. Firstly, the journalist had been taught by the lecturer and was likely to know people from the course who shared similar experiences.

Secondly, the Wits Vuvuzela’s team felt student victims of harassment would feel more comfortable sharing their stories with someone who had been in the same position. During the early stages of planning, the journalist’s incident was not identified as one of the stories that would be featured in the article.

However, we later decided to include it as a form of transparency and impartiality. Her story was not in the main body of the article but rather under the subhead ‘My Story.’



The lecturer laid a complaint with the media board and claimed that her approaching him for an interview regarding the allegations of sexual harassment, without disclosing to him that she was also one of his accusers, violated the Media Board's ethical code. The Media Board, however, decided unanimously that no violation had occurred.

Our journalists faced further obstacles when speaking to the university legal office and official spokesperson. These individuals said they were allowed to give only limited information. And in certain instances, they even refused to speak altogether. Likewise, the various department heads said they could speak only to the degree the university allowed because the hearings had not started and certain information remained confidential.

Despite what seemed like a falling-out between our paper and the university, #teamvuvu does not regard the current relationship with university officials as problematic. Although officials had refused to speak in certain instances, our journalists were called upon to give evidence and to assist the external legal firm conducting the investigations once they began.

## Seeing Results

Our sexual harassment investigations made the university aware of a campus-wide problem and led to university management taking serious action against the accused lecturers. After we started our investigations, the university took fewer than five months to react. Four lecturers were suspended. Then a disciplinary hearing was established and two of the lecturers were dismissed. Wits Vuvuzela exclusively named the first two lecturers who were dismissed when the university would not name them. A third has since been dismissed and the fourth has resigned.

Our investigations also led the university to embark on a process of redefining appropriate lecturer-student relation-

## About Wits Vuvuzela

Seventeen student journalists, known as #teamvuvu, produced, designed and distributed Wits Vuvuzela. The print newspaper and its online component, Wits Vuvuzela Online ([witsvuvuzela.com](http://witsvuvuzela.com)) are part of the practical requirements for of the honors degree in journalism. For the Website, which operates on a 24-hour basis, we produced multimedia content, including infographics and visualizations, audio, video, curation and social media.

ships. The university has launched a campus-wide inquiry into sexual harassment and is changing its sexual harassment policies. This includes defining sexual harassment and providing adequate support for victims.

Sexual abuse of students by lecturers happens not just at our university but across the country. Although we were the first to report on the issue at Wits University, some national newspapers have also reported on it and helped to raise awareness of the issue.

As student journalists just starting our careers, we gained an abundance of knowledge and experience while investigating these allegations. What we have learned in this course and especially covering this huge story has prepared us for "real world" investigative journalism.

*Prelene Singh, Emelia Motsai and Shandukani Mulaudzi are students at the University of Witwatersrand, Johannesburg.*

*Vuvuzela are plastic horns used by fans at World Cup games in South Africa.*

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# Snapshots from our blogs

## Transparency Watch: Virginia Supreme Court overturns blackout, opens public access to audio recordings of oral arguments

BY MICHAEL LEE POPE, ALEXANDRIA GAZETTE

Members of the Virginia Supreme Court have a New Year's Resolution — to become more transparent.

Starting this year, members of the public will finally have access to audio recordings of oral arguments. The recordings were once public, but installation of new recording equipment in January 2008 changed that. As the Alexandria Gazette Packet first reported last summer, justices instituted the blackout policy because they were concerned their sidebar conversations between justices might be audible ([bit.ly/LNYgHy](http://bit.ly/LNYgHy)).

"That was a lame excuse," said Del. Dave Albo (R-42). "I'm glad they decided to change this without the General Assembly passing legislation to make it happen."

As it turns out, legislation was already in the works. Prompted in part by the Gazette Packet's report, Wise County Clerk of Court Jack Kennedy approached Del. Terry Kilgore (R-1) about introducing legislation requiring the court to release audio recording of oral arguments. Draft language for House Bill 1018 said audio records of Supreme Court oral arguments "shall be made publicly available in electronic format without fee within a reasonable time after oral arguments take place."

