

Module 3 Video Class 4: Interview with Gary Schwitzer

Hi. Welcome back to the video segments for our course, Journalism in a pandemic: covering COVID-19 now and in the future. We're now in module three talking about vaccines and treatments and the hype cycle that surrounds them. And to help us make sense of that, I'm going to talk to Gary Schwitzer, who's the publisher of the publication Health News Review and an adjunct associate professor at the University of Minnesota School of Public Health. Gary, thank you for joining us.

I'm honored to be with you. So, as I think you've been told we have more than 7000 students at the moment, probably actually more than seventy six hundred, it might be more by the time this runs for more than 150 countries. And most of them are probably not familiar with Health News Review. So could you start us off by telling us a bit about the project and why you founded it?

Seven thousand. I remember when I taught at media ethics class at the University of Minnesota and I was thrilled to have 150 students enrolled. So this almost gives me stage fright, but I really am pleased to be able to share our 14 years of work in Health News Review dot org. I started this because I was frustrated with what I had seen in my career in health care journalism, which is now 47 years, but then 33 years.

When I founded Health News Review, our focus was on media messages about health care interventions so germane to today's topic. Treatments, tests, products and procedures are core work, which is what really brought us some legitimacy, on day one was that this was not subjective off the cuff observations about the quality of health care journalism. Our core work with systematic reviews whereby any time we saw an eligible story that made a claim about an intervention, we applied 10 standardized criteria to news stories and then later to public relations news releases.

And I know that Maryn will be providing you with links or reading material that will show you those 10 criteria in more detail. But in the end, we lost our really generous funding at the end of 2018. And so I didn't have any income to pay the team that did those systematic reviews, but we'd reviewed more than thirty two hundred news stories and public relations news releases. And here's just a snapshot. I never thought those 10 criteria were equally weighted. You're about to hear the five that I think clearly were most important. Perhaps not surprisingly, they're the ones for which both news stories and public relations news releases got the worst grades. So remember eligibility criterion, it had to make a claim about an intervention. Well, we think you ought to be talking about cost somewhere in that equation, because whether it's out of pocket or government or somebody else, there is a cost when any of us pursues and gets an intervention.

Twenty six hundred news stories and only 31 percent of them in the eyes of three independent reviewers got a satisfactory grade for addressing cost. And when we shift over to how did the PR news releases do, 7.7, single digit percent got a satisfactory grade? Perhaps the most important in my mind, though, was an assessment of how big or often how small were the potential benefits. And again, of the twenty six hundred news stories only 34 percent got a satisfactory grade. And from here on out on each one of these indices, the public relations news releases did worse. So I'm not even going to give you their grade.

All right. So we covered cost and benefits. How did the stories do in assessing the scope of potential harms often viewed? How small? More importantly, you should be thinking how large? And only 37 percent got a satisfactory grade. How many of those stories evaluated the quality of the evidence, or did they make a phase one drug trial sound as if it was the same as the output of a three year 30000 person randomized clinical trial? Only 38 percent of all those stories got a satisfactory grade. And then finally, I understand that in journalism, news stories and in public relations, news releases, we focus on the new. But we've got to put the new into the context of existing alternatives, which, when you think about it by definition, have a longer, more proven track record. Well, less than half the stories, 46 percent got a satisfactory grade.

When you combine that, most of those first four grades were all in this 60 percent unsatisfactory. That is just a picture of it, of conveying a lack of necessary information to an uninformed, under-informed consumer news, consumer and health care consumer population that is just thirsty for a

sip of evidence based, accurate, balanced, complete information to help them make decisions and our report card shows on many days from many leading organizations, we're not getting what we need.

So in this one month, this model of this course, we're going to be talking about achieving treatments and vaccines for COVID-19, for the novel coronavirus. What do you think journalists will be facing as they try to cover these stories? Can you apply what your metrics were for good and bad stories to the topics that they're going to be covering?

Sure. Because behind those numbers, it's just all kinds of gray area and nuance that's missing. So I'm going to pull an example from today's news. And this was actually a very good story by Helen Branswell at Stat News, which is under the Boston Globe Media Company. And they had a really good story headlined Mounting promises on COVID-19 vaccines are fueling false expectations. So right off the bat, we know what we're gonna get there. And the story went on to say that this furious pace at which scientists are working towards a vaccine may be unprecedented, but it's still going to be months or longer before the average American benefits from these efforts. And you know, whom you choose to interview in stories like this is important.

