City Payroll
Beginner and advanced ideas for using this essential data set

The Facility Fee
A step-by-step guide to reporting on ER bills

Building Trust
How to gather support for press freedom in a "fake news" era

The Investigative Reporters & Editors Journal

FIRST QUARTER 2019

INSIDE THE IMPLANT FILES

PG. 33

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IRE Journal

FIRST QUARTER 2019

Luke Whitbeck, 2, has a rare hereditary condition and needs a weekly enzyme infusion of an orphan drug to treat the disorder.

HEIDI DE MARCO/KHN

HEALTH CARE INVESTIGATIONS

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Cover art by Christina Chung of ICIJ

DIRECTOR'S NOTE

Investing in IRE training

Our members love data, so please enjoy a few key numbers from IRE training last year:

5,200+: Journalists trained at national conferences, Watchdog Workshops, custom newsroom trainings and online. That's a jump from about 4,800 in 2017 and 3,900 in 2016.

300: Journalists connected through our mentorship program at our national conferences.

83: Fellowships and scholarships awarded to attend our annual conferences and data boot camps.

45: Students and faculty who attended the first event in our IRE-Mizzou workshop series at the University of Missouri. The new monthly program features a core investigative topic — plus food! The concept could be replicated on any college campus. Please contact David Herzog (david@ire.org) for guidance on starting a series at your university.

7: Data boot camps, up from four the previous year. Thanks to generous support from the Park Foundation, we added three new boot camps beyond those offered at our University of Missouri headquarters: a CAR boot camp in Indianapolis, R in Chicago and Python in Pittsburgh.

6: National journalism conferences with IRE trainers offering sessions and/or conducting workshops: Asian American Journalists Association; Education Writers Association; Excellence in Journalism (SPJ and RTDNA); National Association of Black Journalists; National Association of Hispanic Journalists; and NLGJA, the Association of LGBTQ Journalists.

2: International journalism conferences that included IRE trainers: Arab Reporters for Investigative Journalism in Jordan and the Media Institute of the Caribbean in Jamaica.

IRE's laser focus on training is made possible by a diverse revenue stream. As a lean nonprofit, IRE relies on membership dues, conference registration fees, sponsorships, foundation grants and individual donations to support our work.

Last year also brought a generous $185,000 bequest from the estate of IRE member Eric B. Sager of West Virginia. His gift will fund several annual fellowships to our national conferences. We'll share more this year about ways to include IRE in your estate planning so that part of your personal legacy can be ensuring that IRE remains strong and vital.

IRE will be able to provide even more training in 2019. Based on strong financials and increased demand, we recently added a fourth full-time trainer to our team. Our trainers bring a diverse and impressive range of expertise to IRE.

Their work, combined with the skills of the full IRE team, enable us to be nimble and responsive to the changing needs of newsrooms. ◆

Doug Haddix
Executive Director of IRE and NICAR

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MEET THE TEAM

Two veteran journalists join IRE as trainers

Award-winning TV journalist Patti DiVincenzo and investigative data journalist Francisco Vara-Orta joined IRE as trainers in February. Their hirings mark an IRE milestone — the first time the organization has employed four full-time trainers.

DiVincenzo and Vara-Orta join Cody Winchester as trainers. Former trainer Mark Walker recently left IRE for a position in the Washington, D.C., office of The New York Times.

Patti DiVincenzo has spent more than three decades working in TV stations across the country, starting in Topeka, Kansas, and eventually landing at WSB-TV in Atlanta, where she was an investigative producer and data specialist for 16 years. A longtime member of IRE, she joined the staff as a training director in February 2019. DiVincenzo earned a bachelor's degree in journalism from the University of Kansas.

Francisco Vara-Orta brings 17 years of newsroom experience to his role as an IRE trainer, which he began in February 2019. He has worked for a variety of online and print publications, including Chalkbeat, Education Week, the San Antonio Express-News, Austin Business Journal, Los Angeles Business Journal and the Los Angeles Times. He earned a master's degree in investigative/data journalism at the University of Missouri and a bachelor's degree from St. Mary's University in San Antonio.

IRE NEWS

Bracey Harris receives first Journalist of Color Investigative Reporting Fellowship

Bracey Harris of The Clarion-Ledger in Jackson, Mississippi, will serve as IRE's first Journalist of Color Investigative Reporting Fellow. Harris, an education reporter, has been at the paper since September 2015. She previously worked at WLBT News in Jackson as an associate morning producer. She is a graduate of the University of Mississippi.

IRE's new yearlong fellowship is designed to increase the range of backgrounds, experiences and interests within the field of investigative journalism, where diverse perspectives are critically important. The 2019 fellowship was open to U.S. journalists of color with at least three years of post-college work experience.

As part of her fellowship, Harris will explore the effects of school integration on black families in Mississippi. Learn more at bit.ly/harrisfellowship.

IRE Board of Directors strengthens code of conduct

The IRE Board of Directors voted unanimously to update the IRE Principles, the code of conduct for IRE events.

The update includes language that more explicitly bans discriminatory and harassing behavior from IRE events. While these were never permitted at IRE events, it was important that we spell it out more clearly. Also included is language laying out that the code of conduct covers the entire time you attend an IRE event, including outside of specific conference events, such as at the bar or the rest of the hotel at all times.

The update also includes a way to contact IRE board members outside of scheduled program hours to report violations of the code of conduct.

Learn more about the update at bit.ly/IRECode.

Read the IRE Principles at ire.org/conduct.

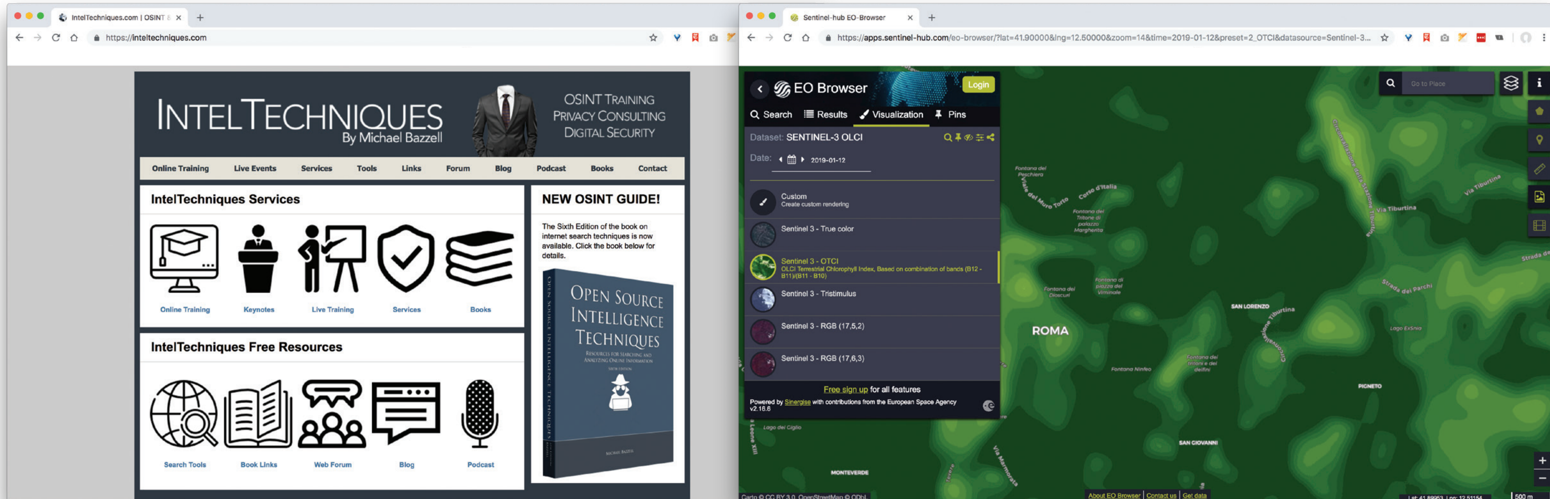
INVESTIGATOR'S TOOLBOX By **Nancy Coleman**, *IRE & NICAR*

User-generated content

Crowdsourced visuals on social media can help break news and launch investigations, but reporters need to be able to confirm the accuracy and origin of a photo or video. Try these nine tools.

Category	Tool	Cost	Description
VERIFYING VISUALS	**TinEye** *tineye.com*	Free	TinEye is a reverse image search program — similar to Google's search-by-image service — you can use to check if a photo has been altered and to compare it with similar photos. The program also has filters to help find where comparable images have been posted.
	FotoForensics *fotoforensics.com*	Free	Look at a digital photo's metadata — known as Exchangeable Image File (EXIF) data — to determine when and how the photo was taken. This website, and other similar services such as exifdata.com, can tell if a flash was used, the date and time the photo was taken, and sometimes the location. Photos from most digital cameras and smartphones have EXIF data; however, it's possible to disable or remove a phone's EXIF data, and most social media sites delete a photo's EXIF data when it's uploaded.
	Amnesty International Citizen Evidence Lab *bit.ly/AmnestyEvidence*	Free	Paste a YouTube link into the YouTube DataViewer's search bar to see when the video was uploaded. Then, reverse-image search the video's thumbnails to find if and when the footage has been shared before. The site was created to help users distinguish between new videos depicting human rights violations from older footage being re-shared in a different context.
VERIFYING LOCATION	**Google Earth** *google.com/earth*	Free	View 3D renderings of satellite images to crosscheck certain landmarks in a photo or video against those in the area where a photo or video may have been taken.
	Picodash *picodash.com*	Prices vary; starts at $10 for exporting fewer than 10,000 posts/users	Export Instagram data showing a user's posts, followers, comments, hashtags and the locations where they posted. The data will export to a spreadsheet for easy analysis.
	TweetDeck *tweetdeck.twitter.com*	Free	Use TweetDeck's geolocation filters to search for tweets posted from specific locations. You can further narrow your search by filtering down to only posts with photos or video — but keep in mind that this only shows where an image was uploaded, not necessarily where it was taken.

IRE members share their favorite UGC verification tools and examples



Jane Lytvynenko, *BuzzFeed News*

InVID Verification Plugin (*bit.ly/InVIDplugin*): Online disinformation takes many forms, but increasingly it's being spread through video and images. Using the free Chrome or Firefox InVID plugin, reporters can upload a video or drop in a URL. InVID will provide any available metadata and separate the video into keyframes and thumbnails that can be closely examined or reverse-image searched.

IntelTechniques Search Tool (*inteltechniques.com*): Facebook's search bar often yields comically unhelpful results, but there's a workaround that reporters can use to get the information they need. After finding a page or profile that requires investigation, a reporter can use this tool to generate a Facebook User Number — an ID unique to each page or profile on the social media site. Copy and paste that number into the Facebook Tool on the IntelTechniques website and a whole new world opens up. For example, reporters can see any posts a person liked, groups they belong to or events they attended. It's also possible to target multiple profiles to check what they might have in common.

Benjamin Strick, open-source analyst

Sentinel Hub (*sentinel-hub.com*): I primarily use it to create timelapse segments of satellite imagery. Sentinel Hub allows me to easily see changes on Earth, whether it be the removal or destruction of buildings, or the establishment of new structures, both temporary or permanent. The tool includes presets of different satellite bands to show variations in vegetation, agriculture and humidity. It also allows for custom script embedding (you can find some examples on GitHub) to highlight specific variations — for instance, a script that highlights burning and fires.

Strick contributed to the BBC's September 2018 investigation of a viral video showing the murder of two women and two young children in Cameroon. To help verify where and when the video was taken, Strick and the BBC's new investigative unit, Africa Eye, compared landmarks such as trees and buildings shown in the video to satellite imagery.

DATA DIVE By **Claire Mitzel**, *IRE & NICAR*

City payroll

Requesting data on salaries of government employees can lead to important watchdog discoveries. We asked two reporters to deconstruct their city payroll projects to show how you can use this beat-reporting staple for a variety of investigations.

Beginner Level **Michael Scott Davidson**, *Las Vegas Review-Journal*

After noticing that some government employees in one Nevada county were receiving $100,000 or more by **selling back unused sick and vacation time**, reporter Michael Scott Davidson decided to dig into employee payouts.

Tools

Excel, Illustrator, Tabula, Adobe Acrobat Pro

Link

bit.ly/NVpayroll

Davidson noticed the large payouts while working on a payroll story soon after he started covering Clark County for the Review-Journal. He found basic salary information on the nonprofit website Transparent Nevada, but decided to ask the county for more detailed information. Officials sent him a spreadsheet that broke down all payments and compensation employees received, including those made upon separation. That's when he noticed something interesting: columns titled "final sick cash out" and "final vacation cash out."

Officials told him the columns represented compensation for unused sick and vacation time. Employees could sell back unused time when they left their employer. Davidson did some research and found stories about similar programs in other cities across the country — but he noticed the amounts his government doled out were larger than others. Looking through his spreadsheet, Davidson saw some local employees received hundreds of thousands of dollars from sold-back benefits.

Intrigued, he requested even more data. This time, the scope included all government employers in Clark County and surrounding areas, specifically "payouts of sick and vacation time at separation." Davidson said it's important to ask for "separation" data because it encompasses employees who leave for a range of reasons — whether they retire, are fired or leave on their own.

He received payout data from 22 local government employers, including school districts and police departments. Most of the payroll data came in Excel files, but some were sent in PDFs. He also searched online for comprehensive annual financial reports. These documents helped him identify "compensated absence liability," a tally of how much each city owed employees for unused paid time off at the end of a fiscal year.

He learned that, over the past five years, local governments in Nevada's two most populous counties paid out $215 million for unused sick and vacation time. Through interviews, he also discovered that departments don't budget for the payouts, which caused delays in hiring replacements.

The data showed 25 people received payments of more than $250,000, and 344 departing employees received payouts of $100,000 or more. And that was just local government employers. Davidson tried to get state-level data, but officials argued the information was part of departing employees' personnel files and exempt from disclosure.

Davidson said other reporters could easily replicate the project. For the data locked in PDFs, he used Tabula and Adobe Acrobat Pro's OCR reader to convert the files to spreadsheets. Once all the data was in an Excel file, Davidson used pivot tables to calculate the total and largest payouts per local government, and which type — sick or vacation — paid out more.

