Mona Saraiya: Good evening, everybody. Hi.

As part of the Public Health Workshop -- my name is Mona Saraiya, I'm from the Centers for Disease Control. And I'm very excited to change it up a little bit for the International Papillomavirus Meeting. We are very privileged to have Sandra de Castro Buffington and her team, who she will introduce, to discuss stories that change lives -- connecting scriptwriters with health experts for compelling storylines.

And I think we all know that at the International Papillomavirus Public Health Workgroup, we're pretty much a very geeky group. Would you agree to that?

(Laughter)

And so it's really nice to see and inform Hollywood Health and Society and the scriptwriters the passion that we have about HPV and cervical cancer.

And without further ado, I wanted to introduce Sandra. Sandra is Sandra de Castro Buffington, a Brazilian -- so wonderful for the International Papillomavirus in Puerto Rico -- is director of Hollywood Health and Society, a program of the University of Southern California's Annenberg Norman Lear Center. And actually, Hollywood Health and Society was actually founded by the Centers for Disease Control 11 years ago. We've been working, the CDC, with Hollywood Health and Society on various scripts -- 50 Hollywood scripts.

She's known for her award-winning work in entertainment, health and social change in the US and internationally. Sandra provides resources to leading scriptwriters and producers with the goal of improving the accuracy of health and climate change-related storylines on top television programs and films, resulting in more than 565 aired storylines over the span of three years. She was named one of the 100 most influential Hispanics in America by Poder Magazine and has received numerous other honors, including the USAID MAQ Outstanding Achievement Award. Her Vasectomy Campaign in Brazil won seven international advertising awards including a Bronze Lion at the Cannes and a Gold Medal at the London International Advertising Award.

She's a former associate faculty member at the Johns Hopkins University Bloomberg School of Public Health. So she actually has a wonderful public health background. And recently, she led Hollywood writers and producers on trips to South Africa and India and launched the Story Bus Tour Series and the Climate Change Storytelling Initiative.

So I'd like for the audience to welcome Sandra. Thank you so much.

(Applause)

Sandra de Castro Buffington: Good evening, everyone. And Mona, thank you for that kind introduction. It's such a pleasure to be here tonight. When Mona was introducing my team, I was thinking together we're all a team in this room. Because Hollywood Health and Society actually serves as a bridge between the entertainment industry, represented here by these amazing panelists; and those of you who are public health experts. We actually connect public health experts to writers and producers to help them ensure the accuracy of their health storylines for television, film and new media.

So Hollywood Health and Society recognizes the profound impact of entertainment on viewers' knowledge and behavior. Did you realize that two thirds of regular viewers of television report leaning
something new about a disease or how to prevent it from TV shows, and nearly one third of those viewers take action on what they've learned? So if that health content in entertainment media is accurate, it's a huge service to society.

What I'm going to do is start with a presentation about the work of Hollywood Health and Society. Because I would like to show you some of the science behind entertainment. We're going to look at the impact. And when I finish, I'm going to introduce my amazing colleagues here. I feel so privileged to have you all with us. And then we'll go to a discussion period after we hear from them.

Charlie Mingus, the great jazz musician, said that anyone can make the simple complicated, but creativity is making the complicated simple. And when you think about the world of science and medicine, and how complex it is, and the way researchers and physicians are always trying to translate that complex world into something simple and accessible for their clients or their patients — well, Hollywood Health and Society does the same thing with this complex world of medicine and science for writers and producers who are creating storylines about these topics.

As Mona said, we've been funded for the last 11 years by the CDC. But we also have funding from the Bill and Melinda Gates Foundation, the Skoll Global Threats Fund, the California Endowment, and a lot of other private foundations. Hollywood Health and Society has assisted with over 500 health storylines in the last three years alone.

And remember, we're been doing this for 11 years. That's a lot of content on TV. The most popular shows on television reach up to 20 million viewers in an hour. And often, the networks repeat an episode four times before they go to syndicated rerun. And many of them go to over 100 countries around the world. So we've worked with 91 TV shows and 35 different networks in the last three years alone.

I was going to set this up. I'm going to show you an example of a storyline about breast cancer on the show "90210." This is a show for young people, and it's a story about the BRCA gene, the genetic determinants of breast cancer. And CDC experts consulted for us with the writers of the show, and this turned into a six-week story arc. That's six hours on television. That's a lot of time to get accurate health content across.

So let's take a look. This is just a short, three-minute clip. And then I'm going to show you the impact on viewers.

(Video begins)

Erin Silver: Thanks.

Doctor: Erin Silver. How are you?

Erin Silver: Hi.

Doctor: I can't believe you're heading off to college. Last time I filled out vaccination forms for you, I think it was for summer camp.

Erin Silver: Well, don't worry. I'm not coming back from NYU with poison oak at [Swimmer's Air].

Doctor: Good. (Laughter) Guess that means you're all grown up.

Which means we should probably talk about your family medical history. Erin, your mom, your aunt and your grandmother all died of breast cancer.
Erin Silver: And I know the drill -- self exams, regular checkups, and I'm going to start doing those.

Doctor: Good. You should also consider getting tested for the BRCA gene. If you have the BRCA1 or 2 mutation, your future includes an up to 60 percent chance of getting breast cancer. You'd have to consider preventative measures such as a prophylactic mastectomy --

Erin Silver: Do we have to talk about it now?

Doctor: We do.

Doctor 2: Erin Silver?

Male Speaker: Yeah. Uh, I mean, it's not me, it's her. I'm with her.

Doctor 2: That's okay. It's important to have support. If you test positive for the BRCA gene, you're going to be facing some tough choices. Some people don't even want to know.

Erin Silver: Yeah, I didn't know if I did. But I watched my mom die of breast cancer. So if knowing means that won't happen to me --

Doctor 2: The gene also increases your risk of ovarian cancer. At some point, you'll also have to consider removing your ovaries. Have you two talked about a plan for having children?

Erin Silver: No, he's not --

Male Speaker: I'm not --

Erin Silver: I don't have a boyfriend. Weird plan for kids -- kind of just thought I'd meet somebody and fall in love.

Male Speaker: That could still be the plan. Right?

Doctor 2: Fertility is something that we can discuss when the test results come in. You may not even have the gene.

Male Speaker: Is that --? I'm so sorry.

Dr. Bronson: Hi, Erin.

Erin Silver: Hey.

Dr. Bronson: I'm Dr. Bronson.

So, I hear you're ready to talk about a surgery schedule.

Erin Silver: Oh, uh, well, yeah, I'm not sure yet. But until I take care of this, I feel like I'm a walking time bomb. You know?

Dr. Bronson: I understand. It's nice that you have so much support.
Female Speaker: Oh, we're just here to help her pick out implants. Personally, I think, go big or go home.

Dr. Bronson: Choosing breast size is probably one of the easier parts. But you have a lot you need to decide.

Erin Silver: Like what?

Dr. Bronson: A preventative mastectomy won't affect your fertility. But a lot of women put off having their ovaries removed until after they've had children.

Female Speaker: But if she waits too long, then she could get ovarian cancer, right?

Dr. Bronson: The risks do increase with time.

Female Speaker: But I thought she could have kids later if she freezes her eggs.

Dr. Bronson: Fertilized embryos offer a greater success rate. Are you currently in a relationship?

Female Speaker: Actually, she's in two.

Erin Silver: No. No I'm not in any relationship. Is that a problem?

Dr. Bronson: No, not at all. But if you were, and you wanted to have children, it's optimal to do it before either surgery. The good news is once you decide what you want, you have a lot of choices.

(Video ends)

Sandra de Castro Buffington: These clips make me cry every time.

So in collaboration with Galen Cole at the CDC, we did a two-wave study. Study one was a study we conducted with a private research firm. So we do a pre- and post-test. And the research firm has a panel of regular viewers of television, and they administer the questionnaire for us. And there are big differences with our wave two study, which we posted on the show's Facebook page. And this was a survey of super-fans. These are young people who watch nearly every episode of "90210."

So the differences are, for example, the median age. Of study one, with the research firm, the median age was 48, much older viewer. With the Facebook page study, study two, median age was 22 years of age. The median hours of TV watched per week for study one was 13.5 hours, and with study two, the younger group, six hours per week median. And then, the sample of the study one was a domestic sample -- all US-based. And in study two, it was international -- viewers from 52 different countries responded.

Let's look at the results here. So in study one, we found a significant increase in knowledge that mastectomy is one possible option for preventing breast cancer, and a significant decrease in the belief that mastectomy is only an option after breast cancer is detected.

What's most important, of course -- knowledge is important, but what's most important is actions taken. Now, these are self-reported behaviors. But there was significant increase in -- there was an 11.9 percent increase in women who said they'd scheduled a doctor's appointment to talk about getting screened. There was a 13 percent increase in those who talked to another woman about getting tested for the BRCA gene. There was a 16 percent increase among viewers who said that they actually searched online for further information about the BRCA gene after watching this episode. And nine percent of viewers
actually watched a subsequent episode. So watching one episode actually motivated them to watch another. So that was study one, with the older group.

Okay, this is study two. Let me just pull up my notes. So this was split into the three groups. The first group had watched zero episodes, the second group had watched one to four episodes, and the third group had watched five to eight episodes. So what you see is significant difference in familiarity with the BRCA gene between the three groups. So you can see this increasing percentage.

The other thing is, the more episodes the viewer watched, the more likely they were to find out about their family history regarding breast cancer. As you can see, watching the show -- and really, many of these shows -- can motivate viewers to take action.