"I'm a Democrat, and he's a Republican," said Kennedy, who lives in Kilgore's district. "But transparency should not be a partisan issue."

Read the full story at [alexandriagazette.com](http://alexandriagazette.com).

## Fire data helps show scope of arsons

BY THOMAS HARGROVE

Convicted arsonist Kenneth Allen paused for a moment during an interview in front of our television cameras at his Muncie, Ind., home. Then he offered a remarkable admission.

"There isn't a day that goes by that I don't think: 'Man, I was a monster.' I'm just thankful no one was hurt," said Allen, who had spent nearly four years in federal prison.

Allen helped lead a ring of 46 men and women who were convicted of setting at least 73 home and vehicle fires and collecting at least \$3.8 million in insurance payouts — the largest known arson conspiracy in U.S. history.

Allen set fire to his own home three times and burned two vehicles in his driveway. He also set at least 10 more fires at the homes of friends, taking a cut of the resulting insurance payouts. Fire investigators failed to detect that any of the 73 fires was set deliberately or notice any suspicious patterns. It's a failure that's repeated constantly during fire investigations across the country.

The U.S. Fire Administration for many years has reported that only 5 percent of all residential fires are intentionally set. This statistic is why arson was not on anyone's radar screen as a national problem.

Arson in America ([bit.ly/1cQGvNi](http://bit.ly/1cQGvNi)), our data-driven investigation into 1 million building fires reported to the Department of Homeland Security 2006-2011 uncovered the real scope of the problem. We discovered widespread and significant errors in detecting and reporting arsons. In fact, at least 76 percent of detected arsons were not reported to the federal government, based on our audit of nine cities.

Our investigation determined that tens of thousands of arsons are missed every year by inadequately trained fire investigators. We also uncovered:

- 54,860 fires at buildings with multiple fires, none of which were reported as arson.
- 42,434 fires at buildings that experienced foreclosure, according to the national mortgage monitoring firm RealtyTrac.
- 3,561 fires that had multiple points of ignition, suggesting someone set several fires at once.
- 77,596 fires in unoccupied or vacant buildings.

In all, we found that there were 163,000 highly suspicious fires that were not reported to be arsons, at least one in every eight fires. In some cities, like Phoenix, nearly half of all fires appeared to be suspicious.

At the heart of the investigation is a little-used dataset called the National Fire Incident Reporting System ([1.usa.gov/1jukSs1](http://1.usa.gov/1jukSs1)), or NFIRS. It's a rich dataset that almost never gets used by journalists for a reason — it's a bear to deal with.

The project began when University of Tennessee computer science professor David Icové contacted Scripps after the 2010 Murder Mysteries project ([bit.ly/1anvZCI](http://bit.ly/1anvZCI)), for which we had developed an algorithm to identify victims of serial killers in FBI Supplementary Homicide Report data. Icové asked if we could do the same thing with serial arson using NFIRS. He is a former member of the FBI's fabled Behavioral Science Unit, which eventually morphed into the Violent Criminal Apprehension Program or ViCAP.

Icové asked if we could obtain the NFIRS records. Federal authorities provided these data at no cost on six CDs. Each year's NFIRS came broken down into 19 reporting modules that had to be joined by creating 25-character case ID numbers. It took a solid month, no kidding, to understand and assemble these records.

(Note: If you are considering obtaining NFIRS for your own reporting, I've posted the IBM SPSS syntax files, which load and link the data sets, on Dropbox ([bit.ly/1elc3yA](http://bit.ly/1elc3yA)). If you use SPSS, these files can save you at least 100 hours of misery.)

After building a dataset of many millions of fire service calls, we reduced the data to 1 million building fires reported from 2006 through 2011 because we wanted to study arson.

Icové told us that "the best predictor of whether a building will catch fire is whether it has signs of financial distress such as multiple liens." That prompted our partnership with RealtyTrac.com to get information on foreclosure data. They were able to match 430,000 fires to mortgage records, which showed at least 47,000 had experienced foreclosure during this period. (We later tightened that to

about 42,000 to eliminate some records that may have been mismatched.) These buildings were doubly unlucky since they experienced both foreclosure and fire. Realty-Trac statisticians estimate buildings that experienced fires have more than a 50 percent increase in the rate of foreclosure over all other buildings.