The Review-Journal graphics team used Adobe Illustrator to visualize how a small group of people received the majority of payouts. ◆

Advanced Level

Ryan Menezes, Jack Dolan and Gus Garcia-Roberts, *Los Angeles Times*

Ryan Menezes, Jack Dolan and Gus Garcia-Roberts used payroll and pension board data to show how **a program that allows cops and firefighters to collect their pension while working was prone to abuse**. For years, Dolan had heard the program didn't work as it was supposed to. The trio dug in and proved it.

Tools

PostgreSQL, Python, Illustrator

Link

bit.ly/DROPabuse

When Los Angeles cops and firefighters turn 50, they have the option of enrolling in the Deferred Retirement Option Plan (DROP). The program lets them collect their paycheck and a pension while working a few more years before retiring. The program is geared toward keeping experienced employees so they can mentor younger ones.

Public safety employees who are at least 50 years old, have served at least 25 years and are on active duty can enroll in the program and stay in it up to five years. During that time, their pensions are deposited into a special account that earns 5 percent interest. The catch? They only have to be on active duty the day they enroll. If an officer gets hurt the next day, he can go on extended leave and still earn a pension and salary.

Dolan requested a decade's worth of police and fire department payroll data from the city controller's office and worker's compensation data from the state Department of Industrial Relations to learn if employees using the program were taking significant time off.

The data came in CSV format with millions of records spanning multiple files. Dolan enlisted Menezes to help tackle it. He also requested and received records from the pension board to identify the DROP recipients and how much they'd been paid. Menezes said the final dataset totaled around 50 million records — one of the largest he's worked with.

Dolan and Menezes merged the CSV files and cleaned the combined file to ensure fields like job titles were the same across payroll and pension records. Then they moved the database to PostgreSQL. The master dataset was hosted on an office desktop so multiple people working remotely could access it at the same time.

To analyze the data, Menezes said they ran SQL queries, which often took minutes to complete because of the file size. Menezes also used Python to analyze smaller sections of the database, such as a single employee's payroll data. Working with the "pandas" and "Matplotlib" libraries in Python, he created visualizations of employee time cards showing when they worked and when they were on leave.

The team's analysis showed that many cops and firefighters took extended leave soon after signing up for DROP. Since the program started in 2002, the city has paid out more than $1.6 billion in extra pension payments. Of the 2,583 people who enrolled between July 2008 and July 2017, 860 collected more than $1 million in salary and pension payments.

SQL queries helped the journalists identify some of the top earners from the program, and social media and other records corroborated leave dates of people who wouldn't talk on the record. One firefighter, for example, took a year off for a knee injury, but online race results showed he appeared to run a marathon less than two months after the injury. Workers' compensation records showed that enrollees' injuries weren't from intense action but rather common ailments like carpal tunnel syndrome and high blood pressure that could occur regardless of the job.

Since the investigation published in February 2018, Menezes said they've continued to update the dataset and use it to break stories. The city and pension board also agreed to suspend pension payments if an employee takes an excessive amount of time off in one month. ◆

On average, employees in the Deferred Retirement Option Plan used more than twice as much disability and sick time in 2016.

DROP 296 hours

Other employees 123 hours

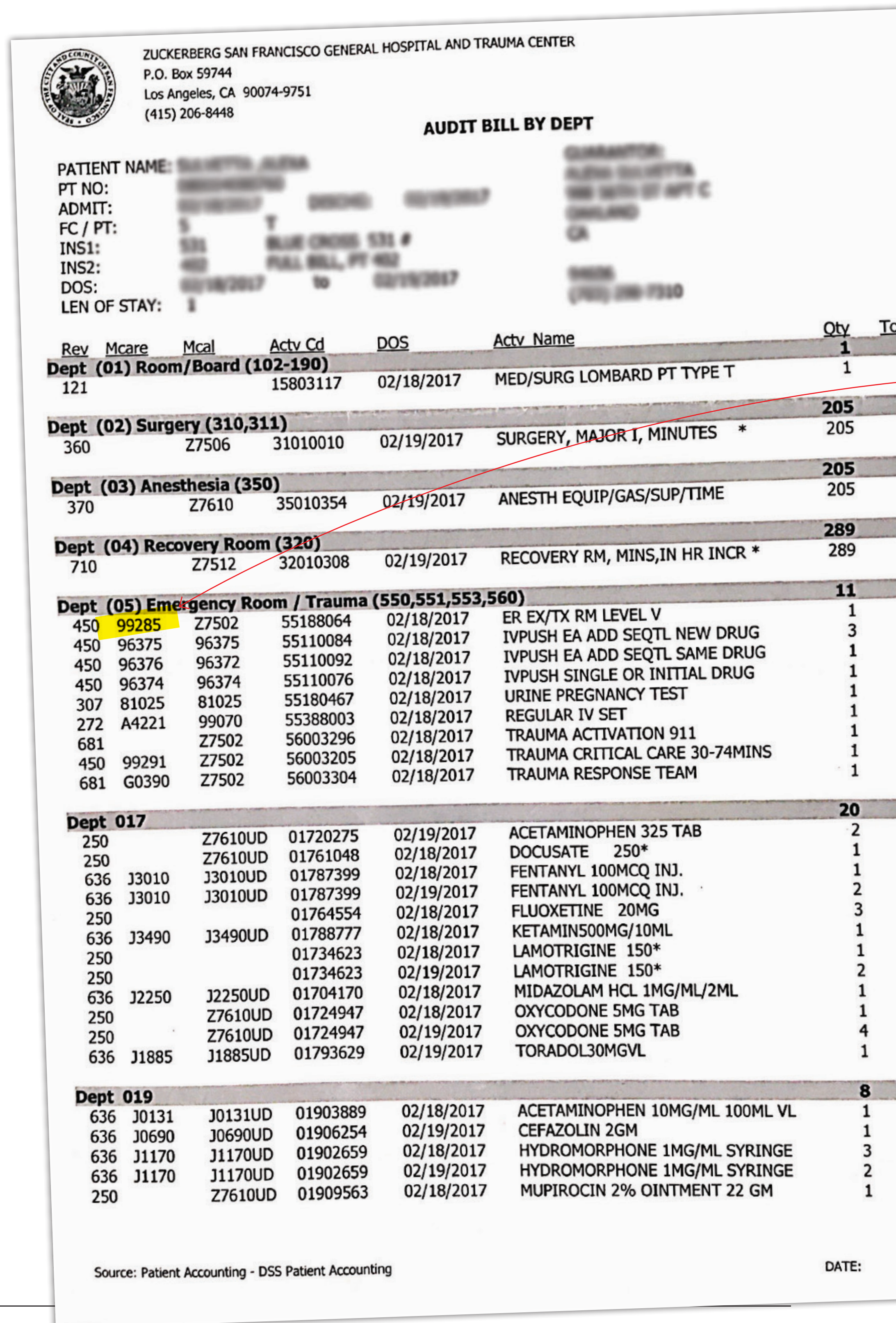
SOURCE: LOS ANGELES CITY CONTROLLER, LOS ANGELES FIRE AND POLICE PENSIONS

 By **Alexis Allison**, *IRE & NICAR*

Breaking down ER bills

When first-time parents whisked their 1-year-old daughter to the emergency room with a sliced pinky, **they received a Band-Aid and, later, a $629 bill they thought was a mistake**. Turns out, it wasn't. They emailed the bill to Vox senior policy correspondent Sarah Kliff, and she started digging. The Band-Aid itself only cost $7, she found. The rest of the bill was a facility fee, a common charge for simply stepping foot in the ER.

The high cost of medical care isn't new, but privacy restrictions, cumbersome medical jargon and the lack of price regulation in the U.S. can make for difficult reporting. We connected with Kliff to discuss her yearlong investigation into ER fees and how to navigate the bills behind them.



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Los Angeles, CA 90074-9751
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AUDIT BILL BY DEPT

PATIENT NAME:
PT NO:
ADMIT:
FC / PT:
INS1:
INS2:
DOS:
LEN OF STAY:

Rev	Mcare	Mcal	Actv Cd	DOS	Actv Name	Qty	To
Dept (01) Room/Board (102-190)						**1**	
121			15803117	02/18/2017	MED/SURG LOMBARD PT TYPE T	1	
Dept (02) Surgery (310,311)						**205**	
360		Z7506	31010010	02/19/2017	SURGERY, MAJOR 1, MINUTES *	205	
Dept (03) Anesthesia (350)						**205**	
370		Z7610	35010354	02/19/2017	ANESTH EQUIP/GAS/SUP/TIME	205	
Dept (04) Recovery Room (320)						**289**	
710		Z7512	32010308	02/19/2017	RECOVERY RM, MINS,IN HR INCR *	289	
Dept (05) Emergency Room / Trauma (550,551,553,560)						**11**	
450	99285	Z7502	55188064	02/18/2017	ER EX/TX RM LEVEL V	1	
450	96375	96375	55110084	02/18/2017	IVPUSH EA ADD SEQTL NEW DRUG	3	
450	96376	96372	55110092	02/18/2017	IVPUSH EA ADD SEQTL SAME DRUG	1	
450	96374	96374	55110076	02/18/2017	IVPUSH SINGLE OR INITIAL DRUG	1	
307	81025	81025	55180467	02/18/2017	URINE PREGNANCY TEST	1	
272	A4221	99070	55388003	02/18/2017	REGULAR IV SET	1	
681		Z7502	56003296	02/18/2017	TRAUMA ACTIVATION 911	1	
450	99291	Z7502	56003205	02/18/2017	TRAUMA CRITICAL CARE 30-74MINS	1	
681	G0390	Z7502	56003304	02/18/2017	TRAUMA RESPONSE TEAM	1	
Dept 017						**20**	
250		Z7610UD	01720275	02/19/2017	ACETAMINOPHEN 325 TAB	2	
250		Z7610UD	01761048	02/18/2017	DOCUSATE 250*	1	
636	J3010	J3010UD	01787399	02/18/2017	FENTANYL 100MCQ INJ.	1	
636	J3010	J3010UD	01787399	02/19/2017	FENTANYL 100MCQ INJ.	2	
250			01764554	02/18/2017	FLUOXETINE 20MG	3	
636	J3490	J3490UD	01788777	02/18/2017	KETAMIN500MG/10ML	1	
250			01734623	02/18/2017	LAMOTRIGINE 150*	1	
250			01734623	02/19/2017	LAMOTRIGINE 150*	2	
636	J2250	J2250UD	01704170	02/18/2017	MIDAZOLAM HCL 1MG/ML/2ML	1	
250		Z7610UD	01724947	02/18/2017	OXYCODONE 5MG TAB	1	
250		Z7610UD	01724947	02/19/2017	OXYCODONE 5MG TAB	4	
636	J1885	J1885UD	01793629	02/19/2017	TORADOL30MGVL	1	
Dept 019						**8**	
636	J0131	J0131UD	01903889	02/18/2017	ACETAMINOPHEN 10MG/ML 100ML VL	1	
636	J0690	J0690UD	01906254	02/19/2017	CEFAZOLIN 2GM	1	
636	J1170	J1170UD	01902659	02/18/2017	HYDROMORPHONE 1MG/ML SYRINGE	3	
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Source: Patient Accounting - DSS Patient Accounting

DATE:

Page 1 of 3

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24.40
66.00
827.50
467.30
96.40
84.00
56.00
123.80

10/12/2017

Step 1: Gather experts

If you need to find an expert, peer-reviewed literature is a good place to start. Kliff had read academic studies on medical billing, so she contacted the researcher behind them and asked if she could answer some questions. Kliff also asked the couple who'd sent her the $629 ER bill if she could share it with the researcher. (It's a good rule of thumb to get permission before sharing a source's bill with someone new.) The researcher was the first person to explain the facility fee to Kliff.

Step 2: Find out what's driving the price of medical care

Look for an itemized list of services on the bill. Some hospitals record these better than others. Kliff said her first step when looking at a new bill is to **determine what costs the most** — that's where she often finds her next story. She also compares prices of products provided in the ER to their list price at, say, a local drug store. **A $105 pregnancy test like this one can turn into a good story.**

Step 3: Scan for CPT codes

The trickiest part of any bill is the catalog of codes. Some codes are hospital-specific, some are state-specific, and some are consistent nationwide. They can also range in length and character type. "Honestly, it feels like alphabet soup," Kliff said.

To keep things simple, she focuses on the American Medical Association's CPT codes, which stands for "Current Procedural Terminology." Medical professionals nationwide use the five-digit codes to document the services provided to the patient, and insurance companies use them to determine how much to reimburse the care provider.

While thousands of CPT codes exist (bit.ly/cpt-codes), Kliff focuses on the ones that begin with 9928 — these relate to the emergency room. If the code ends in 1-5, the final digit indicates the severity of the ER visit — 5 being the most severe. "I've never seen a 'one'," she said. Typically, the higher the severity, the more expensive the facility fee. **For example, the code shown here, 99285, references an ER service with a level 5 severity.**

Step 4: Gather (more) experts

Although cursory Google searches yielded some insights about the codes, Kliff knew she needed more expertise. So, Vox decided to set up an advisory network of medical experts willing to help her understand her findings. Lauren Katz, Vox's senior engagement manager, put together a simple Google form (bit.ly/2D8050F) to gather experts, and shared the form on social media. Soon they had a network of nearly 300 experts at their fingertips.

For journalists in smaller newsrooms, Kliff said she doesn't think a giant cohort is necessary — you can find medical billing experts in every state. Try contacting the National Patient Advocate Foundation, a nonprofit that provides case management services to patients nationwide; digging through hospital-specific lawsuits to connect with lawyers; and, as always, using social media.

How to crowdsource ER bills

After Kliff received that initial Band-Aid bill in 2016, she knew she wanted to delve deeper. For that, **she'd need a lot more bills.** But with HIPAA protecting patient privacy, she couldn't just FOIA them. "The idea to crowdsource was driven by the fact there's no other way to get these prices except from seeing bills that people have been sent by their hospitals and their insurance companies," Kliff said.