So what happens after a story airs? Well, we work with the shows' dot-coms, their Web pages, to post Web links to accurate sources of information. So we don't want any viewer relying solely on a TV show for their information. The thing is, we know from research that many of them do. So what we do is use TV as a driver of traffic to credible sources like CDC websites. And so we place over 2,000 Web links on the shows' websites in the last three years alone.

We were also very concerned about global health. We noticed in 2009 -- we did a study of the top 30 shows on television, and we found that less than one percent of the health storylines addressed global health. So we started doing outreach to writers and producers, like those here to my left. And we started offering them access to experts like yourselves on global health topics, and many of them reproductive health. And we found that within three years we saw a sevenfold increase in the number of global health storylines in the top shows.

But that wasn't enough. Because we feel that every health topic has an international or global aspect to it. So we started asking one of our major funders to let us use some of our funding to take a group of writers and producers overseas. And actually, three of the four panelists traveled with us to India. And we took them to learn about global health in a local context.

When we got back to Los Angeles, we found they were so inspired by what they learned there that we thought -- you know, if it works to take writers to Mumbai and to Johannesburg, why doesn't it work in East and South L.A. to go into the inner city and find out what's really going on? So we started story tours to learn about violence as a community health issue, and what the zip code reveals about someone's health. We learned about environmental justice and toxic housing. And we do this to inspire them to write about these topics in their storylines.

Most recently, we took a story tour of 14 writers and producers to NASA, to the Jet Propulsion Laboratory, to learn from scientists about climate change. Was an incredible experience. We've had a lot of follow-up calls as a result.

These are some of the pictures from that. You can see -- they actually went into laboratories, and we got the behind-the-scenes tour. And they were very interested in the scientists. They didn't think anybody was geeky.

Well, what about Spanish-language telenovelas? So we work very closely with Telemundo. We have an executive from Telemundo on the Hollywood Health and Society board. And it was two years ago that we did a storyline on cervical cancer. So let's take a look at this little clip.

(Video plays in Spanish)
Sandra de Castro Buffington: Okay, I'm sure many of you know that "El Clon" was adopted from "O Clone" from Brazil -- very, very popular telenovela. And of course, this whole field of study is called entertainment education. And it started probably 50 years ago in Latin America. It came out of Mexico and Brazil and Colombia. So it's actually not new. I think what's newer is the research -- that we're actually measuring the impact on viewers.

So we did an impact study on "El Clon," and we found a 15 percent increase in knowledge about exposure to the cervical cancer storyline resulting in this significant shift. And they learned about cervical cancer, and there was a seven percent increase in the intension to get a Pap smear as well.

The other thing we learned about from this story is -- some of you may be familiar with the term "transportation." In the social science literature, transportation is actually a measure of engrossment in a story. So think about your favorite movie, sitting in a movie theater. What happens? Okay, we lose track of time, we forget our surroundings, we're so into the story we come to see characters almost as beloved family or friends. We care so deeply what happens to them, we don't want the story to end. That's engrossment. That's transportation. And we've found from research that the more transported a viewer is into the story, the higher the knowledge gains and the bigger the shifts in behavioral intensions.

And in this particular case, the viewers who were transported not only engaged in interpersonal discussion about cervical cancer, sought further information; but they also were more likely to schedule a Pap smear. Those who were simply involved -- in other words, simply identified with the characters -- did engage in interpersonal discussion, did seek information; but they did not take the step of actually scheduling a Pap smear.

And what this means is that sort of traditional campaigns with a little bit of finger-wagging, a little bit disguised, doesn't transport viewers, and it doesn't work as well as really good storytelling that isn't about finger-wagging. It's about entertainment first and a message second.

I'm not going to show you the clip from this, but this was the impact of a minor storyline on HIV transmission. Our CDC experts gave the writers information about heterosexual transmission and also about reducing stigma. And we asked the -- this was a three-week story arc. And we asked the network to let us air a public service announcement referring viewers to the CDC's AIDS call-in hotline number.

So what happened? It aired on August 13th and resulted in the highest peak in callers all year to that hotline number -- 5,313 calls in a single day. And then we compared -- we tracked all references in the media over the course of a year to that hotline number. And look at "60 Minutes," credible news show -- tiny peak. The Surgeon General -- sort of like our Minister of Health -- very credible source, referring viewers to this same hotline number -- tiny peak. Far here on the right, two MTV hip-cool campaigns, PSA campaigns, for teenagers -- there's a peak, but it doesn't come close to a minor storyline in a daytime soap opera for getting viewers to take action. I find this stunning.

And finally, one of the episodes we consulted on -- actually, there were four of them -- about organization transplantation, on the show "Numbers", on "CSI New York," on "House, M.D." and on "Grey's Anatomy" all resulted in significant knowledge gains about how to become an organ donor, how to sign up to become an organ donor. But it was the "Numbers" episode that resulted in over 10 percent of viewers signed up to become organ donors after one viewing of an episode.

So I'm actually going to skip through -- we do a lot of media monitoring, and we had quite a few cancer topics. And this kind of breaks down the storylines addressing what types of cancer. And I'm going to go to this. We do a lot of trans-media outreach. So not only do we work with the shows, the writers and producers to get storylines on air, but we also create whole trans-media campaigns around those storylines, which include PSAs like this one.
And also, Facebook -- we put a lot of content on the shows' Facebook pages. Credible information. For the show "Parenthood" -- and we're going to hear from "Parenthood" tonight -- we create a weekly column. We have two experts that were referred to us by the CDC. And they actually do a running commentary on the narrative of the story each week and comment on the health content.

And we also provide tweets. So we'll ask our experts, like those of you in the room, to give us tweets. It could be about cervical cancer, HPV, or any other health topic. And then we ask the show to tweet to their fan base. And finally, we have an annual awards ceremony to recognize exemplary TV health storylines. And we have a number of award-winners with us tonight.

So, creativity takes courage. Everybody in this room has courage. That's why you're here tonight.

With that, I'm going to thank you, and I'm going to introduce our amazing panelists.

(Applause)

So now I have the absolute pleasure of introducing our panelists. I'm going to start with Christopher Keyser, who is the President of the Writers Guild of America West. Chris is a graduate of Harvard College and Harvard Law School. After graduating, he became a political speechwriter and served as the chief speechwriter for Governor Bruce Babbitt's presidential campaign in 1988. And starting his screenwriting career, Keyser's credits include "Benefit of the Doubt" for Miramax and the independent film "Highland Park." He's currently preparing to direct his own script, "A Great Education."

In television, he writes with his partner, Amy Lippman. And together they've worked on series ranging from "LA Law" to "Equal Justice" and "Sisters." In 1994, they created the drama series "Party of Five," which ran for six years on Fox and won, among other honors, the Golden Globe for Best Drama and the Humanitas Prize. Keyser and Lippman went on to create such shows as "Time of Your Life" and "Significant Others." And their latest series, "Lone Star," premiered on Fox in 2010.

So Chris, thank you so much for joining us.

And I'm going to next introduce the amazing Jennifer Cecil. And Jennifer is the executive producer of the hit ABC series "Private Practice." I'm sure some of you have seen this. "Private Practice" is an OB/GYN practice, right? All sorts of it, but there's a lot of OB/GYN going on there.

And Jennifer has been writing for "Private Practice" since she joined the staff as a co-executive producer in 2010. And prior to that, she served as co-executive producer on "90210" -- you just saw a clip from that show -- and "Brothers and Sisters," and has also written for "One Tree Hill," "Providence," "Raines," and "Hollywood Off-Ramp." In addition, Jennifer wrote the screenplay for "Cadillac Ranch," starring Christopher Lloyd and Suzy Amis.

And Jennifer was born and raised in Bellaire, Texas and currently resides in Santa Monica, California. And she also traveled with us to Mumbai, India and went with us to the city dump and to meet 200 children rescued from sex slavery. And really, we had quite an amazing trip. And we're really delighted to have her with us tonight.

The next person I have the privilege to introduce is Sarah Watson. And Sarah is the co-executive producer of this amazing show, "Parenthood," on NBC. I'm sure many of you've seen it. Sarah is a writer and also the co-executive producer on "Parenthood." And her other credits include "The Middle Man,"
"The Unusuals," "Lipstick Jungle," and "Standoff," among other series. Sarah just sold a pilot to Fox. So we wish her congratulations; it's very exciting.

She's a Northern California native. And Sarah studied English and American literature at UCLA before beginning her career in TV. When not writing on "Parenthood," Sarah can be found in various Los Angeles coffee shops working on her first novel, an excerpt of which was selected as a finalist for the James Kirkwood Literary Prize. You can find her on Twitter at @sarahwatson42.

(Laughter)

Just in case you were wondering.

And finally, I have the great pleasure to introduce Dr. Zoanne Clack. Zoanne is the only MD/MPH in Hollywood.

(Laughter)

Yes.

(Applause)

Zoanne is also the co-executive producer of the hit series "Grey's Anatomy" on ABC. So she's very special. She's been with the show since it began, and she also serves as a medical advisor, assisting in production of all medical aspects of the show. She attended Northwestern University -- yay --

(Laughter)

-- University of Texas, Southwestern Medical School, and the Rollins School of Public Health at Emory University.

(Applause)

(Laughter)

She completed a residency in emergency medicine, a fellowship in injury prevention; and spent a year at the CDC in international emergency medicine. She is a staunch advocate of public health issues and addressing them through the media, and she serves on many boards as advisor for several global health groups.

So if you are thinking about a second career, talk to Zoanne after the panel.

(Laughter)

With that, I'd like to turn it over to Chris Keyser. Thank you.

(Applause)

Christopher Keyser: Thanks, Sandra. Evening.