But the Allen conspiracy also taught us to look at structures that experienced multiple fires over time. About 5 percent of all fires in our data occurred at buildings that have had two or more fire events. We found some structures that experienced five and even 10 fires, yet most were not reported to be deliberately set.

Allen also made a mistake when he burned down his garage. He set multiple fires to ensure the structure would fully burn – a mistake that novice arsonists often make. Fortunately for him, the Muncie fire investigator missed the clue. We found 3,500 other fires nationwide with multiple ignition points that were not reported to be arson.

Finally, Ilove recommended that we look at abandoned building fires that were not reported as arsons. His premise was simple: spontaneous ignition can happen, but is exceedingly rare. We found 77,000 fires in abandoned buildings that were almost certainly caused by human activity.

The NFIRS dataset is a remarkable tool allowing journalists to study, in detail, fire events in their communities. The system reported the exact street address including ZIP codes, the precise date and time of the fire and whether there were deaths or injuries. These records can be easily geocoded to show where fire is more likely to occur.

*Thomas Hargrove is a national correspondent for Scripps News Washington Bureau. Contact him at [hargrovet@shns.com](mailto:hargrovet@shns.com).*

### Court rules in favor of S.D. paper, allows access to food stamp data

A federal appeals court has ruled that Argus Leader Media can seek government data on how much businesses take in from the food stamp program, the Sioux Falls, S.D. paper reported. ([argusne.ws/M5vgdH](http://argusne.ws/M5vgdH))

In January, the U.S. Court Appeals for the Eighth Circuit reversed a district court ruling and determined that a federal statute that created the food stamp program does not prohibit the USDA from disclosing the revenues businesses earn from it.

Last year Jonathan Ellis, of the Argus Leader, wrote about the paper's lawsuit for IRE. Read his post here: [bit.ly/1mnbBqG](http://bit.ly/1mnbBqG)

### NYPD denies FOIA request for department FOIA guide

The New York Police Department's Freedom of Information Law Unit is refusing to release its FOIL guide. Yes, you read that right.

Public records request service MuckRock asked for the document in late December. In February, a lieutenant in the department's records unit denied the request, calling the guide "privileged as an attorney-client communication."

You can be sure MuckRock is appealing the decision. Read more here: [bit.ly/1jJUGWS](http://bit.ly/1jJUGWS)

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Contact: Lauren Grandestaff, [lauren@ire.org](mailto:lauren@ire.org), 573-882-3364

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Contact: Elizabeth Lucas, [liz@ire.org](mailto:liz@ire.org). To order data, call 573-884-7711.

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### PUBLICATIONS:

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Contact: Megan Luther, [megan@ire.org](mailto:megan@ire.org), 605-996-3967

**UPLINK** – An online publication by IRE and NICAR on computer-assisted reporting. Uplink stories are written after reporters have had particular success using data to investigate stories. The columns include valuable information on advanced database techniques as well as success stories written by newly trained CAR reporters.

Contact: David Herzog, [dherzog@ire.org](mailto:dherzog@ire.org), 573-882-2127

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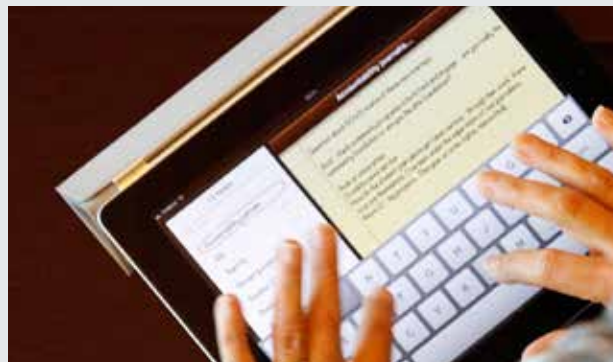
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