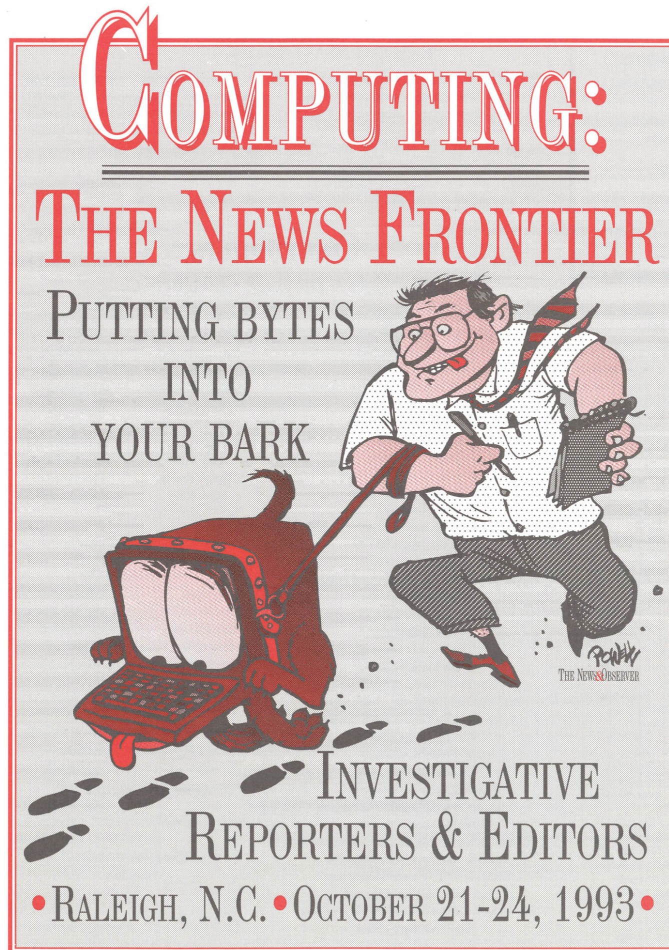
After getting the go-ahead from her editor, Kliff discussed the idea with Vox's lawyers. "When you tell your legal department you want to collect a lot of medical bills, you raise some red flags," she said. **They emphasized the need for sources to know their documents were safe**, so Vox developers Kavya Sukumar and Ryan Mark built a secure back-end database to keep the bills from prying eyes. Then, the team created the collection form (erbills.vox.com) and had their senior social engagement manager, Lauren Katz start promoting the project through Newletters, Facebook and Twitter.

Every time they published a new story, they peppered it with opportunities to submit a bill. "So it really is top-of-mind for people when they see a story to think, 'Oh, I have an emergency room bill,'" Kliff said. By October 2018, they'd collected more than 1,600 bills from all 50 states and Washington, D.C.

Kliff read through the submissions one at a time. To speed things up, she created a newsletter sent sporadically to people who'd already submitted a bill to the database. **The newsletter served as an all-call for specific bills that could be useful for upcoming stories.** "That helps me find the needle in the haystack I'm looking for," she said.

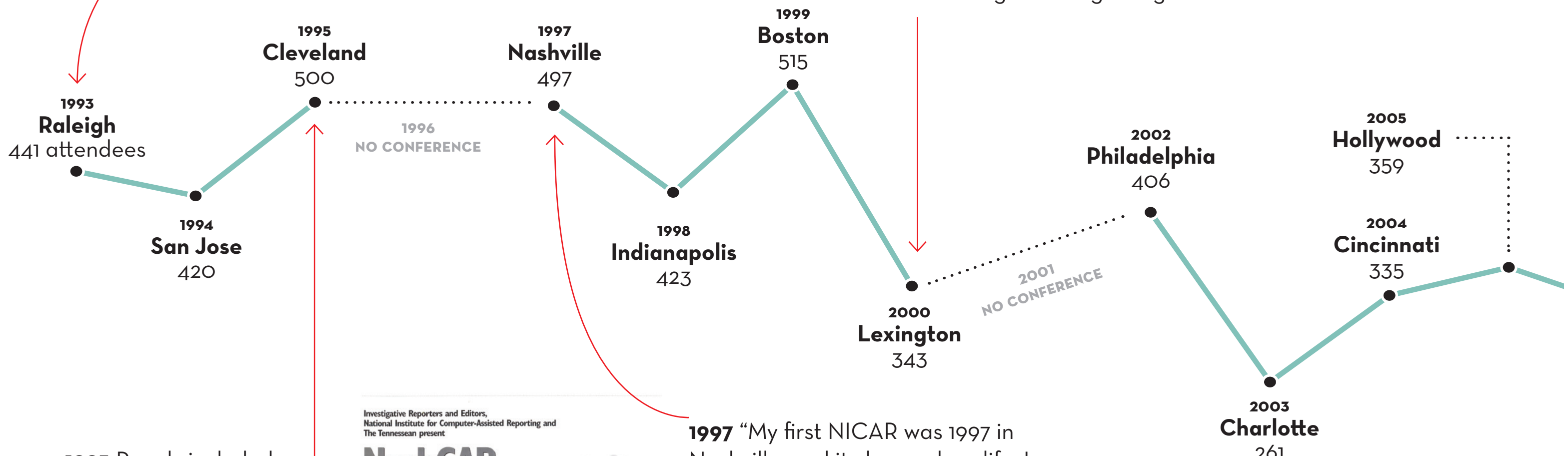
The CAR Conference turns 25

We're celebrating a milestone in data journalism this year: The 25th Computer-Assisted Reporting (CAR) Conference. We've come a long way since our first gathering in Raleigh, North Carolina, in 1993. To celebrate, we decided to take a look back at the last two dozen conferences.

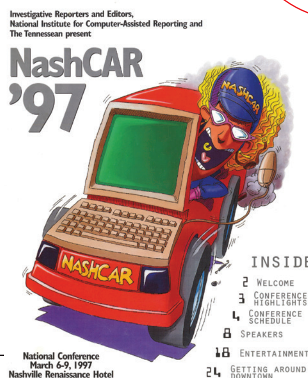


1998 "Tom Torok's early suggestions on Intranets for newsroom data-sharing using SQL Server from the mid- to late-1990s made a real difference in the Daily Camera newsroom. Using his CDs (!!) with code on them, we made voter registration, municipal court records and more available to our small newsroom. One reporter working on Presidents Day used voter registration and dog licenses to look up pets and people with the names of presidents for a fun feature." — Sandra Fish, independent journalist

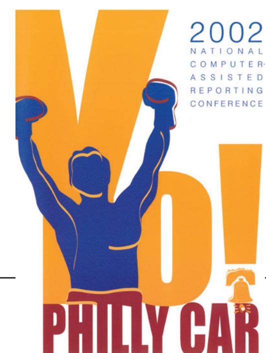
2000 Featured a demo room with sessions on writing scripts in Fox Pro, mining Census data with Ferrett and using federal grazing records.



1995 Panels included: "What's CAR Got to Do with It?" (introduction to the conference), "Stats the Way I Like It" (social research techniques) and "Riot in Cell Block D2" (introduction to spreadsheets).



1997 "My first NICAR was 1997 in Nashville, and it changed my life. I can't recall the first hands-on session I ever attended because my strategy then, and for years after, was simply to bogart my way into as many as I possibly could. I saw a few panels here and there, but I binged hands-on sessions — far too many to count." — Aron Pilhofer, Temple University



1999 "My first-ever NICAR conference was Boston 1999. I'd used Excel and Access and was ready to learn more, so I went to a statistics with SPSS hands-on class taught by the great Phil Meyer. The exercise was simple but powerful: We plotted each state's average SAT score against the percentage of high school seniors who took the test. The scatterplot made clear that the best way to get high SAT scores — and dubious bragging rights — was to have a very small share of students, typically the high-achieving ones, take the exam. Phil then showed us how to do a logarithmic transformation (nerd term alert!) so the relationship was linear and statistically sound. My hands-on classmates and I had discovered a powerful new BS detector to employ in our reporting. When I teach statistics to other reporters, I still show a version of that SAT scatterplot from my first NICAR conference 20 years ago. I can't wait to see what more I learn over the next 20 years." — Holly Hacker, The Dallas Morning News

2006
Newark
324

2007
Cleveland
306

2008
Houston
281

2009
Indianapolis
212

2010
Phoenix
288

Lightning Talks debuts

2011
Raleigh
427

2012
St. Louis
411

First NICAR T-shirt contest. Ben Welsh and Anthony DeBarros designed the winning shirts.

2013
Louisville
642

2014
Baltimore
997

"The year in CAR in odorama" session allowed us to see — and smell — the biggest stories of the year.

2015
Atlanta
942

2016
Denver
1,046

2017
Jacksonville
838

2018
Chicago
Record attendance at a CAR Conference: 1,250 people

2019
Newport Beach

Hands-on classes take place across nine computer labs — a record number.
Master Classes debut at the CAR Conference.

BUILDING SUPPORT FOR PRESS FREEDOM

Five research-backed recommendations for reinforcing the value of a free press

By **Jenn Topper** and **Amelia Nitz**,
Reporters Committee for Freedom of the Press

The U.S. has historically been a beacon of press freedom, our First Amendment standing as a strong pillar protecting the public's right to access information and journalists' right to report it freely. But at a time when attacks on U.S. journalists — both rhetorical and physical, coming from politicians and the public — are rising and sustained, have Americans' attitudes toward press freedom shifted?

It's with this question in mind that the Reporters Committee for Freedom of the Press set out to understand how the public perceives press freedom and whether this American value is still widely shared.

What we found last year through a series of focus groups and a national survey is both hopeful and a cause for concern. (The report is available at bit.ly/RCFPpressfreedom.)

The overwhelming majority of American voters we polled, 95 percent, said a free press is important. But despite the alarming confluence of threats journalists face each day, there is a clear lack of urgency among voters around the idea that press freedom is at risk in the U.S.

There are calls of "fake news" and "enemies of the people," lawsuits aimed at chilling reporting or bankrupting news outlets, leak investigations and subpoenas, and government efforts to keep journalists out of courtrooms and away from public records. Even though these incidents make it difficult for journalists to bring information to the public, they don't appear to be concerning to the 52 percent of American voters who said they saw little to no threat against the press.

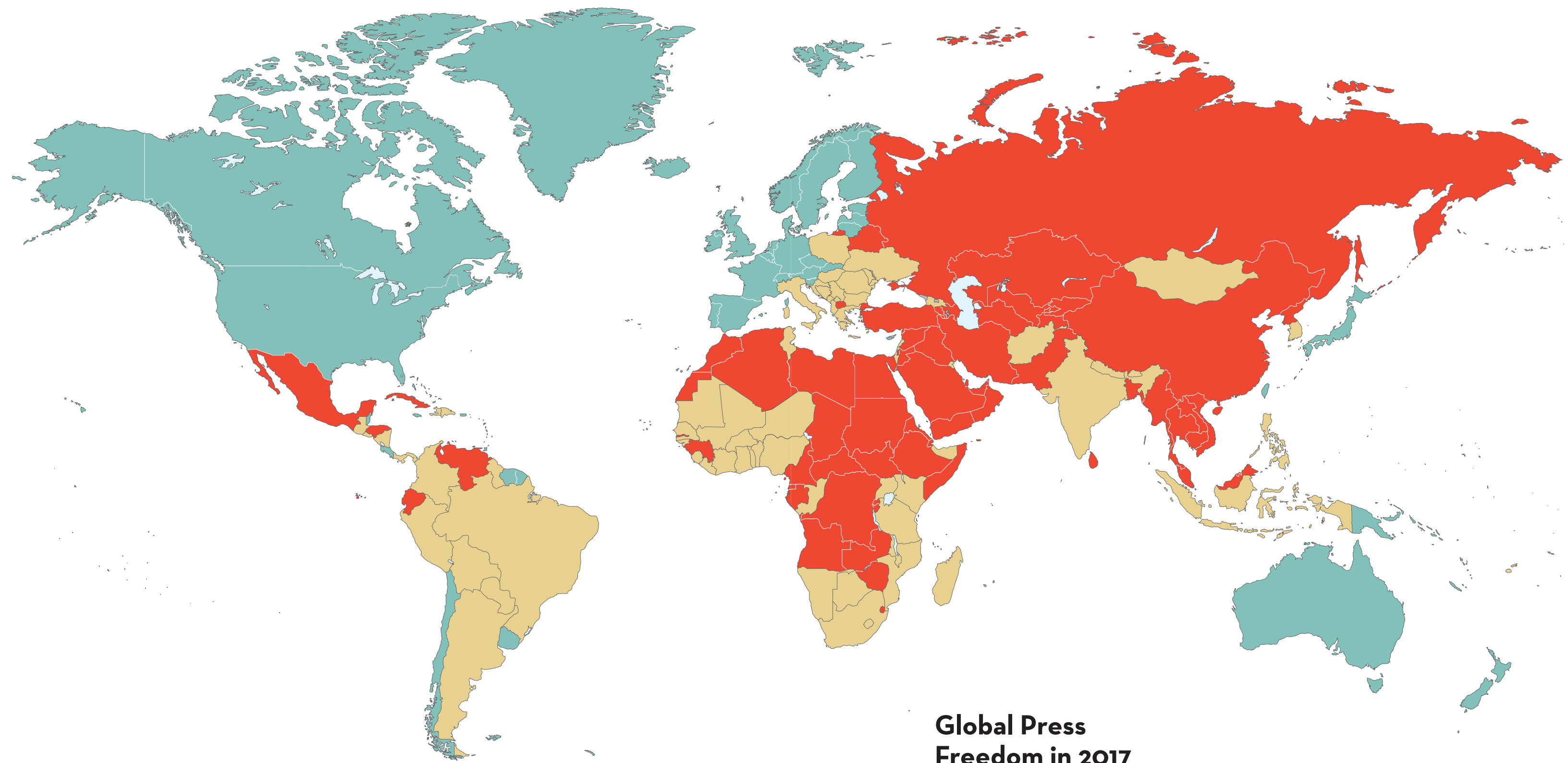
Now more than ever, the news media need the public to speak out in support of the vital role journalism plays in keeping our communities informed and holding those in power accountable. Based on responses from voters, journalists can take five specific steps to help reinforce the value of a free press and spur public support:

1. Don't make President Trump the focus of the press freedom conversation.

Press freedom is a nonpartisan issue, and the conversation around the importance of defending it should be, too. While it's necessary to mention the president in some cases, focusing solely on his transgressions against the media immediately polarizes American voters. Physical attacks, arrests, subpoenas and restricted access to public records, courtrooms, government meetings and elected officials are more than Trump issues. It's imperative readers understand that these issues seriously threaten journalists' ability to inform. They affect all Americans, regardless of political affiliation.