At the end of "To Kill a Mockingbird," there's this line where Scout, the little girl who's the narrator, talks about her father. And she says -- Atticus was right. One time he said you never really know a person
until you stand in his shoes and walk around in them for awhile. And that's what we do -- writers. We put people in other people's shoes and let them walk around in them.

You and we -- we come at this from different directions. We begin with a story into which we hope to place a message. And you begin with a message around which you need to wrap a story. But we both end up, more or less, at the same place. All the writers who follow me are going to talk very specifically about how they do that day-to-day and have done that for years and years.

I want to talk more generally, as experts, to whom we turn to give our stories the power of truth and who turn to us and say here's a truth that needs to be told; now give us a story. I want to talk about the delicate balance between message and entertainment. It's a difficult dance that we do, the two of us -- each of us wanting to lead.

And I know this very personally -- my father is an obstetrician and gynecologist. He was an expert in infertility and human sexuality. And when I was running television shows, I would call him up and say -- Dad, I got to ask you a question, okay. So here's my problem -- I have a character who had a hysterectomy in season two. Now I need her to be pregnant --

(Laughter)

-- with twins, one of whom is evil.

(Laughter)

And he would -- it took him a long time not to hang up on me. And he would say -- look, you have a chance to talk to people. Why don't you take that opportunity to tell them the truth? And I would say -- that's great, unless they've turned the channel first. And of course, we were both right.

Sandra talked about this already -- she actually gave you -- I'm going to talk generally, she gave you proof of it -- nothing has the power to alter how people see the world or how they behave in quite the same way as a story that's well told. We model our behavior on characters we come to know and to love. We allow the characters to make mistakes for us. We open ourselves up to new ideas because we're being taught without ever knowing that we're being taught.

So soap operas, telenovelas convey the parameters of acceptable relationships -- whom we can love or like or hate. Medical dramas, even when they don't tackle controversial subjects, send messages about how we should feel about doctors and hospitals. They teach us to trust or to distrust the system, and they project role models of healthy or unhealthy behavior.

And the same is true with legal dramas and police procedurals. Every procedure, every episode, contains messages about the acceptable limits of governmental power, or about whether we feel safe and protected, about our commitment to protecting the weak and to controlling the powerful.

And all of us who write about these things have the power to influence. And with that power to influence comes the power to teach. And with the power to teach comes the obligation to teach well.

And so there's a constant give-and-take between the expert, you; and the storyteller, us -- between the demand for accuracy and the requirements of dramatic or comedic structure. And that is not something we take lightly. We writers are held very closely accountable by our audience.

On one television show, for example, I was doing, we did a storyline about depression. And the story got a lot of attention. And the actors were asked to come on talk shows and discuss some of the aspects of
that. You know, they were asked questions about the symptoms of depression and its treatment, things like that. I remember thinking -- what the hell do they know? They're just actors, they're just reading the lines. But then of course, the truth is you could ask the same question about me -- what did I know? And that's a complicated question -- what did I know? Not really very much, actually, until I asked the right questions from people like you.

But that's not the whole ballgame. Because drama makes an emotional, rather than a logical, argument. Good storytellers know more than bad storytellers, in the sense that they're more in tune with what it is to be human and more adept at conveying it. So accuracy is about getting the facts right, but it's about a more basic emotional truth. Our audiences don't watch shows like they read academic treatises. Ideas wash over them like a wave, and then retreat. [Often] the question is less about getting it completely right than it is about not getting it wrong.

So for example, my writing partner, whom Sandra mentioned, worked in daytime. She worked in soap operas before we worked together. And she did a soap where they were doing a storyline about rape. And it was very dramatic, overly dramatic story about rape, as they always are. And they were very aware of their responsibility. They wanted to make sure they got it right. They wanted to make sure they talked about the importance of reporting a rape and about the process of healing, and how family and friends could help deal with rape victims. And then, after months of thrilling and responsible storytelling, they revealed that the serial rapist was the town gynecologist, which was a mistake, obviously. Obviously, you don't feel like it's a mistake, but I felt like it was a mistake.

(Laughter)

You want to be able to trust the person you go to talk to about your own sexual problems.

So getting it right, seems to me, is about a couple of things. First of all, it's about subverting audience expectations, about catching them off-guard. It's essentially like a magic trick where you divert the audience's attention. And then, while they're not looking, you slip in some truth about what it is to be alive.

I did a television show, that Sandra mentioned, many years ago called "Party of Five." It was a character drama, it ran for awhile. And it was about a family of children whose parents had died in a car crash, and they had to raise themselves. And that, as it turned out, was the least of their problems. Everything happened to them. We covered a lot of ground. We dealt with divorce and with depression, with cancer, with abuse in relationships, in the workplace; sexual orientation, premarital sex, abortion, alcohol -- Job had nothing on these people.

And what we learned in doing this was the importance of messaging obliquely. It turned out that this was the key to the success of the entire series. So the show looked like it was a show about a dysfunctional family, but it became an argument in favor of family.

And the single greatest response we got from people, as they watched the show and later on, is they would write us and say -- we watched the show, and we decided to schedule family dinners together for the first time. We talked to each other as we had not done before. And that might seem like a small thing, until you read studies that say that the single strongest predictor of academic success in children is having a family dinner together.

So these things work in strange ways. Sometimes the strongest social message is so quiet that it seems to disappear. For example, there was a famous American writer, Hal Kanter, who died last year -- he was 92 years of age -- who created a show called "Julia" in the 1970s. It was about an African-American woman who was a nurse, a professional; not a domestic. And that was the first time, in the 1970s, that that had
ever been done on American television. And Hal was criticized often during the course of that show for not being more political about his storytelling, not for making a point of his point. But that, he responded, was the whole idea -- to behave as if it were so natural it didn't deserve comment at all.

The truth is that our audience -- you, when you are an audience, or any of us -- have become so sophisticated, particularly in societies where media is omnipresent -- they become so aware and wary of constantly being sold something that we, all of us -- you who want us to tell stories; we who tell stories -- have to be more sophisticated as well. That's why advertising, which is the sale of products, looks like entertainment nowadays. And we as entertainers -- we can't take the easy way out and just revert to heavy-handed sales pitches. It just doesn't work anymore.

I produced an episode at one point where a young girl has to come to terms with her teacher being gay, and we wrote it in a certain way. And during the shooting, the director said -- given the way you've shot it, why doesn't she just turn to the camera and say -- is there any place I can write to get more information? So -- and that's clearly an indication we were doing it the wrong way. That's not the response you want to get from somebody.

We've actually gotten to the point where we, on our shows -- we've consulted with people at UCLA who deal with social messaging, who talk about how to get underneath people's defenses, how to lower their guard, so that they're more open to the messages we're trying to convey.

The answer to how you do that seems obvious, or may seem obvious, but it probably bears repeating. First one of these is humor. Use humor, it disarms people. Have characters make mistakes -- that's another one. But don't teach the lesson. Don't fix the mistake. Let the audience fill in the final beat of the story. Lead the audience to the conclusion, but allow them to reach it on their own. End with a question and not a resolution, so that what follows the passive act of viewing is an active conversation about what they've just seen.

And more and more, audiences -- and this is because of new kinds of ways in which audiences interact with information -- they demand not to be spoon-fed ideas, but to be part of community that interacts with the storytelling and the storyteller. So the social messages we embed in our plots need to be part of that interactive process. We entertain, they teach themselves, and then they teach each other.

There is, by the way, another fact that comes into play about getting social messaging right. And although I've come to it last, it's actually probably the threshold question. And that is -- how can we make sure that we do it at all? First, that's an issue of awareness. We need, as writers, to be aware of the issues that demand a voice. Now, that's where Hollywood Health and Society comes in, that's where you may come in, to say -- hey, this is what's going on in the world. You're in a writer's room -- open your eyes, talk about the issues that are facing the people who are watching your shows.

The problem, of course, is that this is all -- it's like a private charity; it's all ad hoc. Some messages get told, and other messages are left out. Certain issues lend themselves perfectly to this kind of thing. So questions of public health and safety, the kinds of things you deal with, actually work very well in the context of dramatic storytelling. That's why there are so many medical shows on television all the time. And that's a good thing.

Even so, even though that's a fact, it's been a long, hard road in our country, in my country, to be allowed to talk honestly about issues of sex and sexual preference, and contraception and sexually transmitted diseases. It was not long ago, in the middle of my own career, where we were told we were not allowed to do stories about abortion, that characters were not allowed to have abortions. And even though progress is being made, there are still voices that are pushing back against progress and the power of knowledge. And I'm sure you know that too well -- those are the same voices that claim that, for
example, programs to vaccinate against HVP might encourage promiscuity. Those are the kinds of arguments we need to be aware of.

I have a lot of concern about what doesn't get discussed. And I say this from my vantage point as president of the Writers Guild, which means the person who's, more or less, nominally at least, in charge of the writers who do writing in television and movies and radio in the United States and some places around the world. Much of the media in the world today is -- almost all of it in the United States, by the way -- is produced by a very small number of very large multinational corporations. As a percentage, there are very few independent voices anymore. And it is not a coincidence, I don't think, that the work we produce, on the whole, is less subversive than it once was. You will rarely see a television show in the United States that tackles the problem of things like the health effects of poverty. There are very few working-class families shown on American broadcast television or in major studio movies.

And great societies, of course, are capable of withstanding the critical gaze of their artists. But when almost every storyteller is employed by giant corporations who have a vested interest in maintaining the status quo, it's naïve to think that our art and our stories that we produce will be, in the best sense of the word, disturbing.