And that's one of our story review criteria is did you have any independent sources? Did you look at conflicts of interest in the source? Well, they turned to Dr. Michael Osterholm at the University of Minnesota as so many leading health care journalists do. And he was quoted in the story saying, I don't think we're communicating very well at all with the public because I keep having to tell people, you know, even if we had a vaccine that showed some evidence of protection by September, we are so far from having a vaccine in people's arms.

So even if you do a good job on the surface with what is published or released, evaluating the quality of the evidence, how robust is this evidence, you still have to put it into the context of when will it be available? And that was another one of our criteria that didn't even rate in the top five and in my view, but we applied it every single day. How available is this great idea that people are talking about?

In our 14 years of collecting data on Health News Review dot org, we showed a clear and consistent pattern of news stories that exaggerated or emphasized benefits while minimizing or totally ignoring harms. So I get it. We all want to report on progress. We want to have good news. Our editors don't want to hear about failures. They want to hear about successes. Just like journals often are criticized for burying the negative findings and emphasizing the positives to make their index factor their popularity look better. But reporting only on the successes and not the failures is not the way science works.

We, Maryn, in the world you and I grew up in, we used to talk about a 24 hour news cycle. It's now, what, a 24 second news cycle. And that doesn't handle the slow pace of science very well. So here's what happens. And reporters like you and Helen Branswell and some of the really good ones get this. You're stressed, you're underpaid, you're overworked, you face daily quotas for how many stories you have to file in tough economic times in this industry. You're being measured for how many people click on your online stories, not how accurately or completely they are reported.

But you get your news from extremely knowledgeable, seemingly believable scientists and drug or biotech companies who also are extremely motivated by their shareholders and whose incentives all align with putting their ideas in the most positive light. And then we have extremely motivated politicians who want to be reelected and don't want to be embarrassed. So they're commenting on science that they don't understand and they're projecting progress that isn't real. In this environment, it's very difficult to ascertain truth, data, facts, evidence. But what you have to remember is there is always a weight to the evidence. Journalism should reflect that. Journalists should not be a slave to the old, "I got to get the other side. I'll report this side and then the other side."

Journalists in this environment, on this topic, need to weigh where the evidence falls. It is rarely equal. And to put the emphasis of the story where the evidence, the weight of the evidence falls. And if you need help with that. If you live in a major metropolitan area and these days online, you

ought to be able to find a biostatistician, an epidemiologist, a methodologist. I'm sorry. Forget the subspecialists. Find the people who can help you learn how to evaluate evidence. What's at stake here? Only trust in science and trust in journalism. And I think that's that's a lot to preserve.

So, Gary, I embrace everything that you said. Of course. And yet at the same time, a lot of the journalists in this course are people who have never covered health or science or evidence based medicine before. And they need a lot of guidance. And so I'm hoping we can take essentially a couple of, a couple of examples and show just out of the past couple of months, I've covered stories where where things have worked and where things have been inflated. So let's start by talking about hydroxyl chloroquine.

This old malaria drug first promoted by a physician in France, then taken up by the United States White House, touted as a cure for so much to do with this disease. What are your thoughts about what the coverage of this has been?

Yeah. So what, 70 years of use as a malaria drug. And but that doesn't necessarily mean that it's going to have any application against this virus. So that paper published in a journal in late March from a French study of really I think was only about 20 patients in the active arm of the trial treated with that drug. Twenty patients after a two week trial. One red flag, two red flags, small sample group, short term follow up. The study concluded that the drug was and get this, so was the author's choice of words, was associated with reduction or disappearance of viral load.

And in this kind of study, in any research study, when you hear the authors even admit associated with that means that they can't make causal statements, they better not. If there's decent peer review by the journal, it should be booted if causal statements are made in such a case. So here, even with what turned out to be in the eyes of many a terribly flawed study, these authors even hedge their bets by saying it was associated with, well, indeed, experts did come to the fore and point out the flaws in both the design and the methodology. And then even the scientific organization that published the study in their journal later stated that their board believes the article does not meet the society's expected standard. Can you get a bigger red flag than that?

But some journalists and I know we have a broad international audience, you may have heard about our US television network called the Fox News Network, began a one month long campaign on the air with at last count at least eight different anchor people actively promoting this drug, after all, this skepticism surfaced. Well, that network happens to be in love with our president, Trump, who said that that drug could be, quote, one of the biggest game changers in the history of medicine. He told an anecdote one day of a dying man who suddenly had a reversal after taking the drug.