2. Focus on your role to inform.

Fifty-six percent of voters across the political spectrum said they value the national news media most for this core function and see it as a compelling reason to stand up for press freedom. Real change takes place every day in communities across the country as a result of hard-hitting investigative journalism that exposes government corruption, shines a light on public issues and uncovers the truth. Journalists should clearly communicate with readers about how newsrooms are working to bring readers this kind of information. But don't stop there. Explain what you're planning to cover and why, or follow up to share the impact of a news story.



3. Use real examples to illustrate threats to press freedom.

When presented with facts about the very real limitations news media face, voters were more likely to perceive press freedom as under threat. Sharing specific incidents that hinder journalists' ability to inform the public can effectively demonstrate that our free press urgently needs protecting. Were you denied access to public records? Were you shut out of a city council meeting? Have you been intimidated or threatened for shedding light on a story that some would have preferred be kept hidden? Share with your audience the challenges you face to report the stories they're reading.

4. Address perceptions of bias and sensationalism in news coverage.

Many voters voiced concerns about journalists "filtering" stories based on their own beliefs, whether they could remain impartial while expressing their personal opinions on television and social media, and being beholden to ratings that drive profits or powerful owners with political agendas. In response to these perceptions, many newsrooms have already begun to diversify their editorial staff and pundits, encourage news reporters to limit their social media commentary and broaden the types of stories they cover. These kinds of actions, among others, can help ensure the press represents the communities they serve.

5. Be transparent about mistakes.

Across the board, voters made clear that acknowledging and correcting mistakes is one of the most important actions the news media can take to show they're a credible source of information. Voters acknowledged mistakes are a reality of the 24-hour news cycle, but are looking to journalists to own errors when they happen and aim to do better next time.

So, what does all of this mean? Despite heated political rhetoric, there is still widespread, bipartisan support for the role journalism plays in our democracy. A majority of the public, however, doesn't see how this rhetoric and other attacks inhibit the reporting they value. It's up to us to show them why their voice is needed to support the journalism upon which they depend. ◆

Jenn Topper is the communications director and Amelia Nitz is the communications manager for the Reporters Committee for Freedom of the Press.

IN NEED OF AID

A journalist struggled to find a home health aide for her husband diagnosed with ALS. Her experience sparked an 18-month investigation.

By **Tessa Weinberg**, IRE & NICAR

Linda Matchan was running late.

Matchan and her husband, David Israel, were supposed to be at a neurology appointment in Boston. Instead, they were still on their way.

But the story of that trip began long before they left the house that morning. It started back in 2010, when David was diagnosed with amyotrophic lateral sclerosis, or Lou Gehrig's disease.

"It's a disease that starts slowly. And it manifests itself differently in everybody," Matchan said.

First, Israel lost his speech. His ability to walk and move independently went next.

For more than a year, Matchan had been able to keep up with the disease that was working its way through her husband's body. Help from her children and family, as well as her job as a journalist at The Boston Globe, kept her sane.

But on that day in the summer of 2011, driving to the doctor's office, she had fallen out of step. She pulled into the hospital's parking garage. She couldn't find a single handicapped-accessible spot.

"I had to cycle down and down this parking area where it got darker and darker," Matchan said.

Anger. Frustration. Anxiety. Matchan was feeling all three when she finally found a parking spot in an area that was nearly pitch black. She quickly tried to assemble the heavy pieces of her husband's motorized scooter. In the dark, a gear cut her hand and blood began to pour.

David Israel and Linda Matchan on a hike in the woods around 2005.

"I arrived to the doctor's office as a patient with this huge gash in my hand," Matchan said. "I totally lost it. I tried to be really strong and brave for this whole thing. But this is just the last straw."

When the neurologist arrived, Matchan's hand was bandaged and she was in tears. "You can't do

this anymore," Matchan recalled the neurologist telling her. "You've really got to get help."

"So that was the day we decided," she said. "And I started looking for workers."

The power of the personal

Matchan's experience hiring home health aides became the basis for her investigative series into the unregulated industry (bit.ly/homeaide). Reporting for the Globe, she crisscrossed Massachusetts digging for court cases on abuse. She even went overseas to better understand why so many home health aides enter the industry.

But her year and a half of reporting started with herself.

"Looking after my husband who had ALS was a really brutal experience. It was grueling in so many different ways," Matchan said. "So, I tended to do what I routinely do ... I started taking notes."

She documented graduating from canes to walkers to wheelchairs. She wrote about how people's attitudes toward Israel — a physician, scientist and assistant professor at Harvard Medical School — changed as his condition worsened.

"But one of the things I noticed that I was writing about more and more were the home care workers. The encounters with them — besides being insulting and upsetting — were almost absurd," Matchan said. "Almost comical, like in a dark humor sort of way."

Like the time a home care worker she was considering hiring suggested duct-taping Israel's mouth shut so drool wouldn't drip onto his clothes. Or the one who sat in the kitchen and read "Hot Women of the Bible." And the time an aide abruptly decided to quit after Matchan asked him to stay a bit longer, dropping Israel onto his bed and angrily shouting, "Good luck."

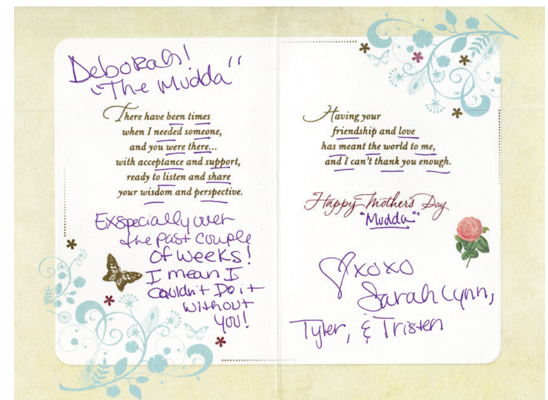
The list didn't stop there. Matchan's Google search of one aide who worked for her for several months and then vanished revealed he'd previously been arrested for witness intimidation, vandalism, and assault and battery. Matchan estimates she interviewed about 20 workers and hired roughly 10 over the course of two years. She only fired one. The rest simply stopped showing up.

David Israel died in January 2014 after a four-year battle with ALS.

"After my husband passed away and I went back to work, I just couldn't let this go," Matchan said. "I needed some sort of catharsis, but part of it was I knew there was a good story here."

TOP: Deborah Lesco estimates she lost more than $20,000 over a four-month period in 2016 after hiring a home health aide.

CRAIG F. WALKER/ BOSTON GLOBE



RIGHT: A personal care attendant gave Deborah Lesco a Mother's Day card around the time Lesco noticed her money was vanishing.

If Matchan and her husband had so much trouble hiring competent, fair workers, what was the experience like for others?

"How are other people who have less, how are things going for them?" Matchan wondered. "What if you can't speak English? What if you have no money? What if you're too sick to hire people or figure out how to do it? What if you live alone?"

Matchan had a hunch, and when she accepted a buyout from the Globe in September 2016, she finally had time to start digging.

A widespread problem

Matchan's first step was to Google home care workers and abuse. The results confirmed this was a problem across the country.

Stories on home health aides who committed crimes dotted local newspapers. While there was

often little follow-up, a theme started to emerge: Stolen credit cards and cash — sometimes hundreds of thousands of dollars — often from the elderly or people with dementia.

Many home health aides used the money to fuel their own drug addictions, Matchan found. In interviews and court documents, one client said her aide claimed she needed a portion of the funds she stole for an in vitro fertilization procedure. Another worker allegedly moved her family into the home of an elderly woman she was caring for, forcing the client to the basement. By the time the aide was found guilty, her client was already dead.

The initial news articles Matchan gathered were enough to give her a running start. But to find details on each case, Matchan had to trek to courthouses across Massachusetts.

"Every case had to be completely supported by a police record," Matchan said. "Which is where most of my research took place: It was in courthouses, not in family homes."

Many victims were dead or too sick to speak with Matchan, so she turned to the government agencies tasked with investigating abuse.

In Massachusetts, there's not one centralized number to call to report crimes like these. You can call the police. And depending on your age and where you live — a house or a nursing home — there's a couple different state agencies to contact. Linda decided to focus on the Disabled Persons Protection Commission, mainly because they were the only agency that kept records and were willing to share them. The DPPC receives reports of abuse for people who are disabled and between the ages of 18 and 59.

In 2016, the Globe asked the DPPC for all the cases they had received involving home care workers over a five-year period. Matchan said she received over 500 pages of documents. While names were redacted, the reports usually came from social workers, family members or the victims themselves.

"They would just give me these summaries of

Stanley Berman, a legally blind World War II veteran, spent four years waiting for a court decision after bringing charges against his home health aide who allegedly stole nearly $5,000. The aide was eventually sentenced to pretrial probation and ordered to pay restitution.

KEITH BEDFORD/ BOSTON GLOBE

Tessa Weinberg is a senior at the Missouri School of Journalism studying investigative reporting. She previously worked as an editorial assistant at IRE.

what happened, and they were absolutely brutal and gruesome," Matchan said. "But I knew at least what town they were in, which meant I knew what county they're in, and that meant I knew which district attorney's office oversaw them — assuming they ever made it to a DA's office, which relatively few ever did."

Matchan wanted to confirm the accuracy of the reports and gather more details. So, she divided the reports up by county and reached out to the 11 district attorneys' offices in Massachusetts. She gave the DA's offices the case numbers assigned by the DPPC.

But there was a problem: The district attorneys and the DPPC didn't use the same case numbers. And DA's offices said they couldn't search their records by occupation.

"(The DA's offices) had no idea how many reports were coming in," Matchan said. "Imagine not knowing how many reports of abuse of children there were."

So Matchan had to identify which reports she thought were the most critical. After filing records requests and, later, submitting appeals, some district attorneys' offices coughed up the details she was looking for.

That gave Matchan a database of a few dozen cases. Her next step was to ask the DAs' offices for docket numbers, which she could take to courthouses. Not all cooperated, and it took months for some to deliver the numbers.

"And I ended up going to somewhere between 35 to 40 courthouses, some more than once, across the state, just zig-zagging the state and asking if I could see these police files."

Matchan ultimately compiled information on 47 cases, which became an online gallery for readers.

When it came to finding sources, most victims and their family members were eager to talk. The problem was so widespread, even acquaintances Matchan bumped into at the dog park had stories to share. And her personal connection to the topic helped build trust with those she approached.

"It's as though you're part of the same miserable club," Matchan said.

Understanding the aides

As Matchan kept digging, she realized there was another piece of the story: the aides themselves. Most are women, and nearly half were born abroad.

She attended a hearing for African home health aide Jacqueline Kawere, who was charged with stealing money from her legally blind and nearly deaf client.

"(Kawere) claimed she really desperately needed money to look after her mother in Uganda. And at first, I was kind of cynical," Matchan said, "but then somewhere along the line I realized that these are desperate people looking after desperate people."

With the help of a grant from the Fund for Investigative Journalism and a fellowship with the Schuster Institute for Investigative Journalism at Brandeis University, Matchan was able to travel to Ghana to better understand the backgrounds of home health aides who immigrate to the U.S. for work (bit.ly/GhanaAide).

Matchan's reporting resulted in a two-part series, and it didn't shy away from her own experiences. She said her editors at the Globe wanted to be upfront about her connection to the story.

"In this society, people just aren't interested in getting old. They go, 'I'll worry about that later.' I was probably one of those people, too, before," Matchan said. "But I felt that whenever I told friends or editors the story, they were just riveted by the personal part. And I thought that might be a way to make the story more compelling to readers."

The first part of Matchan's series focused on workers who abused the system. The second looked at those exploited by it.

When the story ran, Matchan received a range of responses. Readers shared their own experiences, and people working in the home care industry echoed many of the concerns her reporting raised. She received pushback, too. The Home Care Alliance of Massachusetts, a nonprofit that advocates for the home health industry, issued a statement defending the thousands of agency-hired workers who have delivered quality care over the years.

"It didn't just upset me as a reporter. It really upset me as a consumer," Matchan said. "There is a notion that terrible things have happened, but those are just bad eggs, that there's nothing systemic about it. But there really is something systemic."

Matchan's reporting reassured her that she and Israel weren't alone. And she's not done digging. She's working on more stories looking at steps being taken by lawmakers to address flaws in the system.

"As somebody who's been a long-time reporter, who's trained to get things done and draw public attention to wrongdoings and misdeeds… that's pretty frustrating. It's very discouraging," Matchan said. "But that doesn't mean we have to forget the people who depend on us and need us the most." ◆

MISMANAGED CARE

D'ashon Morris rests in his crib as he receives breakfast through a gastronomy tube.

TOM FOX/THE DALLAS MORNING NEWS

Investigating Medicaid companies that place profit before patients

IT BEGAN WITH WHISPERS ABOUT A BRAIN-DEAD BABY.

By **J. David McSwane** and **Andrew Chavez**, The Dallas Morning News

An Austin lobbyist told us a sick foster child had pulled out his breathing tube one morning, when he should have had a nurse watching over him. A for-profit health care company hired by the state of Texas was to blame, the tipster said.

We knew little about how the state's Medicaid system worked, and we didn't know the name of the baby or where he lived.

But this sliver of a story came just as we were hearing from dozens of parents who said "managed care" companies — private contractors who run HMO-type insurance plans — were endangering their sick and disabled children. So, with few details, we simply asked the Texas Health and Human Services Commission if the rumors were true.

"Re: trach tube," the commission's spokesman texted one night in January 2017. He couldn't offer any details, he wrote, citing federal health privacy laws. "But there is no 'there' there."

With that lie, our curiosity became determination. A few weeks later, we found the baby, D'ashon Morris, and more "there" than we could have imagined.

In June 2018, we began publishing "Pain & Profit," a deep examination of how companies profited by systematically denying care to the sickest Texans. The state knew thousands were suffering, but it covered up problems and ignored its own data while companies avoided hundreds of millions of dollars in fines. Key lawmakers knew about these failures, yet they still gave these companies billions of dollars in new business.