Don't get me wrong -- the social messages that we send are necessary and powerful. We bridge the gap of ignorance on a thousand different subjects. We're often ahead of the social curve. But there are places that we do not go, places where we're needed. And I'm afraid at least in certain sectors of the entertainment business, that's not going to get any better anytime soon.

One of my hopes is that the Internet will solve that problem -- a free and open Internet where independent voices are unconstrained. Now, that's a larger question, and there are many uncertainties about that particular issue. But for those of us who tell stories and those of us with social messages to convey, it is absolutely a hope.

So we're, in the end, partners in all of this. It's not always an easy partnership. We each have our own needs. But we're linked in a fundamental way, you and we, in the same struggle.

In his play, "The Real Thing," Tom Stoppard wrote -- I don't think writers are sacred, but words are. And if you get the right ones in the right order, you might nudge the world a little or make a poem the children will speak for you when you're dead.

I don't know anything about writing poems. But like most people, I do know what it means to nurse a little bit of a hope that I might've changed things just a little bit for having been born.

So you research, and we write, and we all teach. And because of that, each of us has the opportunity to nudge the world a little. And it's a good thing, too. So thank you very much for giving me your attention.

(Applause)

Jennifer Cecil: I hope you're all enjoying your food. It smells delicious.

(Laughter)

My name is Jennifer Cecil. I'm the show-runner/executive producer of "Private Practice," which some of you may have seen. "Private Practice" started as a spinoff of "Grey's Anatomy," which, from the applause, everyone in the room has seen.

(Laughter)
The lead character, Addison Montgomery, is an OB/GYN and female surgeon. And she moves back to Santa Monica, California and opens a cooperative practice, where there are -- with the belief that doctors working together in different disciplines can help each other by arguing and discussing and having different points of view. We have a pediatrician, a cardiologist, and therapists, and OB/GYNs.

In the clip that you're about to see, one of the doctors, Pete -- who specializes in holistic medicine -- butts heads with the pediatrician, Cooper, over the appropriate treatment for a 12-year-old girl whose leukemia has returned. So we'll take a look at that, and we'll talk about it.

(Video begins)

Elisa: Papi, I'm okay.

Diego: She isn't, is she? Her cancer's come back. Her body can't take more chemo. The last two times, she lost all her hair. Her mouth and tongue were covered in ulcers.

Cooper Freedman: Even after a relapse, Elisa's type of lymphoma is curable.

Diego: I believe that. But not with Western medicine.

Cooper Freedman: Chemotherapy's the way to fight this.

Diego: There's another way. I'm taking Elisa to a shaman.

I know you think I'm crazy, Dr. Freedman. But my only concern is that Elisa get well. We tried Western medicine; it failed.

Cooper Freedman: It kept her alive.

Diego: It killed my wife.

Cooper Freedman: Alice died of an aneurism that ruptured. Nobody could've saved her. And Elisa -- she can still be saved.

Elisa: (Gasping)

Kid: Papi, is she okay?

Cooper Freedman: Elisa?

Diego: [Mija]?

Cooper Freedman: Elisa? She needs help.

Diego: She's getting help. It's just the bad energy leaving her body.

Cooper Freedman: I'm not getting a pulse.

Diego: Leave her alone.
Cooper Freedman: Calling an ambulance.

Diego: Stop it! Let the shaman finish!

Cooper Freedman: Elisa, say with me now. Come on.

Diego: Elisa is my daughter. And I will decide what medical treatment --

Cooper Freedman: Not if you're incapable of making a responsible decision.

Pete Wilder: Alternative therapies work, Cooper. I've seen patients cured. With the right combination of homeopathic remedies, Elisa can get the kind of treatment that Diego wants.

Cooper Freedman: Enough, I'm sorry. I don't care what Diego wants. I'm getting a judge to order Elisa's chemo.

Diego: No, you can't do that!

Cooper Freedman: Yes, I can. And I will.

Pete Wilder: Your Honor, what Diego's asking for may seem unconventional, but I've seen it work.

Cooper Freedman: The only guaranteed cure for lymphoma is chemotherapy.

Judge: I need to take the family's religious beliefs into account.

Cooper Freedman: Okay, but what kind of father just stands by and doesn't save their child?

Elisa: Stop it! Please, Dr. Freedman. If I have more chemo, my family won't make it. We're living in a trailer park because of me. My treatments bankrupt us. Papi had to sell the house.

I hear you on the phone, begging to keep the power on. I see you skipping meals so the rest of us can eat. (Spoken in Spanish). They deserve a life that doesn't revolve around my hospital visits.

Diego: And so do you. The shaman will save you.

Elisa: No, she won't. I'm sorry, Papi. I don't believe what you believe. I'm not afraid. Let the shaman take me to Mama.

Cooper Freedman: The judge ordered the chemo. You didn't have to arrange this.

Pete Wilder: I know.

Cooper Freedman: I'm just saying --

Pete Wilder: I'm not completely unreasonable.

(Video ends)
Jennifer Cecil: So, first things first. This is an HPV conference, and I just showed you a clip about using a shaman to treat cancer. Let me assure you, you are in the right seminar.

The broader point I want to make here is that showing you this clip illustrates that whatever health message you're trying to get across, using a compelling storyline will make the information stick better than just presenting a list of facts. Accurate data is vital in research and medicine, which you're involved in. It's also very important to us on medical shows to make sure that we're not making things up. I mean, granted, we need to take some dramatic license in the timing of things. But having the correct information is very important.

When you're trying to get across information to a broader audience -- in your case, HPV data -- thinking about who your audience is, whether it's a congressional meeting, whether it's fellow doctors, whether it's children in schools, whether it's parents of kids -- you need to give people a hook, you need to invest them emotionally for these messages to really stick.

To put it another way, you need to give people what they need to know; just don't lean on the fact that it's good for them. I mean, it's sort of similar, I think, to being a kid and having my mother crush up pills in chocolate ice cream and literally spoon feeding me when I wasn't aware of what was happening. That's what we try to do in stories.

In the "Private Practice" writer's room, we get stories from everywhere. It's a very interesting job to sit around for part of the day and discuss moral issues, discuss ethical issues, discuss medical issues; and try to find ways to portray accurate medical information without being didactic. We're looking to educate without lecturing people. Because nobody wants to lecture, and they'll, of course, change the channel.

One of the ways in which our show is different from "Grey's Anatomy" is that while "Grey's" focuses on spectacular surgeons and surgery, our show deals more with medical, ethical debates. Every episode has to have at least one of them; usually more. And this is a way for our show to allow the characters to discuss all sides of various dramatic issues.

And so we have debates such as -- we only have cord blood enough to save one child, but twins are born - - who gets the blood? Should a piano prodigy with a brain tumor be allowed to choose surgery that will stop him from walking for the rest of his life but will save the use of his hands? Should it be illegal to sell your organs if it's for the greater good?

And the interesting thing about discussing things like this during the day is, inevitably, when writers start yelling at each other in the room, that's when you know you've got a very good story. You also learn a lot about people's points of view that might surprise you.

Our story ideas come from everywhere. A lot of the ideas come from personal experience. My husband last year was diagnosed with, and successfully treated for, prostate cancer. And having gone through that with him, both emotionally and all the doctors' visits, I pitched and we implemented a story this season of one of our main characters contracting prostate cancer and having to decide what treatment to go through, and following him as he does go through it.

Hollywood Health and Society is a huge help with us in coming up with stories. Because they'll send us medical professionals to give us seminars. You know, we'll get a world-renowned neuroscientist to come talk to us for an hour, and we ask questions that probably to you seem foolish and stupid, but are very exciting for us to see, you know, what sort of things happen -- what sort of things happened to you when you were a resident? What sort of things are you discussing? What are issues -- the most important ethical issues happening in your field right now? And when we have those juicy ideas, that enables us to sort of think about stories to wrap around them.
I wrote an episode last year -- it was actually the season finale of "Private Practice." And our lead character, Addison, was approached by a woman, and she wanted to have -- she needed to have a late-term abortion, which was a very hot-button topic in our office and among viewers, both for health issues and for -- people had very strong feelings pro and against abortion.

I was on the phone with one of the OB/GYNs attached to the show. And I've worked with this woman for two and a half years, and she's always been -- she's terrific and gives me all the information I need. And we were finishing up the call. And sort of offhandedly, she said -- you know, it's my job, and I will fight to the death to do this job, to provide this service for women. But that doesn't mean it's easy, and that doesn't mean it's not something I think about. And that was such an interesting point of view that we ended up incorporating that into the dialogue for our character.

One of the biggest responses we've had to an episode was one I wrote last year. There was an article in Newsweek magazine about veterans returning home and the high, increased rate of soldiers returning from Afghanistan and Iraq reporting incidents of sexual abuse, of male soldiers abusing other male soldiers, which is sort of a forbidden topic. I mean, a lot of shows have covered rape. We've covered rape, obviously. Chris said that he's written a story on that. But this was something that had a different take on it.

So I brought it to the room to discuss. And within minutes, the room was in heated debate. There were several writers who thought there is no way that two men who are soldiers -- that one could rape the other. It just couldn't happen, there's no way. And there were other people equally saying -- well, that's absurd. I mean, of course it happens; these people have come forward. And the fact that it was so visceral made it clear that this was a topic that we needed to discuss.

So I wrote an episode about a male soldier who returned from Afghanistan and was having difficulties reintegrating into his life and was being very cold to his wife -- wouldn't say why. He tries to kill himself. One of our therapists is then helping him and gets to the bottom of it, which is that another soldier in his platoon had raped him. But because the stigma of rape is so strong, and the stigma of male-on-male rape is even stronger, historically there've been very, very few avenues of recourse in the military for this. He sort of kept it to himself, suffering with this secret.