Another time he said, I hope they, general public, use this drug, because I'll tell you what. What do you have to lose? In some cases, you're in bad shape. What do you have to lose? Many saw from his voice in untrimmed like manner. Try it. You'll like it. It was like he was a used car salesman. Well, in this case, good news ending, science won in the end because evidence did not support a benefit. And scientists were all over that. And and the evidence did show a harm. But journalists, in retrospect, who simply reported on what that 20 person, two week French study reported should be ashamed. And journalists who unquestioningly took whatever came off the Masters table, the lead politicians promoting this drug should also be ashamed. So it is a classic case study for us to learn from. I hope we don't lose it.

Let's talk about a second one. In just the past couple of weeks, there's been a similar amount of hype around another possible treatment for COVID-19 disease, which is the Gilead drug remdesivir. And this to me is equally interesting because there were going to be results announced from the National Institutes of Health here in the United States. The company got out in front of the results, saying with the help of some journalists, we think these are going to be positive without giving any data. They did that just before the opening of the stock market. Their stock did quite well that morning, having had a not a great week the previous week. And then Dr. Anthony Fauci came out, talked about the results. And the results were not as amazing as you would have thought, given the excitement. Can you talk about this?

Yeah. Hype cycle. Get your views, you summarize the hype cycle. I'm going to take the springboard from the Dr. Fauci complicity in this, because actually the results that he discussed from a couch in the White House with the president sitting less than 10 feet away, you wouldn't know that the rose results were not that great.

He referred to them as quite good news and referred to the drug as a new standard of care. Let me be real clear. I have a great deal of respect for Dr. Anthony Fauci. I've followed his work, as you have for 35 years. But is this the way? That the public should hear for the first time some discussion of data. Most of it extemporaneously. He had one little note cards sometimes referred to sitting on that couch next to the president, who's waiting to hear what he wants to hear from Fauci and he gets to hear what he wants to hear.

Announcing the results of this very early study of Remdesivir, and this is just simply not the setting for how scientific results should be reported to the public. He praised those results were from, which were from a study sponsored by his own federal agency. Results that had not been published and then almost in the same breath, criticize the Chinese study that had that didn't show a benefit and had been published in The Lancet, which is not, you know, your neighborhood cheap newspaper. That's a pretty prestigious journal.

That to me, coming from the lead federal agency scientist advising the White House and the lead scientist reaching the public with messages every day is a conflicted double standard. Who knows what pressure he was under. But it was wrong. And then to make things worse, he didn't say this that day. Enterprising scientists and journalists discovered that the end points of the study, the goal line of the study, the target of the study, the primary endpoint had been changed just two weeks prior. So when he said that the study met its primary endpoint, basically time to improvement, that was correct. In the moment, it would not have been correct. Just two weeks earlier.

Now, there can be legitimate reasons to shift the endpoint. And boy, there's been just all sorts of backtracking now to try to explain that. But regardless of whether it was a legitimate shifting in the endpoint or not, that fact that it was shifted just two weeks prior was not disclosed on that White House couch that day as unpublished results were being touted. Maryn, I got to tell you that just tears at my heart strings and at my conscience of all journalists had to go by then was a statement by the drug company Gilead and a statement from Fauci's own federal agency that sponsored the trial. To me, it, too, was a terrible day for science communication. And that day and this episode should become another classic case study on researched communications.

So this is going to keep happening because there's so much need for treatments to reduce the impact of COVID-19 and for a vaccine to present and prevent it. And there are reputations and fortunes to be made for whatever country companies can and countries can achieve those. So how can journalists arm themselves against this, probably tremendous amount of hype that is coming our way to boost up results far beyond what's probably really going to be visible in the data? What's your advice for how people can can maintain their skepticism and yet and explain to their editors what they should and should not really be covering?

With an audience of seven thousand, we probably have a broad range of experience levels and perhaps some people who've just been thrown onto this beat without any training. So sometimes the simplest, broadest advice is the best, and that's where I'm going to start. So there's this old advice for journalists. If your mother tells you that she loves you, get a second opinion. Well, you must have second opinions and independent perspectives on this speech when covering health, medical science topics.

Incidentally, we have a list of more than a hundred experts who have sworn to our Web site project and others. Jeanne Linzer, veteran investigative journalist, and Shannon Brownlee of the Lown Institute. And Adriane Fugh Berman at Georgetown. And I have built this list and continue to to build it. And we can make that list available to folks with the information we provide online. Anybody can claim to be an expert. But on these topics, especially if you're new to these topics, you need to know there's a conflict of interest around every corner in health care research. You must know the landscape. I'm not fear mongering. I'm not drawing a picture of boogeymen here.