We led with the story of D'ashon, a narrative built through public records requests, confidential sources, emails, leaked confidential memos and dozens of interviews.

D'ashon's nurses, doctors and foster mother had all warned the insurance company that he needed 24/7 nursing care because he constantly pulled out his trach tube, records show. The company refused to pay for constant medical supervision, saving hundreds of dollars a day and costing D'ashon everything.

Over eight installments, The Dallas Morning News showed how thousands of Texans were hurt by a system that enriched companies as they withheld doctor-ordered treatments, equipment and life-sustaining drugs — all with no meaningful oversight.

To connect this suffering to financial decisions made in far-flung corporate offices, we joined thousands of spreadsheets, logged hundreds of phone calls, knocked on doors from Lubbock to Houston, filed more than 160 public records requests and pored over 70,000 pages of records.

To answer some of the tougher questions — Why are so many patients having trouble finding doctors? And why weren't problem companies being penalized? — we built our own database and talked with skittish sources in parking garages and via encrypted text.

In response, Texas lawmakers launched an investigation and held a se-

ries of hearings. They quickly approved $7 million a year in funding for the Texas Health and Human Services Commission to hire 100 new regulators, including nurses to check on patients at home. The state also agreed to add patient protections and transparency to the broken system that is supposed to let patients challenge denials of care.

And that spokesman who tried to wave us off the story? We used his text message as the kicker in our first installment. He later publicly apologized to the foster mother who adopted D'ashon.

Finding the right data

Digging into managed care is a massive undertaking that will take you through insurance industry data, government contracting, Medicaid policy, academic journals and the courts.

Texas is among at least 39 states that placed government-funded health care in the hands of private insurers. These companies act as shadowy middlemen, paying doctors and pharmacies, and choosing which treatments and drugs they will cover.

Each state has its own quirks, but many of the themes, records and problems we found in Texas are waiting to be unearthed in other states.

These companies promise to save taxpayer money by reducing unnecessary treatments and providing preventive care. In exchange, the companies make hundreds of millions of dollars a year in profit. (We found no evidence that Texas actually saves money.)

Some data show the system may be working for healthy people who get more routine checkups. But how is it working for the people who are already sick? Our reporting led us to the conclusion that the only way to profit off of them was to skimp on their care.

Lots of data purport to track how patients are faring, such as the Healthcare Effectiveness Data and Information Set, which is based on data the companies themselves report to your state health agency.

But experts warned these sweeping measures — tracking vaccination rates, for instance — missed the problems experienced by homebound adults and parents of children with disabilities, the people who represent the greatest threat to a company's bottom line.

To find which data exists in your state, request every contract between your state and managed care companies and pick through the "deliverables," a table detailing what information companies must report to the state. We requested nearly everything, and themes began to emerge.

Companies reported monthly data on patient complaints and appeals, strewn among thousands of spreadsheets the state had never connected. We joined them together and found rising signs of denied medical care in the programs for the sickest patients.

We found companies routinely filed for contract "exceptions," which showed they were failing to meet benchmarks such as having enough doctors for patients in rural areas or preventing hospitalizations. Still, the companies got a pass from state leaders.

We gathered financial audits and hundreds of spending reports that companies filed with Texas and found they were over-reporting expenses, making it look like they spent more on health care and pocketed less than they did.

These companies are not subject to open-records laws, so following the money is incredibly difficult. We still managed to pinpoint tens of millions of dollars in questionable transactions.

Figure out how your state accounts for the medical loss ratio, the portion of taxpayer money that goes to health care versus administrative costs and profit. Compare these figures to what was reported to insurance regulators and look for ways that companies might be cloaking profit in health care line items.

With guidance from sources, we also requested emails from the health commission that included key words such as "member harm," "network adequacy" and "access to care" — bureaucratic speak for Texans being hurt because of medical denials and an inability to find doctors and get needed treatments. And we asked for emails between key bureaucrats and lobbyists. All helped us see how widespread problems were.

How to investigate in your own community

Narrow your focus

Medicaid covers a huge number of people, even in states that try to restrict enrollment to only extremely poor or disabled people. Focus on the patients who are the greatest threat to profit: high-needs patients who qualify for Social Security disability, foster children and the elderly. They are the most likely to be hurt by profit-driven denials of care.

Track complaints and appeals

Looking at sick and disabled kids, we found the companies that spent less on health care made significantly more profit than companies that spent more. It seems simple, but it can be tricky to track those correlations. In general, we found the insurers with the highest rates of complaints and appeals were those with a profit motive.

Follow the money

Request monthly or quarterly financials that insurers file to your state health agency. Review financial audits and ask for "Agreed-Upon Procedures," reviews meant to catch when companies underreport profit. Companies must also file detailed financials with your state's insurance industry regulator. The National Association of Insurance Commissioners makes these downloadable for a fee at NAIC.org.

Look for the revolving door

There's little evidence to support industry claims that managed care saves states money. Yet, you see this argument made over and over by lawmakers. What is clear: These companies have amassed a force of lobbyists, many of whom were former lawmakers or top health agency officials.

The Dallas Morning News spent a year investigating the way Texas treats fragile and ailing residents who rely on Medicaid, the government insurance program for the poor and disabled.

TOM FOX/
THE DALLAS MORNING NEWS

Create your own data

The easiest way for companies to increase profit is to reduce payments to doctors and pharmacies. One effective way to reduce such claims is to make it harder for patients to see doctors and specialists.

We had mounds of anecdotal evidence that this was happening in Texas, yet officials had repeatedly denied it. Ironically, the studies they cited helped us prove Texas was paying billions for sham networks of doctors.

The federal government requires states to hire an independent research group — an external quality review organization — to study provider networks, among other things.

Texas hired a team at the University of Florida, whose researchers had called hundreds of doctors, posing as patients trying to get an appointment. The "secret shopper" studies suggested big problems, but the state did some funny sampling — they excluded doctors they couldn't reach or who didn't accept Medicaid. This favorable sample gave passing grades to failing companies — those with woefully inadequate networks of doctors.

So, we adapted the researchers' methodology to make hundreds of calls of our own, studying provider networks the state hadn't looked at. In one case, we called all 377 psychiatrists in one company's directory and found only 34 who were available to more than 30,000 foster children.

We found other examples where these researchers gave the state damning data, but officials declined to dig deeper.

Health commission nurses traversed the state, visiting Texans at home and logging how often they weren't getting the care they needed. The legislature ordered the commission to collect a statistically valid sample and extrapolate to see how often Texas paid for services that never reached patients.

But the state never published that extrapolation. So, we did the analysis for them and found at least 8,000 Texans — disabled people trying to stay out of nursing homes — had major unmet medical needs.

Through a source, we got the raw data that detailed hundreds of specific patients who'd been neglected. With granular data, we parsed out the types of care that were being denied and cited specific examples.

It took months of convincing, but a former state employee who helped manage that study

A childhood car accident left Zak Farquer paralyzed from the neck down. Six times in five years, Farquer had to get a lawyer and file formal appeals and complaints to get coverage for the treatment and devices his doctors prescribed, legal records show.

TOM FOX/ THE DALLAS MORNING NEWS

Linda Badawo pushes her son, D'ashon Morris, past representatives of managed care companies after testifying before the Texas House General Investigating and Ethics Committee. TOM FOX/THE DALLAS MORNING NEWS

went on the record about how her superiors had hidden what she called "the horror" that nurses had uncovered.

In the end, the old maxim held true: You're only as good as your sources.

Tell a human story

There's no shortage of reporting on Medicaid spending and political squabbles. But too many stories read as if Medicaid were some nebulous force, an abstraction that produces victims but seldom reveals villains.

Who did the hurting and why? Who got rich? These questions drove us to find what we called "connective tissue": the specific policies, justifications and actions that can lead to a baby's life being destroyed so a company could save money.

In the D'ashon story, we rarely mention Medicaid. While few understand this program, anyone can sense the injustice of how it treated this baby.

For each major finding, we sought characters whose journeys guided readers through a messy system, exposing its points of failure. As the reporting progressed, we found humans who illustrated larger problems. Other times, we identified problems in audits and legislative reports and found the people hidden between the lines.

Disability lawyers have front-row seats to countless individual struggles against a broken system that companies have learned to exploit. Build trust with these people, and a few phone calls and a HIPAA waiver can get you hooked up with people like Zak Farquer, a paralyzed boy who had to fight over and over for the same doctor-ordered breathing device.

Some of our strongest examples came from confidential sources who provided data and documents that detailed hundreds of instances where patients were failed.

This helped us establish scope, and it brought us Heather Powell, a woman almost completely paralyzed from the neck down who languished in bed for two years, in pain. She had been prescribed a special mattress that prevents sores that could kill her, but the company in charge of her care repeatedly refused to provide it.

After we asked the state about her case, the company installed the mattress and sent an executive to her home to ask if she needed anything else.

When lawmakers held hearings, they asked nearly every person we featured to testify. Like readers, some of those lawmakers struggled to understand how the system worked. But when they heard what happened to Powell, they were outraged.

Medicaid is hard to understand. Human suffering is not. ◆

J. David McSwane is an investigative reporter for The Dallas Morning News based in Austin, Texas. Andrew Chavez is a staff writer and computational journalist for The Dallas Morning News.

Nurse Pam McGough measures out medicine before children travel to San Antonio for doctors' appointments. It takes a team of nurses to prepare the kids and load them into ambulances and a van for the trip.

TOM FOX/ THE DALLAS MORNING NEWS

Taking away the excuses

Using solutions journalism to elevate health investigations

By **Tina Rosenberg**, Solutions Journalism Network

In 2003, Cleveland had one of the highest infant mortality rates of any major American city. That year, reporters at The Plain Dealer revealed how Cleveland was failing its children on this and other measures.

For their series, "Children Left Behind," they used ArcView to map more than a million records, showing the hotspots where children were dying. They found that some neighborhoods had infant mortality rates similar to those in Guatemala.

That's the classic investigative approach. After the series, Cleveland's infant mortality rate climbed for five years and then fell somewhat. It was still among the worst of any American city 12 years later, when The Plain Dealer took up infant mortality again, in a series called "Saving the Smallest" (bit.ly/saving-smallest).

The series also included a traditional investigation of the problem, looking specifically at stress as a cause of the huge gap in the rates of preterm birth and infant mortality between black and white mothers.

But the series was largely about success, not failure. Reporter Brie Zeltner wrote at least seven stories about efforts to reduce infant mortality that worked. Three were about small programs in Cleveland that were scalable: a doula organization aimed at African-American mothers; a group pregnancy care program called CenteringPregnancy, which works nationwide; and an innovative model in Mansfield, Ohio.

But the centerpiece of the series was Baltimore — three stories about the city's B'More for Healthy Babies program, which was associated with a 24 percent drop in infant mortality between 2009 and 2014. (The drop has now reached 38 percent.) Baltimore was demographically similar to Cleveland and once had similar infant mortality rates.

Zeltner and photographer Lisa DeJong made the more than six-hour drive to Baltimore to find out how B'More had achieved that success, and the challenges the program still faced. "It was just too easy for people to say that the problem can't be solved, unless you give them concrete examples of what can be done," Zeltner said.

Just 20 days after "Saving the Smallest" launched, Cleveland and Cuyahoga County announced a city-county task force on infant mortality. The task force had been long in the planning, but the series gave it focus.

"Brie saved us months," said Dr. Bernadette Kerrigan, director of the task force. "Her articles were useful the day I was hired. I could pick up the phone and move a lot quicker to hear about the interventions because she highlighted them. We still looked for others, but hers were key."

One of the first things Kerrigan did was ask Zeltner out for coffee to discuss what she'd learned. The task force invited Baltimore's then-health commissioner to speak at the City Club of Cleveland about lessons from the program. They brought B'More leaders to Cleveland.

The Baltimore officials stressed starting with easy victories to build momentum and confidence. Cleveland did that, focusing on sleep-related deaths, which fell from 27 in 2015 to 13 in 2017.

Between 2016 and 2017, infant mortality rates

Solution story strategies

Know what kinds of investigations lend themselves to a solutions angle. Any widely shared problem will have some responses worth covering.

Look for the positive deviant. Who's doing better who's just like us? If it's a city-wide problem, look for another city that's doing much better with the same resources.

Reveal race and class disparities. Show how a community with more money and clout is handling a similar problem.

Slice the problem thin. Every problem is made up of smaller challenges. Any that matter to your investigation could be the focus of a solutions story.

TOP: Latia Dowd, 22, left, weighs herself as her son Brandon, 2, mimics her during a prenatal care group in 2010.

LEFT: Marquis Robinson, 18, right, rubs the stomach of his pregnant girlfriend Alisha Ivey, 18, in April of 2010.

LISA DEJONG/THE PLAIN DEALER

Every two weeks throughout their pregnancies, a group of Cleveland women who were due around the same time and also had diabetes met together for prenatal appointments. The program was featured in The Plain Dealer's "Saving the Smallest" series.

LISA DEJONG/THE PLAIN DEALER

in Cleveland dropped by 8 percent, and they continue to fall. The drop, however, has been almost entirely among white babies. Kerrigan said they knew it would take more time to help black mothers, as the factors that cause the disparity are hard to change.

What Zeltner did was solutions journalism — rigorous reporting on how people are trying to solve problems, and the associated results.

The name makes solutions journalism sound like the very opposite of investigative journalism. It is not. Public officials often dismiss investigations by claiming they are doing the best they can. But if reporters show that another place is doing a better job, it removes the excuses. An unavoidable problem becomes an unacceptable problem.

I learned the value of this method 18 years ago, when I pitched my editor at The New York Times Sunday Magazine on a story about the high price of AIDS drugs in poor countries.

It was widely known that what had become a chronic but manageable disease in wealthy nations was still a death sentence in poor ones. What wasn't widely known was why: Washington and the pharmaceutical industry put strong political and trade pressures on any country that sought to make or buy generic versions of these drugs.

My editor thought the story too familiar (at least the part about everyone dying) and too depressing. So, I turned the piece inside out. One country was defying this pressure, making generic versions of AIDS drugs and providing them free to everyone who needed them: Brazil. I turned my focus there and, in the process, I detailed the pressures from Washington that were succeeding everywhere else.