So we took the viewpoint of people in the room, in the writers' room, and gave that to other characters. So we had his wife take the position of -- how could he let this happen? Does this mean he's gay? Does this mean he would not want to be with me anymore? I mean, things that came up that were very surprising to me. But because they had come up, clearly they would resonate with other people.

We ran a PSA at the end of the episode. The Department of Defense had just developed a new hotline for reporting sexual abuse in the military, and for this new way they were trying to provide confidential health and mental services. The episode ran, we ran the PSA at the end. The response that night was off the charts on the hotline. The calls just skyrocketed after the episode. And mail into the show, of which we get a lot, was overwhelmingly positive at covering such a difficult topic.

Because the response was so great with soldiers who had returned -- their wives, their parents, people who were seeing or suspecting or worrying that something was going on -- the Department of Defense is now using that episode to teach hotline workers and to be available to help the PTSD victims. That's a direct cause and effect of putting a medical message in an entertainment context, and all because a subject that was considered taboo -- we created a story around it.

Now, the statistics were important, the medical facts were important, the hotline information was important. But the thing that people kept talking about on the hotline and in the mail was they were
associating themselves either with the soldier who had been raped or with the wife trying to understand and help him. That's an incredibly powerful message to get across on primetime television.

Accuracy is important not just for direct cause and effect, such as this. But when I was traveling in India with Sandra -- as she mentioned, with Hollywood Health and Society -- our mission was to get first-hand information and knowledge of international health stories with an eye toward being able to broaden the types of stories that we were telling in television.

So we visited brothels, we spoke with sex workers. We visited daycares for kids one two four years old who were suffering from malnutrition. And if it wasn't caught, if it wasn't taken care of by the time they were five, they were not going to make double digits. I mean, this was visiting slums with a level of poverty that, even standing in front of it and seeing it with my own eyes, I couldn't believe -- football field-size slums built on the sides of dumps, where kids who weren't getting educated -- who were using the streets as toilets, who didn't have shoes and sometimes didn't have clothes -- were going through the dump to find things to pick out and salvage and sell.

We visited another slum that was built on the water, which in America would've been [razed] for beautiful condos, because the view was actually quite spectacular. But it was where old oil tankers were taken, and they were taken apart for pieces. Well, the kids would dive into the water, which was contaminated with all sorts of things, to try to get things themselves to sell.

And I remember being taken into various homes of people -- by homes, I mean something about the size of these tables. And when they asked me why I was there and what I did, and I said I wrote for "Private Practice," they knew about the show. Now, these people did not have running water, these people did not always have food, these people were, you know, 16 people to a two-room home. But they would pirate electricity so they could watch popular television.

And hearing that was a profound moment for me. It reminded me, as it does every day when I'm at work, that yes, I have an obligation to the network and to the studio to create something that's interesting so that we'll get ratings. But it is crucial, it is vital, that we continue to get accurate information from people like you, from Hollywood Health and Society, that we have access to stories that are interesting to you and issues that need to be discussed. Because even if you're not reaching an audience that you think doesn't have electricity, these messages are getting out.

So it's an honor to be here and speak with you folks. I hope that you'll come tomorrow to our other workshops, where will go a little bit more in depth on all of these things. But we're really grateful to be able to continue this partnership of hearing what's important to you and what issues are outstanding to help us inform stories so that we can both get the message out.

Thanks.

(Appause)

Sarah Watson: Hi. Sarah Watson, writer, co-executive producer of "Parenthood." And "Parenthood" is a family drama on NBC here in the United States, 10:00 p.m. Tuesdays. So check your local listings, set your TiVos.

(Laughter)

Although we're on against you, aren't we?

Jennifer Cecil: Yes, you are.
Sarah Watson: Okay. Well, you should watch "Parenthood," where our shows are on against each other.

But "Parenthood" tells the story of the Bravermans -- four adult siblings and their parents, and how their lives intertwine often in invasive ways. These characters are all up in each other's business. And this year, we decided to tell a cancer storyline, which -- I'm going to show you this clip.

And just to give you the back story -- Adam -- and we'll see his hand right there -- played by Peter Krause, is the father of a son with Asperger's and a daughter who has just gone to college 3,000 miles away from home and could not be happier. And this is when his wife is diagnosed with cancer. And they have to face the really hard topic as parents -- when do they tell their daughter, and how much do they tell her? So we're going to see that they've made the decision to withhold some information from her, and she's clearly wanting more.

And just to warn you -- this clip always makes me cry, so we'll see how it goes, I might need a moment. Enjoy.

(Video begins)

Adam: Hello.

Haddie: Hi, Dad.

Adam: Hey. How you doing? Everything all right? Haddie?

Haddie: Yeah, I can't really stop thinking about Mom.

Adam: Okay. Well, that's normal under these circumstances. We just want you to stay positive and be strong. Okay?

Haddie: Yeah, I'm, like, kind of having a hard time focusing, like I should be doing something.

Adam: Look, Haddie, we just don't want you to worry. You got to focus on your schoolwork, okay? We're taking care of everything, you just don't worry.

Haddie: Yeah. I don't have any information, and I'm really far away.

Adam: Just, you know what --

Haddie: And I don't know what's going on.

Adam: -- everything's going to be all right, don't worry. And just focus on your books, okay? Give yourself a little bit of time in the morning --

Haddie: Stop, what?

Adam: Huh?

Haddie: What did you say? Focus on school?

Adam: Just focus on school. Don't be looking --
Haddie: Dad, it's like hard. I'm really far away from home, I don't know what's going on. Like, you didn't tell me any information. Hello? Can you treat me like an adult?

Adam: Okay. Your mother's tumor is 1.6 centimeters. Okay? So they're going to be able to do a lumpectomy. They're going to be able to get the tumor out without having to do a mastectomy, so that's good. And while they're doing the lumpectomy, they're going to do a biopsy of two lymph nodes. Because that's how cancer usually spreads. So they're going to be able to tell whether your mother needs any further treatment -- chemotherapy or radiation, anything like that. Okay?

Haddie: So she might need chemo?

Adam: I'm not saying that. She's going to be all right. But that's the truth, that's as much as I know. That's where we're at. And I promise you I will keep you up to date. I don't want you in the dark.

Haddie: Okay. How are you?

Adam: You know, I'm all right. Hanging in there. Yup. It's scary, but I'm okay. Yup.

So, you got to know that your mother is so strong, and she's so positive. And she's doing everything she can to get healthy. And the best thing that you can do for your mom right now, Haddie, is just -- you just focus on school. And you do well, and you make her proud, okay? Can you do that for me?

Haddie: Yeah.

Adam: Okay, good. Listen, I got to get back to work here. But I love you, okay?

Haddie: Mm-hmm. Love you, too.

Adam: Bye.

(Vide ends)

Sarah Watson: Yeah, it kills me, I love that scene. So I'll take a moment.

I just want you all to know, also in that episode, they adopted a puppy, so everything's okay.

(Laughter)

Because that balances cancer.

So why did we tell this story? And I think the reason why it hits me so hard is the stories on "Parenthood" are all very personal. We're very different than "Private Practice" and "Grey's Anatomy" in that we're not a doctor show. We have no doctors on staff. We have no medical knowledge, we have no idea what we're talking about -- except that these stories come from our lives.

When we sat down -- we're in season four of "Parenthood," and we sat down at the beginning of the season -- we usually start about a month before we start writing scripts -- to talk about the big movements for the characters this year -- the idea of cancer came up. And the reason it came up is because Jason Katims, who created this show -- his wife, Kathy, had breast cancer and was going through chemo during seasons two and three of "Parenthood." And so he said, you know, this is something that he keeps thinking about, but do we really want to do cancer?
Because in addition, we are dealing on our show with Asperger's, infertility, substance abuse; and this year we also launched a story of a young Afghan war vet coming back and dealing with PTSD. Did we really want to add cancer to that mix?

And so we decided we weren't going to make any crazy decisions. We were going to take a couple days and talk about it. Well, what we talked about -- and we're a writing staff of eight writers, and what we talked about is the fact that Kathy, Jason's wife, is a cancer survivor. Another writer -- his wife is a survivor of uterine cancer. Another writer -- his sister passed away from breast cancer. And while we were in season three together, our writer's assistant -- his mother died way too young from breast cancer, and we all went to that funeral together.

So at the end of taking a couple days to talk about all these things, we decided that not only was the cancer storyline a story that we wanted to tell; we decided it was a storyline we needed to tell. This is something that we had to get out there.

And so with no doctors on staff, we approach things very differently, because we approach things from the family's perspective. And where this clip came from personally is -- I was talking, or rather complaining, about my parents, and how several years ago, when my father had a heart attack, my parents decided to wait three days before calling me. Because I was busy, and they didn't want to bother me until they knew more. And I was so angry at them, and it's just so typical of my parents.

And as I'm telling that story, Jason is sitting there listening and kind of nodding. And he's like -- you know, a couple years ago, I would've been so on your side and agreed that your parents are insane, and all the other things I said about them. But because he had gone through having a wife go through chemo with two teenage children, he had had the different perspective of just wanting to protect them, and not wanting to have to burden them with all of this.

And so, that's where this scene really came about. And we will see that go on for awhile in how much they tell their daughter and how much they don't. It becomes a huge part of the story.