This is real and conflict of interest comes in different forms. And I don't know which is worse financial conflict of interest with somebody on the take, somebody's getting money to say certain things or intellectual conflicts of interest, which many people think are more insidious. This is my training. I've dedicated myself to this. I've studied this all my life. I believe this. And gosh darn it. This has got to be the way. And I'm wearing blinders to anything else. That's a simplistic way of looking at intellectual conflicts of interest. But if you're listening and if your antenna go off, when you hear things that just sound too good to be true, I think you'll start to pick up on these clues.

Journalists have to attack misinformation and spin and hype. It could be a full time beat for some of you. If, it is for me, it has been for 14 years. I have always thought that news organizations and maybe you can get some of your news organizations to do this should have a regular health care or health research feature called something like not ready for primetime health care news. And you can you can market it. You can say this is what you're going to hear from all of our competition. So we're going to tell you something about it. But we're going to give you the skinny. We're going to give you the lowdown. We're going to give you the data.

I think there's a great role for that. So when you see bad information, misinformation, hype and spin, you know, others are seeing it. So I urge you get all over it and debunk it.

I want to ask you finally. Health news review has been going for 14 years. I think you said that your entire career has been 47 years. Can you reflect for a moment on what this story, the COVID story and the drug vaccine treatment section of it, what that looks like to you in the context of this long career? How much of this is going to be new challenges? How much are things that that for which all lessons already exist? How does this look?

You know, so what's what's unique clearly is that people like us who been reporting on this for so long have never experienced such uncertainty, I don't believe on an unknown new threat, although that's your bailiwick, Maryn, but not one like this. Since HIV AIDS, when I was at CNN in the 80s and the pace of the news is unique. In my mind, I've referred to it like a dizzying roller coaster. I think it's unprecedented, partly because of the improved science. I think we have to acknowledge that maybe that will help us with improved vaccine development.

But you've already heard my warning about that. Partly, though, it's because we have more media and more media formats and not necessarily improved journalism overall. So those are some elements of what's unique. What's more, the same old same old is we've touched on this. A little more detail is once again the unfortunate, ugly, unhelpful interference and influence of the clash of politics with science. So, again, the 80s. HIV AIDS, the U.S. president at the time, Ronald Reagan, wouldn't even bring himself to say the words HIV or AIDS for the longest time.

Fast forward. Donald Trump today didn't even want to acknowledge this threat. Then when he did early on, he said it was under control. And overall, since then, he's been saying anything that comes to mind and there's a harm in that. In the political framing for COVID stories, we see some of the same political framing we've seen through the years, when news stories start to emphasize the politics, they create the same polarization that we see in politics. And so their personal politics align with their thinking about the pandemic. And it sort of endorses then the right to make a political issue out of this in the public eye. And now we're in the U.S. after everything we've just said.

Now, maybe one of the best things we had going the White House Corona Virus Task Force, the announcements within the past 24 hours is it's being phased out because of the tremendous progress being made in our country.

So what that means is we're likely to hear more from the politicians and less from the scientists. And then, of course, we have the problem of politicians like Trump. But it happens in many of your countries making claims about fake news for anything they don't like and sowing distrust in the media, in the public's eyes. Well, this undercuts the integrity of science and of journalism and undercuts the integrity of this intersection that so many of us care about, the intersection of medicine and the media or science and the media.

And we better care about preserving that integrity. What else is not new, but this is comforting, is that through the years I've seen that when journalism is pushed to the limits with complexity of topics and tough economic times, it's the big boys and girls who step up. They have before and they're doing it again on most days with most stories. I can't tell you how moved I am by things I see in The New York Times, The Washington Post, a magazine like the Atlantic Foundation, funded projects like ProPublica and Kaiser Health News. And if you care about journalism issues, it's not behind a paywall. Any of you can see it. The Columbia Journalism Review is doing some tremendous work on journalism in the pandemic. So that's comforting. What's not new and isn't comforting? Those are sort of what I just described to you are these occasional peaks of excellence, but the valleys in-between these peaks of excellence are becoming wider and deeper. And I call it the daily drumbeat of dreck. And the harm that is done by so many news organizations living in that gutter of the daily drumbeat of dreck, I fear confuses the public, combats public comprehension, committes, fear mongering that again just tears at my heart. And it is worse now than ever.

Well, I'm going to hope that with your guidance, thank you for your wisdom that our students, as they cover COVID, are going to be able to stay up at the peaks and not down in the valleys. So Gary Schwitzer, publisher and founder of Health News Review. Thank you so much for sharing your wisdom with our students and joining our course. I appreciate it.

Well, it's wonderful you're doing this. Keep it up.