It was much better journalism as a solutions story (bit.ly/brazil-solution). It was fresh. Readers knew people with AIDS were dying in Malawi. They didn't know that people with AIDS were living in Brazil. And by showing that solutions were possible, it helped move the debate from "can poor countries do this?" to "how can other countries do what Brazil has done?"

A solutions approach isn't right for every investigation. The problem needs to be widespread: If lots of people have tried to solve it, some of those responses will be newsworthy.

So, a solutions angle might not work for some investigative stories — say, a city councilman caught taking bribes. It can work, however, if the corruption was facilitated by a lack of oversight and transparency — a widespread problem. Is there a comparable city where adopting these measures reduced corruption?

Solutions reporting is particularly useful for health reporters. Virtually every health issue is widely shared, and effective responses are often relevant in many places. The field is constantly changing. People are always trying new ideas.

Health also has more and better data than perhaps any other field. We usually use that data to find the worst performer — the negative deviant — and then pounce. But we could also use it to identify positive deviants: the city, region or hospital that has the same resources we do, yet is do-

ing a much better job.

Sometimes the better job can apply to key pieces of the problem. Before "Saving the Smallest," Zeltner worked with reporter Rachel Dissell on a series about lead paint, called "Toxic Neglect." They traveled to Rochester, New York, and wrote about how that city was doing much better than Cleveland overall. But they also included bite-sized stories on slices of the solution — creating a public registry of homes, screening children proactively — and which cities were doing better on each slice. Each of those slices could also have been a full story.

Neela Banerjee's 2016 story for InsideClimate News comparing two chemical spills shows another way to use solutions journalism in a health investigation. "A Tale of Two Leaks: Fixed in California, Ignored in Alabama" (bit.ly/two-leaks) looked at two communities affected by spills of tert-butyl mercaptan, a chemical odorant added to natural gas to make it detectable.

InsideClimate News, like many other national publications, had been following the effects of a mercaptan spill at a facility in Los Angeles County in October 2015. Six thousand households were evacuated, and Southern California Gas Co. paid to relocate families temporarily. Their health was monitored regularly. California declared a state of emergency. The state sued SoCal Gas. Los Angeles County set up an assistance center to help residents receive financial reimbursement, counseling and other remedies. California's regulatory zeal, plus the clout of the affected population, created a rapid and thorough response.

When Banerjee and her colleague Phil McKenna were researching mercaptan in scientific journals, they found there had been another mercaptan spill seven years earlier that had gotten virtually no attention. It was in Eight Mile, an African-American working-class neighborhood near Mobile, Alabama.

Banerjee went to Eight Mile and talked to people about what had happened since. The answer was: not much. No residents were relocated, despite their ongoing respiratory, neurological and skin problems. Although thousands of gallons of mercaptan went missing over the course of several months, Mobile Gas did not report the leak (required by federal law), investigate or remediate it.

The Alabama leak, and the state's and company's failure to respond, would have been a good story in itself. But when Banerjee compared Alabama's response to California's, she upped the outrage and made the story much stronger. She showed how the government and the company could have responded in Alabama.

Instead of looking at a similar place to find a solutions angle, she looked at a highly contrasting place. And that contrast was a big part of her story.

"Accidents happen, and that's a pity," Banerjee said. "But the fact that this accident has not been taken care of and resolved when it could be just deepens your outrage and sense of injustice. It's suffering beyond the accidental — man-made negligence and indifference and racism." ◆

Tina Rosenberg is co-founder of the Solutions Journalism Network. She co-writes The New York Times Fixes column, and her articles have appeared in The New York Times Magazine, The New Yorker and many other publications.

COMMUNITY CARE

Stories on negligent hospitals, misbehaving doctors, dangerous prescription drugs and rising maternal death rates have all made headlines in the last year. We asked reporters to share their tips, resources and story ideas to help you dig into problems in your community.

Hospitals

Lessons from a deep-dive into surgical errors at a cardiac hospital

By Mike Hixenbaugh, Houston Chronicle

The tip seemed difficult to fathom: At one of the nation's most celebrated cardiac hospitals, a source alleged, numerous patients had suffered complications or died from surgical errors during heart transplants, and administrators had done little to fix the problem.

ProPublica's Charles Ornstein came to me with that lead about Baylor St. Luke's Medical Center in late 2017, and together we set out to determine if it was true.

Investigating hospitals can be challenging. Doctors are often reluctant to talk about problems, most potential malpractice cases never get filed — particularly in Texas — and federal patient privacy laws can make it difficult to connect with people who've been harmed.

First, we checked the data: The Scientific Registry of Transplant Recipients collects, analyzes and publishes a trove of information about organ transplant programs on behalf of the federal government. We saw St. Luke's was an outlier: It had significantly worse-than-expected one-year patient survival rates, longer-than-average wait times to get transplants and the third-longest median length of stay in the nation.

We also scrutinized data on patient volume kept by the United Network for Organ Sharing, another government contractor that oversees the nation's transplant system. And we looked at the usual sources for St. Luke's broader performance on quality metrics, including Medicare's Hospital Compare tool, The Leapfrog Group's Hospital Safety Grades and The Society of Thoracic Surgeons, which scores hospitals for their performance on common heart surgeries.

Our news organizations purchased all-payer hospital discharge data from the state of Texas, and Houston Chronicle data editor Matt Dempsey searched it for trends in post-transplant procedures and patient discharge status. At ProPublica, data reporters Hannah Fresques and Olga Pierce scrutinized Medicare claims data, which they'd received under a data use agreement with Medicare, to measure the outcomes of individual surgeons.

The data and reports made clear that the quality of care at St. Luke's began to decline after it was purchased in 2013 by a Colorado-based nonprofit hospital chain. But that was only part of the story. To tell the rest, we needed doctors, patients and family members to fill in the details.

We searched obituaries and so-

cial media postings for key phrases that might indicate someone received a heart transplant at St. Luke's, along with the names of specific doctors who would have been involved in their care. We used LinkedIn's advanced search tool to find physicians and medical professionals who left St. Luke's in recent years, and we cold-called physicians who we knew had raised concerns. Some spoke on the condition of anonymity, helping us confirm key details and pointing us in the right direction. Others agreed to talk on the record about why they had spoken up to administrators, and they confirmed instances in which patients had suffered.

We asked every patient or family member mentioned in our story to sign a consent form, allowing the hospital to release their medical records to us and answer our questions about the care provided. Try to do this as early as you can in the reporting process. Don't wait until the hospital brings it up as a reason for not answering your questions.

After five months of reporting, the tip checked out. We published our first stories in May 2018.

Two weeks later, St. Luke's suspended the heart transplant program for two weeks. The Centers for Medicare & Medicaid Services later terminated funding to the program, an extremely rare step, and separately cited the hospital for deficiencies in the care provided to one of the patients we highlighted. And in October, St. Luke's announced it had replaced its lead heart transplant surgeon and hired a new administrator to oversee its transplant programs.

St. Luke's officials have repeatedly defended the hospital's quality of care and are appealing the government's decision to cut off Medicare funding. ♦

Mike Hixenbaugh is an investigative reporter at the Houston Chronicle. He is a four-time Livingston Awards finalist, and in 2018 he was named Texas reporter of the year.

Prescription Drugs

Tips from a reporter on the front line of the opioid epidemic

By Pat Beall, The Palm Beach Post

When The Palm Beach Post started covering the opioid epidemic in mid-2015, we discovered a sprawling series of stories about — among other things — sober home abuse, urine test scams and bad science.

That was four years ago; today, the epidemic is continually evolving. Here are some key issues and pitfalls to consider:

Rarely does anyone die after taking just one type of drug. Some lethal drug combinations have always been popular, like heroin and Xanax. But beginning in 2015, we started seeing some people dying after using seven or more drugs. Now, polydrug death seems to be the rule, not the exception.

Fentanyl is the new heroin. Mirroring the national trend, fentanyl and its analogs were the primary cause of fatal drug overdoses in Palm Beach County in the first half of 2018, almost entirely supplanting heroin. If you look at medical examiner reports, ask for the name of all fentanyl analogs — some do not have fentanyl in their name.

Methamphetamine and cocaine are back. This includes regions where you haven't historically seen a lot of meth. Heroin and fentanyl are being mixed with those drugs, which is unusual. People whose first choice of drug is a stimulant generally aren't attracted to opioids. This is a deadly trend worth monitoring.

People whose first choice of drug is a stimulant generally aren't attracted to opioids. **This is a deadly trend worth monitoring.**

Beware of data interpretation issues. If you only look at the drug that caused an overdose, you will miss the presence of other drugs involved in the epidemic. Also, people can have multiple drugs in their system at death, and sometimes it's the combination — not any single drug — that killed them.

Further, not every drug-related death is an overdose. Opioids are typically lethal because they depress breathing. But opioid users may also die from drowning, choking, cardiac infections or a fall.

Researchers talk about "heroin-related" deaths as opposed to "heroin-caused" deaths. To track an epidemic, you have to track the prevalence of a drug, which means tracking whether it was used and present in the body, not just whether it was the cause of death.

Just be careful not to double-count. A heroin-related death

and a fentanyl-related death, for instance, can involve just one person. The dataset should make this clear.

Chemistry can trigger flawed numbers. Once in the body, heroin breaks down into morphine, so a substantial number of morphine deaths are heroin-related. Here's the problem: Post-mortem tests will come back negative for heroin, positive for morphine. If you are provided heroin-death numbers, ask if they include morphine. If not, officials should explain why and be able to give you some estimate as to how many morphine-related deaths may involve heroin.

Treatment options need investigating, too. Patient brokering, the practice of luring users seeking sobriety to a specific sober home or treatment center for a fee, is a scam. You may spot brokers on generic "treatment help" websites that are not affiliated with a provider.

Other treatment issues: Are there detox beds for pregnant women? Are the state's licensed methadone clinics run by for-profit businesses? Which treatments does Medicaid pay for? Are drug court judges ordering abstinence-only 12-step programs or medication-assisted treatment, and why? Are there treatment facilities associated with a lab or sober home? Those overlapping interests are a source of kickbacks.

Words matter. Not everyone who uses a drug is addicted. We frequently describe people who fatally overdose on drugs as "users," not "addicts." While the AP Stylebook has guidance on this, it makes for a good newsroom discussion (and not because of style). It forces us to think about the people we are writing about, the context of their lives and deaths, and the very human cost of this continuing epidemic. ♦

Palm Beach Post investigative reporter Pat Beall has written extensively on the opioid crisis. She is the Florida Society of Professional Journalists' 2017 Journalist of the Year.

Doctor Misconduct

How to unlock details on problem physicians

By Justin A. Hinkley

It had been more than 18 months since Larry Nassar, the USA Gymnastics and Michigan State University physician, had been arrested for sexually assaulting hundreds of patients.

MSU and USAG had repeatedly defended their handling of the case by saying Nassar was a monstrous abnormality for which no one could prepare.

The Atlanta Journal-Constitution had already proved that wrong. In 2016, the paper reported that thousands of doctors nationwide had been disciplined for sexual abuse since 1999, but that weaknesses in every state had allowed scores of them to continue working.

I wanted to do due diligence for Michigan.

In the Lansing State Journal newsroom, we'd made some attempts at tackling the issue, but hadn't gotten very far. The AJC's reporting found the federal database of punished doctors was hard to unlock, and the day-to-day business of the Nassar scandal meant few of our reporters had time to dig deeper. But sometimes, the information you're after is available elsewhere. This was the case in Michigan.

The Michigan Department of Licensing and Regulatory Affairs regularly posts online reports detailing the various types of complaints its investigators handled in the previous year, allowing me to quickly discover 238 allegations of sexual misconduct by health professionals between fiscal years 2011 and 2016.

The agency also posts tallies of all disciplinary actions by its licensing boards, and it maintains websites where consumers can look up professionals to verify their licenses and view detailed reports on any punishment by licensing boards.

By combining information from those reports into a spreadsheet, I made a list of 30 health care professionals — from medical doctors to counselors to massage therapists to athletic trainers — whose licenses were suspended or revoked in the previous year for sexual misconduct. That list included Nassar, whose license was first suspended in January 2017.

I also showed that at least two of them had been disciplined at least once before for sexual impropriety but were allowed to keep working in Michigan before committing similar wrongdoing.

The state reports did not identify any of the victims, but the numerous days of victim testimony in Nassar's criminal case provided important context to how damaging the breach of trust between doctor and patient

I made a list of 30 health care professionals — from medical doctors to counselors to massage therapists to athletic trainers — whose **licenses were suspended or revoked in the previous year for sexual misconduct.**

could be.

I contacted all of the punished professionals I could — some were unreachable, others were in prison — and was able to connect with only one, a Sault Ste. Marie counselor who lost his license after state officials accused him of making sexual and harassing comments to at least one patient and to his coworkers. Records showed that five years earlier, he'd been forced to give up his license in Nebraska after officials there expressed concerns about his mental stability.

The counselor denied any wrongdoing and said he hadn't received due process. He also threatened to sue us if we published his name. (We did, and he didn't sue.)

I had better luck getting a response from the state. In light of the Nassar scandal, most everyone involved was eager to show their willingness to prevent such things from happening again. The chairman of the state medical board connected me with Dr. Meg Edison, a pediatrician who was helping fellow Michigan doctors push the American Medical Association to crack down on abuser doctors and close a loophole that discourages licensing boards from sharing allegations with police.

Edison confirmed that sexual abuse in the medical industry "is a widespread issue with systemic problems."

When something monstrous like the Nassar scandal breaks, we like to think it doesn't happen where we live — but my story (bit.ly/MI-doctors) and the already-published investigation by The Atlanta Journal-Constitution (doctors.ajc.com) showed it does. Almost any major scandal can be localized if you take the time to look. ◆

Justin A. Hinkley helped cover the Larry Nassar scandal as an investigative reporter at the Lansing (Mich.) State Journal. He is currently managing editor of The Alpena (Mich.) News.

Maternal Mortality

Localize stories about childbirth deaths for your community

By Jeremy Campbell, WXIA Atlanta

Our team has a mantra: "Best way to clear the air is to have it all out in the open."

That's a quote by Atticus Finch, our team's namesake. We cover topics that aren't always easy to talk about. Sometimes the facts are hiding in documents; other times, the real story lies beneath heartbreak and loss.