So other stories that we're dealing with -- one that I personally love is -- there's an episode just after this one where Kristina, who's the one suffering from breast cancer, goes through her first round of chemo. And one of the other characters gives her the sweater to wear when she goes through chemo, because she'd heard that chemo makes you cold. Well, when Jason's wife Kathy was going through chemo, a friend of theirs, Patrick, brought her a sweater that he had worn when he went through chemo that had been a gift from somebody else who had gone through chemo. And it turns out that this sweater had been worn by seven cancer survivors. And so he passed it along to Kathy. And the person who passed that sweater along is Patrick Norris, who's one of the directors of our episodes.

And so not only did we end up doing that story, we ended up using the sweater. And I've never seen our wardrobe department handle something with such, you know, care. And it was like, you know, don't ruin the sweater. Because as soon as we finished filming, it went immediately into a FedEx box, and went to somebody in New York who is battling right now.

And so how do we write doctor dialog -- the scene you just saw, with the information, the very specific information about how big the tumor is -- and then later, there are conversations with doctors, when we don't have doctors on staff? Well, we write scripts with things like "insert technological jargon here."

(Laughter)

And that's when we turn to people like Sandra, and people like yourselves. I was laughing when Chris was talking about calling up his dad and asking for stories. When we first started doing this storyline, we
literally were calling up, like -- oh, you know, one of the writers had an old fraternity buddy who was a doctor. So we'd call him up on speakerphone and be like -- Dr. Biff, what would we do in this, this? And you know, it got to the point that we had to hire -- we did end up hiring a doctor who we would use as a consultant. But we don't know what we're talking about. And because we don't know what we're talking about, that makes me realize how important it is to get the facts right. Because our audience doesn't know.

And so, we feel like we're getting stories out there that people are really connecting with. And it's been amazing this year to receive letters not just from random fan letters, but I am getting letters from friends like I've never gotten before, saying -- oh my gosh, my mom went through this; or, oh my gosh -- we've been telling this Asperger's story for awhile. And so it's just neat to see that we're able to raise awareness for something else.

And, oh, I wanted to mention -- I mentioned to a friend of mine, sort of a writing mentor, that I was coming to speak at this conference. And she was a writer on "Melrose Place," original "Melrose Place," not "Melrose Place 2.0" way back in the day.

(Laughter)

And she talked about doing the storyline for Heather Locklear's character when she went through cancer treatment. I said, you know, I was a religious "Melrose Place" watcher. I do not remember her having cancer. And she said -- oh, that's because she had the pretty cancer. Apparently, they wanted to do this cancer storyline. And then my friend got a phone call from Aaron Spelling that was like -- so you're doing cancer. That's like a really ugly thing, isn't it? I mean, she's going to lose her hair. And the writers were like -- well, yes, probably; cancer is like that. So Aaron Spelling's decree was that he wanted her to have the pretty kind of cancer.

So she was cured in three weeks.

(Laughter)

And if any of you can do that as doctors, I'd like to see you afterwards.

And so it's just been so wonderful, and I'm so grateful to our network, that they don't want the pretty cancer. If anything, we get story notes -- let's make this real. In scenes we've shot that are of Kristina going to chemotherapy, other patients you will see in there are actually going through chemotherapy. They're not some Hollywood actress whose head we shaved.

So it's really a pleasure to get to tell stories that are real and true. And I thank you all for coming.

(Applause)

Zoanne Clack: I thought we were going to be on dessert by the time I got here. But you guys look all empty.

(Laughter)

Well, Sandra had originally asked us to find some clips of HPV if we had some. But as you may or may not know, "Grey's" is primarily a surgical show with surgical residents and attendings. And as Jennifer pointed out, we have spectacular surgeons in sensational cases. So HPV doesn't really fit in our repertoire. But the writers are always trying to stick an OB/GYN cases, because apparently that's what general surgeons do, in their minds.
And that's unfortunately, I'm sorry, what happened to Addison Montgomery-Shepherd -- she became so many different specialties, I couldn't even control her anymore. So I was kind of glad she went over and formed her own show.

(Laughter)

So the only one that we did do -- we actually did do an HPV case. I don't know if anyone saw that. But it was a special kind of HPV, a very rare kind of HPV, that only happens, I don't know, in like five people in the world.

(Laughter)

There was a guy in Indonesia that was dubbed the "tree man," that they had lots and lots of shows on, and our writers just glommed onto it. So of course, we had to portray that HPV. So we did not get the real guy from Indonesia, but we did put a lot of prosthetics on an actor. And you know, I didn't think that would be appropriate for this conference to show that particular clip.

Before I do show you the clip that we did do, I just want to talk about the reason that I am trying to tell these people that we do not have -- that the general surgeons are not actually OB/GYN's. And it's because I am, as Sandra said, an emergency medicine physician. And I went to med school, and they didn't.

(Laughter)

I have, although -- we've been on the air for nine years. A lot of our writers have been there for eight years, between four and eight years, which is enough time to do medical school and a residency, although I usually do, like, two years for every one year. So some of them actually have a AAD degrees, which is almost-a-doctor degrees.

(Laughter)

I give out those certificates every once in a while when I think they've reached a certain level.

And Sarah was pointing out that they always use technical jargon here. Believe it or not, we do that, too. All the time. I get a script, and it says -- medical, medical, quick, medical! And then medical! I get to fill that in, so that you guys can actually hear medical jargon.

I love doing panels like this. Because when you move from practicing medicine and being able to save lives to being a writer in Hollywood, you kind of need some sort of validation that you have a reason for your existence. The ability to pass on needed information to millions of people is my validation. I am trained in emergency medicine from Emory. And if I were to see three patients an hour in my 12-hour shift, and give them each the message that proper care for your foot when you have diabetes is essential to avoid amputation, I would reach 36 people. And if, let's say, they told two friends each, then maybe I've reached 108 people, if I've done that math right.

We did an episode once where all the stories were about best-laid plans. One of our characters always put career over personal relationships, and she had to decide whether or not she was going to take a leap and marry one of our other characters. To those of you who know, it's Christina and Burke. She met a patient who had diabetes and had also put his career above his personal maintenance. He hadn't been taking care of his foot, and the result was amputation. Christina had to learn that sometimes it's important to take care of yourself first and taught him what he needed to know to save his other foot, and was therefore teaching America, or teaching the audience, how to take care of themselves with diabetes.

Insiders for a Day, Roundtable Dinner
So that story was viewed by 15 million people in the US alone on the first viewing. And as Sandra said, you know -- syndication, there's reruns, it's all over the world. So who knows how many people actually got to see that message? So if only one fifth of that main audience got that message, I've communicated to three million people. And that's my validation.

So now I'm going to show you the clip on this particular episode. I have no actual statistics on that diabetes episode, but I have some on the one that you're going to see.

(Video begins)

Doctor: Sorry that took so long. Congratulations, you're pregnant.

Sarah: You're sure?

Doctor: It's a big day for pregnant ladies. Pregnant ladies everywhere I turn, it's weird.

So I'm only supposed to give you a couple of these, but this is like a month's supply of prenatal vitamins, samples, they're free --

Sarah: No, I -- we need to schedule an abortion.

Doctor: Okay. I'm sorry, I --

Male Speaker: I'm sorry. I'm so sorry.

Doctor: I don't mean to intrude, but you might want to sit with this for a few days before you make your decision.

Sarah: There's no decision to make. I'm HIV-positive.

I knew it. You disapprove. You're here to push some kind of agenda, right?

Doctor: No. No. Listen. If you want to have an abortion because you want to have an abortion, then that's between you and whatever God you believe in. But if you want to have an abortion because you think that's what medicine is telling you to do, then that's between you and me.

I was ineffectual. I was unclear. I've been on my heels a little bit lately, and I was unclear. So just listen, okay? I wasn't telling you there is some chance your baby might not be born sick; I was telling you there is a 98 percent chance your baby could be born perfectly healthy. A 98 percent chance. There's a higher chance of your baby being born with Down's syndrome than there is of you passing HIV on to your child.

Sarah: I don't -- I just -- I can't --

Doctor: I know you gave up about having children a long time ago. And I understand that it's difficult to readjust your thinking so quickly. But Sarah, if you take your meds responsibly, there's no reason why you can't have a beautiful, healthy baby. This is your chance, if you want it. This is your chance to be a mom.

Sarah: A 98 percent chance?
Doctor: Ninety-eight percent chance.

Male Speaker: Thank you.

(Video ends)

Zoanne Clack: So, usually our stories do come also from personal stories of just writers talking in the writer's room; also from Hollywood Health and Society giving us what's relevant in the world today, and just our researcher researching a lot of, you know, straight-from-the-headline kind of articles, because we get into a lot of spectacular cases.

But for this particular storyline, we were approached by the Kaiser Family Foundation to do a story on the low risk of mother-to-child transmission of HIV. So before the show aired, they did a pre-study that showed only 15 percent of viewers polled knew that an HIV-positive mother had this 98 percent chance of having an HIV-negative baby with proper treatment. A week after that episode, the percentage rose to 61 percent. It dropped to 45 percent after six weeks, but it was still clear that we had communicated an accurate public health message that remained in the viewers' minds.

And you might be thinking to yourself right now -- well, they sure didn't portray HPV with any public health message in mind. But I will tell you that that is true. But -- and it's a big but -- even with that episode, we tried to do what we could to pass along a responsible public health message about it. Because we do have a website also that features a blog from our researcher, that the researcher writes, that goes out every week and delves into one particular aspect of what we've shown on television on that particular episode.

So in the blog for this "tree man" episode, it mentions HPV 6 and 11 -- the bigger public health threat -- it mentions the vaccine. There's a link to the CDC. And it obviously gets less hits than the show gets viewers. But it's another way for the curious people to get more information. So even when we're wrong, we try to do right.

And there are some personal stories, too, about how we can affect -- or how we've been affecting the world. The most recent story that made the news was that a woman's 10-year-old daughter and their 12-year-old friend gave her mother CPR while they were waiting on the paramedics and said that they learned the CPR from "Grey's Anatomy." I don't know how much of that is true. Because our CPR is a lot like --

(Laughter)

So I'm not sure that they were doing it correctly. But they said that that's where they knew how to do it. I'm also not sure why a 10- and 12-year-year --

Sandra de Castro Buffington: Wait, they saved their mother's life doing it. They did. These little girls saved their mother's life waiting for the ambulance to come. Thanks to "Grey's Anatomy."

Zoanne Clack: I'm also not sure why a 10- and 12-year-old would be watching our show, but --

(Laughter)

-- it's kind of adult-themed, but, yay. That mom is doing something right. She'll probably continue to let them watch, though.

(Laughter)
And then their friends will watch, and then we'll be on for 20 years.

Another Internet story that's pretty funny was the fact that when we aired an episode of -- some people may know -- Mark "McSteamy" Sloan, who has now reached a fatal demise -- he once suffered a fractured penis from some, you know, very crazy sex. And it apparently sparked an Internet frenzy among men. Two of the three most searched terms on Google directly after the episode were "penis fracture" and "broken penis."

(Laughter)

So we spark action, even if it might be just men going crazy.

And a very personal example of this outreach is a letter that we received from a frantic mom named Pam. She had been struggling to diagnose her seven-year-old son, who had bizarre symptoms that no one could pinpoint. A patient on our show -- if any of you have kids, it was portrayed by Disney star Demi Lovato -- I had no idea who she was, but there was like a line of kids from our coworkers signed up to just, like, look at her -- so she starred as this girl who had this hypersensitivity to sound. So she could even hear her eyeballs moving. And on our show, she was told that she had psyche problems, and she'd been misdiagnosed multiple times. But she actually had something called superior canal dehiscence syndrome, which is a rare condition of the inner ear that can be repaired surgically.

Pam could see that her son had the same symptoms and went out and got him tested for it. He was diagnosed with the syndrome, treated, and now lives a much happier, normal life because of it.

And perhaps the most personal story I've ever heard of was actually from the long-running show, "ER." A 25-year-old mother of two in Texas was watching as Dr. Greene stuck out his tongue and it moved to the side, which was indicating that his brain tumor had come back. She noted that her tongue was doing the same thing and went in and insisted on a CT from her own physician. They found an aggressive nasopharyngeal cancer two millimeters from her spine that could've killed her in weeks.

So five years later, they actually invited her up to the show to do a walk-in. Because she was able to treat the cancer, get everything cured, and was able to grow up with her kids.

So obviously, these personal examples of specific cases are few and far between. And believe me, as a physician, I would hate it if my patients demanded tests because they saw it on TV.

(Laughter)

But the bigger picture is that messages are being learned, people are absorbing them, retaining them; and TV is not all bad.

(Applause)

Sandra de Castro Buffington: So now, we'd like to turn this over to you. And there's a microphone right there in the center of the room. And we'd love to take any questions you might have.

Lucrecia Peinado: Was just checking if I could say what I -- okay. My name is Lucrecia Peinado. I work for the Union for International Cancer Control. And I wanted to say that it's just great, everything that you do. And it's just great being able to tell stories in the way that you do. And the Union for International Cancer Control works with all its members in other organizations and partners around the
world in several key areas. But one of them is actually to raise awareness on the 4th of February every year -- that is World Cancer Day.

So for next World Cancer Day, [2013], the themes that have been selected are myths and misconceptions around cancer. Because many of these myths and misconceptions will prevent people from actually, you know, doing prevention, early treatment; will maybe avoid -- get them -- you know, just drop out from treatment, et cetera. So that's the whole world that goes behind that is all the technical world in what's the myth and what's the truth, evidence base, et cetera, et cetera.

So I think that because you have such -- how could I say? I need to think in Spanish first, I'm sorry -- okay -- such powerful but also blessed and wonderful positions that you can influence the world that sees your stories through TV and others -- I was thinking, what if Hollywood could get in touch with Bollywood, and also maybe with a non -- how do you say -- nontraditional, you know, cinema people? And maybe on World Cancer Day, the 4th, you could all feature, the same day, one of your episodes on any myth and misconception regarded to cancer.

So I think that will be very daring, that will be impactful. That will be just something -- you know, raise awareness in the world. Because you do have that power. You are in the right position. You are heard. You go to the people's homes around the world. So I think what you do is just great. And I'm going to come back. And I'm not only going to ask for your cards to pass it to the UICC and communication team, but I am also going to ask for a couple of autographs. Because I was telling my daughter (inaudible) oh, "Grey's Anatomy," "Grey's Anatomy," something like that.

(Laughter)

So -- but I also had some [like] for the rest. Okay, so cards will roll out, and then we'll get a project concept from someone around the room, I guess.

Sandra de Castro Buffington: Thank you very much.

(Applause)

So I think I can answer your suggestion about addressing the myths and rumors -- and misconceptions about cancer.

Couple things about working with Hollywood is -- one, we can never tell them what story to tell. And so that's one thing we learned. We've been doing this for 11 years. So what we do do is work to inspire them. So that's why we keep connecting them to interesting people, like those of you in the room.

Female Speaker: (Inaudible)

Sandra de Castro Buffington: Well, we inspire them by connecting them to real stories of real people and case studies. That's what they're interested in. So not generalities, not the big headline, but they want to know -- okay, so a myth or misconception -- what about one case where that myth or misconception led to near disaster, maybe that was averted at the last minute, or maybe not? And those are the kinds of stories, if you put a human face on it, that really inspire them. And they're all extremely bright, articulate people, as you can tell.

Lucrecia Peinado: When do you want them?

(Laughter)
Sandra de Castro Buffington: Well, we can talk afterwards. Could you send them to us, not directly to them? And then, we connect them there.

But the other thing you mentioned was the other -- I think you mentioned Bollywood. And I forgot to say in my remarks that Hollywood Health and Society just received a grant from the Bill and Melinda Gates Foundation, and we're going to be opening centers in India to work with Bollywood and in Nigeria to work with Nollywood. So we're going to be connecting Nollywood, Bollywood and Hollywood, so that we've got accurate health content going to all three of these major entertainment industries. So I just thought I'd mention that.

And the other thing, actually, Mona just suggested I mention to all of you is that tomorrow, if any of you in this room are interested in getting your messages out more effectively -- whether it's through new media -- maybe you're creating your own YouTube channel, or maybe you're putting campaigns together, or maybe you just want to tell your stories better in your talks to policymakers or to your patients -- we're offering a workshop tomorrow morning, starting at 8:30 a.m. It's going to be half a day. And we're going to be learning from these amazing people here the storytelling techniques that Hollywood uses in their scripts. And you will be writing your own stories in the morning and then working in small groups to create storylines around HPV.

So we hope you'll join us. Because I think it's going to -- I know it'll be exciting. This will be the seventh workshop we've given.

And then some of you will have the opportunity to present to the entire group, and you're going to be -- I'm sure you've seen these TV shows with judges, you know, these talent TV shows, the dancing ones, where there are judges? Okay, well, we're all going to be the judges. You're going to be getting up in front, a few of you, and telling your stories. And we'll be giving you, hopefully, very positive, constructive feedback. I hope there are no tears. So that's one thing. And then, in the afternoon, we're going to be repeating this panel, really, for people who are not here tonight. So I thought I'd mention that.

Are there any other questions?

Zoanne Clack: Can I just make one little point? Sandra, that's me.

Sandra de Castro Buffington: Yes. Oh, sorry, Zoanne. I was like -- who was that?

(Laughter)

Yes.

Zoanne Clack: I was just going to say that -- well, she's not listening, but there are certain months, like Breast Cancer Month, sometimes that will -- like, there will be a lot of shows that focus on breast cancer. And we've done that in the past, where we -- you know, most of the episode is about -- or at least one major story is about breast cancer. And a lot of the actors will sometimes do PSAs on that month and wear the shirts, and do a lot of advertising. And then, obviously, like, every year there's a Green Week, where they do like global health, and trying to be green --

Sandra de Castro Buffington: Climate change.

Zoanne Clack: So climate change stuff. So there are some initiatives already in the Hollywood system, in the system. Not a day -- a day would be hard, because we all air on different days. If you could make it a month -- except for these guys (multiple speakers) against each other.
Sandra de Castro Buffington: An HPV month.

Zoanne Clack: If you could have a month, it would be easier to get that initiative, that drive, started in Hollywood. They like doing good.

Sandra de Castro Buffington: Yes?

Female Speaker: This microphone makes me feel very small.

(Laughter)

My question is -- now, with reality TV, or even with the fact that people's attention spans are so much smaller, and health content is something that requires a show like this, where you have to explain the plot, people have to understand just a bigger idea -- how do you think this can be translated to channels like MTV that are just so quick and short, or even reality TV shows that are so popular, particularly in the US?

Jennifer Cecil: Sorry, we're all -- everyone's being wildly polite up at this table, which, if you knew us, you would know was not true at all.

(Laughter)

There's two parts to that. Reality TV is a very different setup from the scripted television that all of us do. MTV does do a lot of little pops of -- I think Sandra had some clips about that. So because they have a young audience, they're already going after that. But the interesting thing about your question, to me -- saying that viewership gets fragmented, and it takes awhile -- is that, to me, puts the responsibility on us. It's important to create compelling enough television that people do want to set aside an hour a week to watch it. And that's hard to do when there are so many other options out there -- you know, Internet, and just life, kids, everything else going on.