That was the case with "Mothers Matter," an investigation that began with our team at WXIA and grew to include coverage by journalists in TEGNA markets nationwide (11alive.com/MothersMatter).

We started with a fact that just didn't make sense: The U.S. has the highest rate of maternal mortality among developed countries, and unlike other countries, the death rate is rising. We wanted to get to the heart of the story and help our viewers understand why this was happening.

For months, we searched for answers and researched solutions. We learned black women are three to four times more at risk of dying from pregnancy-related causes than white women. Because of this racial disparity, we felt it was crucial that our investigation focus on the population most adversely affected. We made a deliberate choice to find out why black women are at the highest risk.

We requested specific information about maternal mortality in every state by filing open records requests with state health departments. We asked if each state tracked maternal deaths and, if they did, requested the count. We also asked for a racial breakdown of each death and how soon after childbirth the death occurred.

The responses showed us not all states measure maternal mortality

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deaths the same way. For example, some states record pregnancy-related deaths up to a year after delivery, while others only count deaths that occur within 42 days of giving birth.

Since states started tracking maternal mortality in different years, we found there's no clear way to know the exact number of women who have died because of childbirth complications.

Next, we needed an authentic perspective from families who lost — or nearly lost — a mom to pregnancy-related causes, which can occur before or after childbirth. Social media posts, online message boards and local advocacy groups helped guide us.

We chose to focus on Charles and Kira Johnson, a couple from Atlanta we found on Instagram. They'd documented their life together with cell phone videos and photos.

Kira, a black woman, died in Los Angeles within hours of giving birth to her second son in 2016. She was healthy, educated and in the care of one of the most respected hospitals in the nation, yet she died from a complication that is usually preventable.

The hospital issued a statement on her death, which we included in our coverage. However, we wanted a bigger picture perspective. Key experts, including the chief of the Centers for Disease Control and Prevention's Maternal and Infant Health Branch, offered their theories for why black mothers are disproportionately affected.

"The only thing that we conclude with any kind of reasonable certainty is that the experience of being black in America is so fundamentally different from the experience of being white in America that it translates to health outcomes," Dr. William Callaghan, the CDC branch chief, told us.

One researcher told us that racism toward black woman negatively affects care, but other medical professionals disagreed. An Atlanta doctor linked the maternal morbidity spike — for all women — to diabetes, high blood pressure and obesity.

Our "Mothers Matter" investigation went beyond reporting the problem. We also investigated solutions by highlighting medical programs that have helped reverse this deadly trend, and we presented simple health tips for new moms that viewers could share.

The story spread nationwide as TEGNA journalists from markets across the country chose to highlight how this issue affected their communities, using our four-episode series as a conversation starter.

Just a few days after posting the investigation to our website in October 2018, "Mothers Matter" became the station's most watched story for the year.

The investigation also caught the attention of lawmakers such as Georgia Congressman John Lewis, who wrote, "WXIA's investigation was powerful and moving. It is an example of the highest good journalism can offer — explore, expose and inform to save lives." ◆

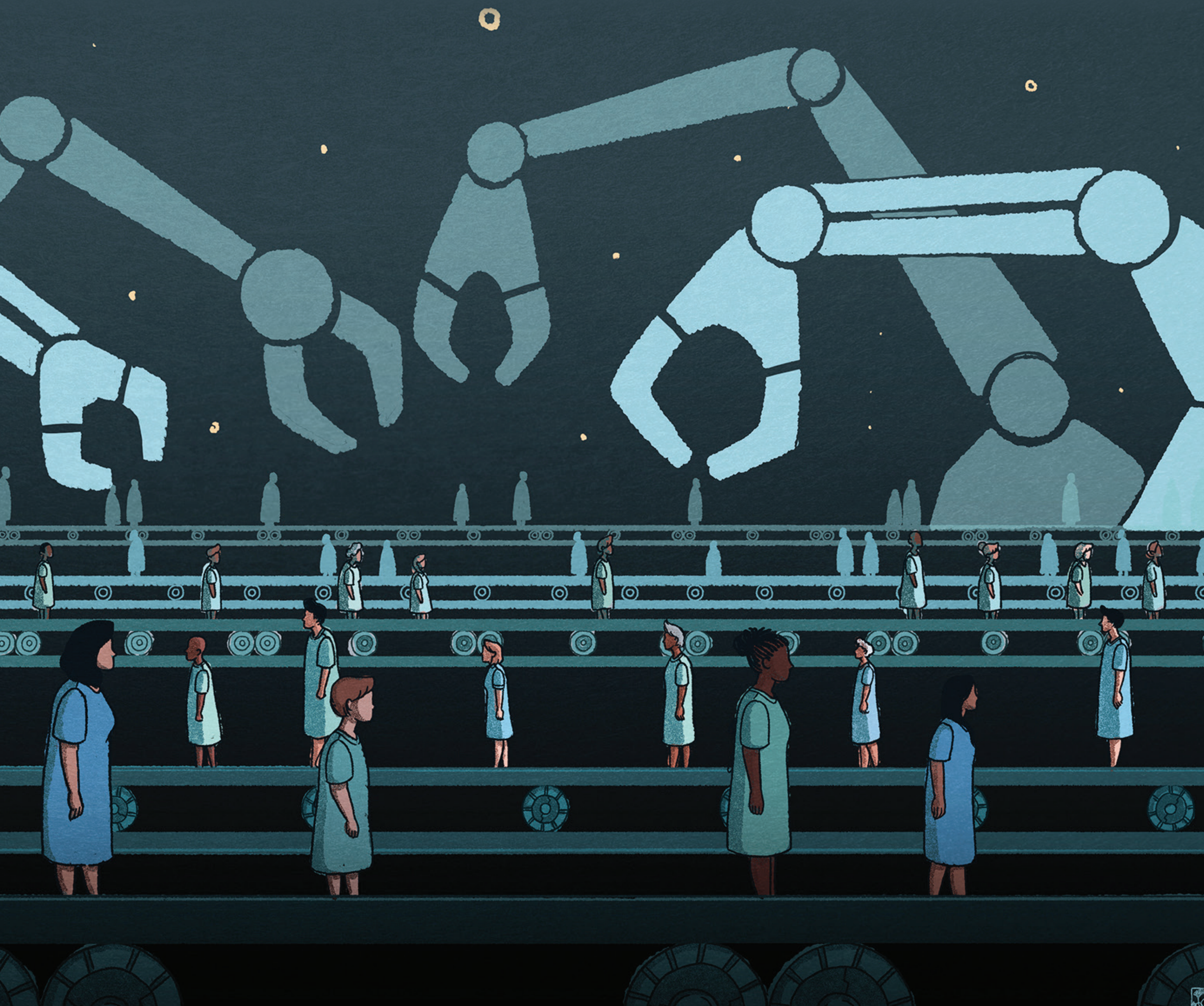
Jeremy Campbell is the reporter behind Atticus, WXIA's digital investigative team.

We also investigated solutions by highlighting medical programs that have helped reverse this deadly trend, and we presented simple health tips for new moms that viewers could share.

Inside the Implant Files

A global investigation into the medical device industry reveals critical failures

Story by **Ben Hallman** and **Emilia Díaz-Struck**
Art by **Christina Chung**
International Consortium of Investigative Journalists



Reporters working on the Implant Files met in Washington, D.C. in 2018.

SCILLA ALECCI/ICIJ

The largest cross-border health care investigation in history began in the produce section of an Amsterdam grocery store.

Jet Schouten, a reporter for Dutch public television, had heard from dozens of women who suffered bleeding, pain and other life-altering complications after they were implanted with a medical product called transvaginal mesh, commonly used to hold reproductive organs in place. Her reporting led her to question how these problematic mesh products were approved for sale in Europe — and to the supermarket. To show that implants are often approved without safety testing, she created a bogus application for a mesh product with photos she took of a polypropylene bag used to hold mandarin oranges.

Among other obvious flaws, her application said 30 percent of women receiving the product would be permanently injured. Three notified bodies — for-profit entities that device companies pay to evaluate new products in Europe — reviewed the application, but none flagged any safety concerns. (Formal approval would have required proof of a factory to produce the devices, which of course didn't exist.)

Schouten came to the International Consortium of Investigative Journalists in late 2016 with an idea to build on her reporting: a cross-border examination of the medical device industry, the government authorities charged with overseeing it and the ramifications of medical-product mishaps for real people.

ICIJ is a newsroom and a network. We utilized both roles to assemble an investigative team that grew to include more than 250 journalists in 36 countries.

Unlike our past global investigations — the Panama and Paradise Papers — where we started with millions of leaked files, the Implant Files was built from the ground up. Over the course of nearly a year, we filed more than 1,500 public records requests and spent countless hours collecting and analyzing data obtained from the U.S. Food and Drug Administration and other health authorities.

We didn't always get what we wanted. In the

European Union, regulators claimed disclosing raw patient harm reports would give away confidential commercial information. Reporters in Mexico submitted 964 requests that produced only 44 responses.

But the work paid off: Our partners at the Canadian Broadcasting Corporation obtained, for the first time, data on "adverse events" — injuries, deaths and other device-related problems — from the national regulatory agency after two years of fighting. In Finland and Spain, ICIJ's partners obtained device recall and safety alert data that were not previously available to the public.

The reporting team eventually gathered more than 8 million records, which form the bedrock of our investigation. The greatest trove was 5.4 million reports sent to the FDA over the last decade on suspected device-associated deaths, serious injuries and malfunctions.

ICIJ data journalists deployed machine-learning algorithms to screen millions of adverse event records and identify 500,000 reports that described an "explant" — the potentially deadly removal of a defective device.

Again and again, our reporting turned up examples of implants pulled from sale in some countries for safety reasons, even as they continued to be sold in others. Because no global resource for recalls and safety notices exists, ICIJ decided to build one. The International Medical Devices Database gathered records — more than 70,000 so far — into a searchable portal that allows anyone to discover whether a device was flagged for official concern.

Again and again, our reporting turned up examples of implants pulled from sale in some countries for safety reasons, even as they continued to be sold in others.

ICIJ journalists and our partners examined dozens of medical devices. Some we explored in depth: implantable pain pumps that can malfunction, triggering cycles of overdose and withdrawal; breast implants that leak, rupture and cause hidden agony; spinal cord stimulators meant to treat back pain that can shock and burn.

But with thousands of products on the market, many with seemingly endless iterations that stretch back a decade or more, we only scratched the surface. We want other journalists to build on our reporting. Here are some lessons we learned along the way.

There's no such thing as a risk-free medical implant.

Manufactured products may break or malfunction. Doctors can make mistakes implanting them. Once inside the body, a device may trigger an allergic reaction or autoimmune response. None of these outcomes is necessarily evidence of a systemic problem.

Some devices break, rupture, misfire or otherwise fail to work as intended more often than they should.

ICIJ's investigation focused on devices identified by researchers, regulators, patient advocates or manufacturers as posing an outsized risk of harm. A question that dogged us throughout the investigation: How to quantify that harm?

For a variety of reasons — balkanized health care systems, spotty oversight and poor reporting practices — a definitive number of people injured or killed by any individual device simply cannot be determined. But adverse events collected by the FDA can help give a sense of the scope of the harm, and point to newsworthy stories.

Anyone can file an adverse event report, though most come from device makers. These re-

Recall data can help you unearth strong public interest stories — but remember: Not all problematic medical devices are recalled.

ports describe cases where a device has experienced a potentially harmful malfunction or is suspected to have caused or contributed to a serious injury or death.

The FDA cautions that conclusions about a device's safety or role in an injury or death cannot be made from adverse events alone. But the agency itself uses the reports to help it identify potentially dangerous problems, and ICIJ's analysis of the data generated two whopping numbers: more than 1.7 million suspected injuries and nearly 83,000 deaths linked to medical devices over the last decade.

The reports can also identify patterns and trends, which spurred us to examine implants associated with high numbers of injury reports that we might have otherwise overlooked.

Data can help explore the story systematically.

One of the sources with the largest number of data linked to medical devices in the U.S. is the FDA's Manufacturer and User Facility Device Experience (MAUDE) database. It contains millions of reports — more than 5.4 million sent to the FDA over the last decade — on suspected device-associated deaths, serious injuries and malfunctions. Most are from the U.S., but the FDA also receives foreign reports.

It is possible to search for reports online (bit.ly/MAUDEdata) for brand name or manufacturer over a period of time. Unfortunately, the online system has a limit of showing 500 results at a time. Downloading the entire database is the best way to explore and analyze it.

Keep in mind:

- Devices and companies are listed under a variety of spellings and names.
- A report key number serves as a unique identifier for events. It is required to avoid double counting.
- To link events to a specific company, check all of its subsidiaries and the events linked to them.
- Event descriptions in a narrative format may contain rich details that are not always reflected in the structured data.

Approval and recall data is also available. And we used the Centers for Medicare & Medicaid Services "Open Payments" search tool to research payments from device companies to physicians.

Machine learning can help explore millions of records in a different way.

ICIJ used machine learning to identify devices that were later explanted as well as death reports that were not categorized as such by the reporters of an adverse event. The process involved refining and also manual checks done by journalists to verify the results.

ICIJ found 2,100 cases where people died, but their deaths were classified as malfunctions or injuries. Of these, 220 reports showed that devices may have caused or contributed to the deaths. The other reports did not include enough information to determine conclusively if the device played a role in the patients' deaths.

Recalls can be evidence of a serious problem, but not all recalls are equal.

Recall data and other safety notices — easily

Journalists from around the world, including Rigoberto Carvajal, gathered in Washington, D.C., to launch the investigation, discuss research and share findings.

SCILLA ALECCI/ICIJ

searched using ICIJ's new database — can also point to medical devices with life-threatening flaws.

One example: In 2016, St. Jude Medical issued a global recall for an implantable defibrillator with a defective battery that affected nearly 350,000 patients. In the U.S., this was deemed a "class one" recall by the FDA, the most serious kind.

The agency reserves this rating for defects deemed to pose a "reasonable chance" of "serious health problems or death." Some class one recalls can be easily remedied — through software updates, for example. Other class one recalls are far more serious and spur some patients to have an implant removed in procedures that pose risks of their own. Our analysis of adverse event reports, which are mostly from the U.S., indicate that the St. Jude recall led to at least 12,000 explant surgeries.