We talk about that a lot in the writer's room, about how I'm not a reality television writer, so I can't influence that. But I can influence dramatic television by making sure I tell the most compelling story possible.

Christopher Keyser: Here's the thing -- television entertainment and education has become increasingly fragmented. A couple of things are still true, though. Up till this point, there's no better way to reach a mass audience than on broadcast television, even though the total audience is in a lot of different places, the place where most people tune in, time and time again -- whether it's telenovelas in certain countries; increasingly in the United States as well -- or for "Grey's Anatomy" -- nothing competes with that. That doesn't mean, necessarily, that you shouldn't be thinking, as many people do nowadays, that you have to broaden the spectrum of messages that you deliver.

So for example, there are Web series now that reach all kinds of very specific audiences. There's a new Web channel called WIGS, which is a channel that very specifically does dramatic programming, storytelling programming for women. And even though they're broken up into individual segments, as a whole, it's as if you're watching an entire movie.

So if you're looking at creating a campaign as you would if you were an advertiser, you want to think about all of those different places where you can place your message. You'll reach most people on broadcast television, or maybe cable. You can reach an increasing number of people on the Internet in all different kinds of ways. And I would suggest, if you're thinking about doing it, you think about that broadly.
You shouldn't think -- I know that you have limited resources for something like this. And it's not your principal job to be communicating these messages. But to whatever extent you are, you are like any other company selling a product, in a sense. You've got to divide your advertising budget amongst all of the different outlets. And that's true regardless of whether you're selling knowledge or selling shoes.

Sandra de Castro Buffington: I'd also like to point out -- I find this so interesting -- that the average number of minutes watched of television per week -- this is the stat I got -- was 221 minutes average. The average number of Web streaming on the Internet? Twenty-two minutes. Two hundred twenty-one TV, 22 minutes Internet Web streaming. I find that fascinating, because everybody thinks -- oh, the Internet, you know, that's the new way to go. And yet, sort of proportionately, still television is where people spend the most time.

Zoanne Clack: And I'll just -- well, I just want to say that on "Grey's Anatomy," we can have like six or seven stories in one episode. Each of those stories can be broken down into just their own entity, which is, you know, five or 10 minutes. And so you can tell a story in five or 10 minutes, if it was going to be on a webisode or a YouTube channel or whatever. So it's not impossible to create something that's short but dramatic and emotional, and get your point across.

And I would also say that reality medical shows have been phenomenally done, and they're everywhere on cable. And even -- I know on ABC during the summers, instead of rerunning us, like they should, they'll put on these "Boston Med" and "Hopkins Med." And they just recently did a "New York Med," with Dr. Oz. So I mean, there's a lot of reality medical shows out there that have been successfully done. TLC does a lot, when they're not doing, like, twins pulled together, or 19 children stories.

Jennifer Cecil: But again, that sort of speaks to -- that kind of dovetails with what I was saying. Advertisers -- they need to make money. It's not a dirty word; that's what they're in the business for. But when a show like "Grey's Anatomy" or "Private Practice" does very well, there are people looking to make money in other ways, which is why I think the medical shows that have shown up in the past couple of summers -- which are fascinating; I mean, I'm addicted to them, I'm showing emergency rooms and surgeons -- they are getting out health messages as well, also in a quite interesting and subversive way.

Sandra de Castro Buffington: Mona?

Mona Saraiya: I wanted to mention that January is Cervical Cancer Month. And September is Gynecological Cancer Month, at least in the United States.

My question was about the contrast between cervical cancer is often described as an orphan cancer, especially when you contrast it to breast cancer, in terms of the advocacy that exists. And I think also, partially because of the stigma that's associated with cervical cancer -- sexually transmitted disease -- there's many theories about why that's the case.

But I've known -- for example, we have our breast and cervical cancer screening program. We have a survivors' luncheon. Many of the women that have cervical cancer have breast cancer on their tag. They're a little stigmatized in terms of talking about cervical cancer.

And I was just wondering if you had any insights into why you might think that that's the case for cervical cancer -- why there's -- you know, especially with low- and middle-income countries, there's a solution. You know, there's primary prevention with the vaccine, and even once or twice-in-a-lifetime screening; where for breast cancer, there's hardly any mammography facilities to do mammograms. And I was just wondering if you had any insights into this and what could be done regarding increasing the awareness for cervical cancer.
Jennifer Cecil: The interesting thing about what you're asking is we were having a discussion before we came over here along similar lines on a different path. We were talking about how Sarah, who writes for "Parenthood" -- and they have a woman going through breast cancer, and she's been smoking some pot to help with nausea -- I wrote an episode of "Private Practice" of a woman who had lost her husband; he was one of the members of the practice. And they had a big wake, and she'd been having a lot of difficulty dealing with it. And she ended up finding some pot that her husband had left in a jacket, and she ends up getting stoned in the bathtub as a way of dealing with grief.

I write for ABC. Sarah writes for NBC. On NBC, they were allowed to discuss the medicinal properties of marijuana, they were allowed to show her with a joint, they were allowed to show her smoking the joint, they were allowed to show her blowing smoke out of her mouth.

Mona Saraiya: Thank you, NBC.

(Laughter)

Jennifer Cecil: On ABC, the notes we were getting were things like -- you can't make this look entertaining. You can't show someone blowing smoke, you can't show her holding it. You just have to mention it. And the reason that I think this dovetails with what you're saying is that sexuality is a very tricky topic in American television. And for ABC, which is owned by the Disney Channel, they say this is a Disney product. So we're not allowed to do the things that NBC -- which is showing an equally adult show -- can take care of.

I think you're right about how Hollywood has coalesced around support for breast cancer awareness. And cervical cancer is not as prevalent of a discussion, because it deals directly with sexuality, particularly when you're talking about vaccinating kids, vaccinating girls, vaccinating boys -- is this going to create promiscuity? And because of that, it's a very tricky topic for a lot of networks to touch.

Certainly, ABC, I think, would not touch it in the way that you're describing. Hopefully, cable has a little more leeway there. And it's a good thing to be reminded of, of how it's sort of the -- I'd actually never heard that phrase, the "orphan cancer," but that actually makes a lot of sense. That's a good thing to hear for us to keep in mind about things to be bringing up in various writers' rooms.

Cristina Parsons Perez: Hi there, I'm Cristina Parsons Perez. I work with the American Cancer Society. And we do work globally, and I work a lot with the Latin America region. You know, what I'm hearing from you, this concept of being able to reach millions of people, is absolutely incredible for us as a nonprofit.

Now, when we're working with local patient groups, and we're talking about running a specific campaign on, say, early-detection breast cancer or cervical cancer, one thing that we're always very adamant about is this idea of making sure that there is a system where people can go to -- if they have this information, what do they do with it? And does the system have the capacity to deal with these people?

So I wasn't sure where the example of "El Clon" was from, if it was from Mexico. But I wanted to ask -- and I guess this is for you, Sandra -- when you introduce a storyline like that -- so in a country -- so if it was Mexico -- so where there is a public health system -- do you work with the government at all? Do you give them kind of a heads-up saying -- you know, we're going to be airing this; it might be that you're going to experience a kind of a peak in people, you know, accessing your services?

Sandra de Castro Buffington: That's a great question. And with "El Clon," we actually partnered with CDC and Telemundo on the storyline. It was produced -- I can't remember if they filmed it in Colombia or -- it was Colombia. But our contacts were in Miami. So we actually sent our expert to Colombia to
work with the writers there. But it aired in the United States. And I don't know how far it reached Latin America. I don't know if anybody here knows. But the primary audience for Telemundo was the US audience.

And you heard all those references where she says -- well, you know, I'm a single mother. I work, I don't have time, I don't have health insurance. And then, the doctor says -- well, actually there are programs for low-income women, you can get mammogram screening for free. It's no excuse, you know. And I actually thought that doctor was very terse, she never smiles one time. It's like, come on, you know, be nice. So there were references to services, specifically to services.

And then, with this particular storyline, we worked with Telemundo, we created a lot of content for the Telemundo Web page. There were magazine articles also generated in collaboration with Telemundo's airing of the storyline. So we had print media, we had online resources. And I think it was with a folic acid storyline, we actually had interviews. It was a different storyline, folic acid and birth defects. But we had a woman whose daughter was born with spina bifida actually go on the news program and talk about the storyline on the show, and then talk about her daughter, and how she wishes she had taken folic acid or had known about it. So we try to do a trans-media approach that we're using different channels of communication in an integrated way.

Well, I think that's probably enough. We've kept you a long time and really appreciate -- you haven't had enough?

(Laughter)

You have another question? Okay.

Female Speaker: (Inaudible -- microphone inaccessible)

Sarah Watson: So you'll watch.

Female Speaker: So you'll watch.

(Laughter)

Female Speaker: (Inaudible -- microphone inaccessible)

Jennifer Cecil: No, it's less -- no, we've had this discussion. But it's less identification and more -- at least I can speak for our ABC show -- is the sort of dream factor. You want to watch the beautiful person, because maybe that could be me, or maybe that could be the doctor treating me, and --

Sarah Watson: Transports you more.

Female Speaker: Yeah.

Sarah Watson: And no disrespect to the doctors on our show. But because we're not from the POV of doctors, we don't hire super-attractive doctors; we hire very normal-looking doctors.

Zoanne Clack: But they're also not the leads of your show.

Sarah Watson: Yes. Exactly.

Sandra de Castro Buffington: That's interesting.
Sarah Watson: Ours we're not calling McDreamy. He's McCancer-Curer.
(Laughter)

Zoanne Clack: I think they're very boring-looking.
(Laughter)

Sandra de Castro Buffington: Well, thank you all very much.
(Applause)