Recall data can help you unearth strong public interest stories — but remember: Not all problematic medical devices are recalled.

Medical literature can identify alarming trends that don't attract wide notice.

In 2007, a Minnesota cardiologist published a study showing a defibrillator called the Sprint Fidelis was failing at a higher-than-expected rate. Its maker, Medtronic, recalled the device a few months later, citing five deaths that may have been caused by fractured wires that connect to the heart.

Two years later, the company bumped up the death toll to 13. After that, the device all but vanished from the news — but remained in more than 200,000 patients.

An ICIJ literature review pointed to harm that far exceeded what Medtronic had acknowledged. A French study of 1,000 patients, for example, showed that the connectors on more than one in five devices fractured after five years, and that younger, more active patients were especially vulnerable.

An ICIJ analysis of FDA adverse event reports in the last decade linked Sprint Fidelis models to more than 8,000 injuries and 2,000 deaths.

Lawsuits can also point the way. But a 2008 Supreme Court decision means there are fewer than you might expect.

It is much harder to successfully sue a medical device company than it used to be. In 2008, the U.S. Supreme Court ruled that if the FDA has OK'd a product through a pathway called premarket approval, people who claim harm can't sue in a state court, shutting down untold numbers of lawsuits.

Even so, a basic legal search may reveal dozens or even hundreds of cases against manufacturers that can lead you to sources and stories.

Medical devices also provide tremendous benefits.

Most implants work as intended. They improve and save lives in enormous numbers. But we found failures in how devices are approved and monitored that have harmed patients at a global scale. •

Ben Hallman is ICIJ's chief reporter. Emilia Díaz-Struck is ICIJ's research editor.

Rekhaben Shah, 67, went to a surgery center for a colonoscopy in late 2015. She died two days later in a hospital, according to a lawsuit.

AMY NEWMAN/ NORTH JERSEY MEDIA GROUP

10 tips for making health stories engaging and accessible

By **John Hillkirk**, Kaiser Health News

We've all read investigative stories packed with dizzying statistics, impressive and outrageous findings, sweeping nut grafs and clear breakdowns in oversight by regulatory authorities.

But do those same stories really grab readers' attention? Do they walk away with at least one surprise or discovery they won't immediately forget?

Arguably, many stories fall short because the text and related multimedia simply aren't very accessible. They lack human interest in the form of central, empathetic characters or context that puts otherwise mind-numbing data into clear and compelling perspective.

Health care journalists have an easier road than most grabbing a reader's attention. Stories about breakdowns in medical treatment, sky-rocketing drug prices, dangerous devices or negligence in nursing homes already are the talk at too many dinner tables and have often affected a family member, coworker or friend.

Still, the subject matter and the Byzantine nature of the health care system cry out for stories and visuals that deliver and demystify, grabbing and engaging readers from beginning to end. It's critical to find real people and capture their voices and stories.

Here are 10 ways to make sure that happens.

1: Put the big numbers in context and show what even little numbers mean. In a Kaiser Health News investigation, we noted that revenue from simple urine tests ($8.5 billion a year) exceeds the entire budget of the Environmental Protection Agency. A USA TODAY story, "Ghost Factories," about dust from old lead factories, explained that a child can be poisoned by swallowing just six micrograms of lead a day over about three months. Here's how we put that in context in the story: "To visualize how little lead that is, picture a package of artificial sweetener, which contains 1 gram of powder. A microgram is one-millionth of a gram."

2: Use animation and graphics to make the complex simple. Talk about complicated subjects. Try explaining who makes money — and

where — in the drug price pipeline. Or how sepsis attacks and kills so many patients. Or how drugmakers manipulate the FDA's arduous orphan drug approval process. In each case, a step-by-step animation or flat graphic helped break down otherwise bewildering information into an easily digestible — and even entertaining — form.

3: Mine the data to show just how pervasive a problem is. KHN's orphan drug project joined two data sets to show that a third of orphan drugs, which are supposed to lead to "new" products for rare diseases, are actually mass-market products or have been approved for multiple diseases, often back to back. A USA TODAY analysis discovered that C. diff bacteria are responsible for more than 30,000 deaths a year — twice federal estimates and rivaling the 32,000 killed in traffic accidents.

4: Watch for audio opportunities. Many medical emergencies start with a 911 call that can be obtained from local police or EMS records. Radio can bring the story to life, so look into partnerships with outlets like Reveal from The Center for Investigative Reporting, Marketplace or NPR. When you have the opportunity, record your interviews on high-quality equipment. Sometimes the spoken word can be more dramatic than video.

5: Use interactive timelines to walk readers through key events. For KHN's orphan drug investigation, we used TimelineJS to build a timeline that features audio and video from key moments surrounding the history of orphan drugs, including a clip from the "Quincy" TV show that prompted Congress to act. The surgery centers project by KHN and USA TODAY features a tick-tock motion graphic that describes the frantic efforts to save a New Jersey woman's life. Both visuals offered readers another path into the overall story, and showed what a life-or-death struggle looks like on the front lines.

6: Work hard to find victims, patients and families with real names. Often this isn't easy, since patients are anonymized in many government inspection reports, death certificates or lawsuit settlements. Reporters need to scour social media, tap LinkedIn connections, match anonymized death records with news reports or find lawsuit plaintiffs willing to share their stories, prior to or after settlement.

7: Show the breadth and scope of the problem with slideshows and galleries. KHN's surgery centers investigation featured a gallery of nine case studies, with victims ranging from ages 2 to 67, who died during or after procedures. And a gallery can work with other subjects as well: A USA TODAY story about tainted dietary supplements showed the mug shots of 10 supplement makers with criminal pasts.

8: Shoot video to capture poignant and powerful moments. Nothing conveys more deeply the anguish of the families, parents or children of victims. A USA TODAY/KHN video featured the parents of a 12-year-old who died following a tonsillectomy. An orphan drugs video chronicled the life of a 2-year-old dependent on a $300,000-a-year drug the family struggles to afford. Videos like those can pack an emotional wallop that readers might remember long after the story appears.

9: Strive for balance and opposing points of view in your stories — and show the people involved whenever possible. Instead of citing the text in a dull government record, track down the government inspector who wrote the report — or, at a minimum, try to cite what he or she wrote in their notes. Ask the regulators or other parties to present their side of the story and to appear in the videos, photos or other multimedia. Readers will appreciate hearing a variety of views.

10: Build a 50-state interactive or lookup tool to showcase your data. Health care has a dazzling array of databases that track everything from nursing home inspections to cancer rates to the infection rates at every U.S. hospital. These can readily be built into a national, state or local interactive using Tableau, Flourish or another open-source tool. Readers can check their local hospital or nursing home, or compare cancer rates in their county against the one next door.

If you're super ambitious, take the idea one step (or many steps!) further and collect and map your own data. For the "Ghost Factories" project, reporters tested more than 800 soil samples in 13 states. The tests — displayed in a 50-state interactive map — showed numerous areas where the dirt is so contaminated that children should not be playing in it, which helped lead to soil-removal projects in several states.

Bonus tip: Don't forget to connect directly with readers! Quick video clips, GIFs, compelling tweets and Facebook posts can entice and engage readers. Long investigative stories that look daunting can be teased with "five key takeaways," a graphic, an emotional moment or an excerpt from your story. And some watchdog stories or crowdsourced investigations can pull directly from readers' experiences. KHN and NPR recently launched a "Bill of the Month" feature that has drawn hundreds of medical bills from patients outraged over everything from a $109,000 tab for heart attack treatment to $56,000 for an air ambulance ride. ◆

John Hillkirk is a senior editor at Kaiser Health News, where he manages the investigative team. John was a reporter or editor at USA TODAY for 33 years.

iFOIA gets an upgrade

Streamline your public records request process with this free tool

By
David Cuillier, *University of Arizona School of Journalism*

Crafting, sending, tracking and following up on public records requests just got a little easier.

The Reporters Committee for Freedom of the Press launched a new and improved iFOIA website (ifoia.org) to help requesters craft better letters and collaborate with fellow journalists.

"We think it's a really important tool that we would like reporters to use," said RCFP's Knight Litigation Attorney Adam Marshall, who led the update. "Ultimately, public record requests are a vehicle for enforcing the law."

About 13,000 people have registered to use the free service, which originally launched in 2013 with support from the Stanton Foundation. The November upgrade added a few new features:

• **Bolstered legal language.** Marshall updated the letter generator to cite the relevant state or federal laws that apply to the jurisdiction receiving the letter. The letters also automatically include legal citations for copy fees and the amount of time agencies have to respond. He also updated federal FOIA letters to account for changes in case law and the 2016 amendments, such as mentioning that agencies must explain any foreseeable harm that might result in disclosure of the records if they wish to keep information secret.

• **Automatic distribution.** The website can automatically email or fax letters to the correct contacts for federal agencies and most major state agencies, thanks to interns who compiled the database of agency contacts. Users can also enter contact information for local agencies, building a crowdsourced repository. Requesters can include attachments and personalize letters.

• **Calendar updates.** iFOIA can now sync with Apple Calendar or Google Calendar and send automatic reminders to follow up with agencies, providing draft language with the number of days a request has been pending and a query for an estimated completion date. Responses from agencies are kept in project files, and appeal letters can be generated automatically.

• **Team function.** The upgrade allows users to create teams to share requests and agency correspondence, so a reporter can include fellow journalists, an editor or even an attorney.

• **Improved interface.** Users can now bookmark requests and sort them by agency, date, status and other fields. The site includes links to helpful resources, such as the Reporters Committee's FOIA Wiki, a guide to appealing denials, and the committee's open government guide on every state's open records and open meetings laws, which was updated in December.

Marshall said all requests made through iFOIA are kept private by default. "I can't see anything about anyone's specific correspondence," he said. "The only way a request can be shared is if you choose to share it." Once the request is in the agency's hands, of course, it's fair game for anyone to see, like any public records request.

The new iFOIA is perfect for anyone who wants a fast, free and easy way to submit and track requests, complementing other services like MuckRock, FOIA Mapper and the Student Press Law Center's request-letter generator.

"I think people should try all the tools available and find out what works best for the job," Marshall said. "I'm a big believer in having different solutions for different problems." ♦

Online Request Tools

• **MuckRock** (*muckrock.com*) provides an online letter generator and sample requests. The nonprofit also shares the documents users receive and a ton of tips and resources. Users pay $20 to file up to four requests (organization subscriptions are available, as well). MuckRock has merged with **DocumentCloud** (*www.documentcloud.org*) and **FOIA Machine** (*foiamachine.org*).

• **Student Press Law Center** (*splc.org*) provides an excellent letter generator and free legal advice for college and high school journalists.

• **Better Government Association** (*github.com/bettergov/foiamail*) developed an open-source tool to automate high-volume FOIA requests.

• **Government agencies**, particularly at the federal level, often provide their own online submission and tracking platforms.

David Cuillier, Ph.D., is an associate professor at the University of Arizona School of Journalism in Tucson, Arizona, and co-author, with Charles Davis, of "The Art of Access: Strategies for Acquiring Public Records" (second edition due out July 2019).

Lessons from 25 years of data journalism

Key skills, innovators help our industry thrive

By
Shawn McIntosh,
The Atlanta Journal-Constitution

In 2017, I was asked to speak at a symposium for journalists and computer scientists about the origins of computer-assisted reporting. I was thrilled to highlight the work of my mentor, Philip Meyer, often credited with founding computer-assisted reporting in 1967.

As a Knight Ridder national correspondent, Phil used survey research to reveal the causes behind the 1967 Detroit riot, which was among the deadliest and most destructive in U.S. history. The Detroit Free Press won a Pulitzer Prize for coverage that included his work. Other pioneers have followed, shaping our craft and transforming journalism over the past five decades.

I included in my talk several ideas important to CAR's success. To celebrate the 25th CAR Conference taking place this year, here are some of those ideas.

'Mash-ups' That's a 1990s phrase, but it perfectly describes the work that launched it all — Phil's mix of social science research and shoe-leather reporting. I use the phrase broadly to describe combinations and collaborations that have advanced CAR: Mixing up disciplines, professions and even datasets to get new outcomes.

Other early examples include Bill Dedman's work with academic consultants on a data-driven investigation that found discriminatory mortgage lending practices and Elliot Jaspin's mixing of data on school bus drivers and driving violations. This kind of innovation has kept us vibrant and relevant.

Sharing community CAR was open source before it was cool. Attending a computer-assisted reporting conference in 1990 — a collaboration between IRE and Indiana University before the official CAR Conferences began in 1993 — I came home with a pile of tipsheets. The next year I took to a stack of Paradox scripts I had written to clean up text data, and I was warmly welcomed.

My friend Pat Stith, a pioneer in CAR, was astounded at his first CAR conference when he saw people giving away their best competitive secrets. Then he became a convert: "After a year or two, I realized there are so few of us and so many of them — bad guys — that we need to work together."

Storytelling Storytelling sets data journalists apart from social scientists. Journalists exist to illuminate the human condition. No study or scientific research alone can do that; it requires texture from interviewing and observation, and skilled writing.

The stories of hurricane damage resulting from shoddy building codes, or children mistreated by a system that is supposed to protect them, or the dashed dreams of citizens suffering discrimination — those stories are what cause readers to clamor for reform. We cannot survive without great storytelling.

Roots in investigative journalism One thing that has served us best is our deep roots in investigative reporting. Investigative journalists have to get it right. That requires creating a hypothesis and reporting not just to prove — but to disprove — that theory. And investigative journalists don't just write up their findings. They confront the bad actors with evidence before it is published. It's a methodology that aligns closely with CAR.

Transparency and replication CAR has always been far more transparent than traditional journalism. The scientific method that underlies data journalism requires data sharing, replication and external review. The so-called "nerd box" — the sidebar or story where we explain the methods behind our findings — was introduced with the earliest CAR reports. Now, publishing of methodology and data is considered the norm.

Pioneers Finally, what made us strong and carried us forward for five decades were pioneers — individuals who taught themselves, risked going outside the lines and then taught others. Phil has said these pioneers were all after a higher standard of truth-telling. We have in NICAR today new pioneers, seeking to demonstrate truth in ways the early adopters could not have imagined. ♦

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