

Reporting and Covid-19: Tips for Journalists

April 16, 2020 by Susan Kaplan

<https://dartcenter.org/resources/reporting-and-covid-19-tips-journalists>

Tips and tools to report safely and effectively during the coronavirus pandemic, updated regularly following [Dart Center webinars](#).

John Moore / Getty Images

Paramedic Patricia Rodriguez fills out reports on a laptop after her 12-hour shift on April 6 in Yonkers, New York. Empress EMS paramedics and EMTs wearing personal protective equipment treat and transport patients to hospitals throughout Westchester County and parts of New York City, the epicenter of the coronavirus pandemic in the United States.

The Dart Center is hosting a [series of online conversations](#) about reporting amid the coronavirus pandemic. Each week, subject experts and journalists provide advice ranging from reporter self-care and equipment sanitation techniques, to ethics concerns and methods for telling stories about resilience and grief.

Webinar guests focus on strategies to synthesize constantly changing and critical data from multiple sources. Whether viewed in real time or in hindsight, we are working together to support and educate journalists during this rapidly changing, multi-faceted and unprecedented global crisis.

What can reporters do to cover this crisis most effectively? What are the stories that need to be told today and tomorrow, next week and next month, and over the long haul? How can journalists do their work safely given the restrictions on movement and in-person contact?

Covering Covid-19 on a State and Local Level

March 24, 2020

Guest: [Irwin Redlener](#), MD, Director

National Center for Disaster Preparedness, Earth Institute, Columbia University

Coronavirus is not only a global pandemic – it is a community-level crisis. How can local and regional reporting make a difference? We spoke with public health leader Irwin Redlener, and shared his advice here.

Find the sweet spot between complacency and panic. Start by getting a handle on policy.

Interpret how city, state and federal policies are being implemented at the local level. New and changing municipal, state and federal rules and recommendations can be announced from one day to the next, which makes it hard to get a handle on how policies will be executed. Reporter vigilance is critical.

All relevant press briefings, including those about transportation and sanitation, must be covered. Reporters should be encouraged to ask tough questions and if adequate answers aren't provided, ask again. This is also why source contact information must be used, and shared with colleagues.

View your coverage through a Covid-19 lens.

Report about places where social distancing is not being followed, and find out why.

What's happening with health care systems at all levels, not just at hospitals? Are private medical practices and community clinics staying open? Are new measures to take care of vulnerable populations being put in place? How are child protective services functioning? Keep track of possible increases in domestic violence, including child abuse, and address vulnerabilities in refugee and immigrant communities. (Redlener says, in his experience, facilities and medical staff supporting homeland security and border control are usually competent).

Keep steering reporters to use – and inform the public – about guidance and data from the [CDC](#), [WHO](#) and [Johns Hopkins](#). Redlener believes people should be steered *away* from using social media for reliable data.

Try to paint a picture of the daily “new normal”, such as community efforts to obtain and distribute food. How are families with children who are not going to school? What sorts of alternative teaching is and is not working? Consider focusing less on middle- and upper-class coverage. Instead focus on those living in high-risk, densely-populated areas.

Investigate the past, and use that as context in your future reporting.

Report about the status of funding changes. Was funding increased or decreased? Who is responsible? For example, what were municipal and state health department funding budgets five years ago? How did possible changes determine Covid-19 emergency responses? Report about the reasons for monetary and policy changes.

The Day the Pandemic Arrived: Reporting Lessons from America's first hotspot March 27, 2020

Guest: Florangela Davila, News Director at Seattle's NPR affiliate KNKX

KNKX's newsroom was operating as usual in late January. Most of the staff kept a close eye on a novel coronavirus raging through Wuhan, China. But few anticipated that the first U.S. case of Covid-19 would occur in the station's coverage area, a large and diverse region. Davila says the staff had to pivot, quickly. Here are some of the lessons and advice she has for continued local and regional coverage across the United States.

Newsroom changes and safety at KNKX

Be prepared to reinvent decades of proven working practices in days, and to deal with a lack of capacity and equipment.

Hold daily news meetings with regular one-on-one check-ins, and pivot reporters and off-air staff to Covid coverage. Establish ongoing remote working with help from engineering staff. Gather and share resource and source contact information, and keep that information up to date. (Davila says it was initially challenging to get accurate and multi-source information).

Establish programmatic changes and protocol for breaking into local briefings and NPR special coverage (or other networks where applicable).

Keep studios sanitized, including microphones and boards used by on air-hosts, and follow NPR guidelines. Keep hand sanitizer well-supplied, if possible.

KNKX distributed kits containing hand sanitizer and alcohol for disinfecting equipment to teams reporting in the field. The newsroom encouraged reporters to practice social distancing, and to use separate microphones for themselves and for their sources. Reporters were ALSO encouraged to routinely disinfect their microphones, and to clean their clothing after every field report.

Reporting protocol

News directors should consider asking reporters to share contact information for their sources, and make that information readily available. Many reporters have access to state and local officials, politicians and experts whose information is not routinely shared across the newsroom. This can and should change now. Coverage that is driven by relationships with sources can give a news outlet more nuanced regular updates than they will get from daily press events alone.

Get up to speed on pharmaceutical and data developments. Keep an updated list of statewide emergency responders. Set up a hyperlink with resources for your readers and listeners. Update and use it liberally. Dedicate someone, or rotate multiple people, to mine social media for additional sources and leads, and to guide people away from misinformation.

It really helps to have a health and/or a science reporter to keep reliable baseline data current. Remind on air hosts to maintain a calm delivery.

Ethical concerns

It's more difficult to consistently double-source, but make every effort to do so.

Avoid stigmatizing language. For example, avoid using the phrase "infected with."

Be gentle when interviewing. Allow people to speak freely and try to always ask if there's anything else they'd like to add and/or tell listeners.

Shifts in coverage

KNKX pivoted its podcast *Transmission* to exclusively cover Covid-19. The station encourages listener engagement online, and solicits audio diary entries from listeners, and from reporters.

Make good use of already existing station-to-station collaborations. The station's health reporter, who is now being used by NPR, helps generate ideas. For example, how are Covid19 funerals being handled?

Make an effort to include tribal, homeless, school children, vulnerable and underserved populations as much as possible; find diverse voices even if that diversity goes beyond that of listening, viewing or online audiences.

Engage with the national narrative, but keep your local focus. Always try to localize national issues, and use local voices first.

Challenges

KNKX did not have enough back-up editors or weekend staff, and struggled to cover the large geographic listening area.

It also wasn't easy to "become fluent" in the intense amount of science and medical data. At first, it was also difficult to get clear information – too many municipal and state players were involved in response logistics, effectively muddling the message for reporters.

Peer Support

Whenever possible give people time off if they need it.

Encourage self-care, possibly even staggering shifts and beats if necessary.

One-on-one debriefs and check-ins from the news director can help morale, and set the tone for a staff. That goes for virtual happy hour, too.

Learning from Past Pandemics: Bridging the Science Gap

March 31, 2020

Guest: [Caleb Hellerman](#), Documentary filmmaker, longtime supervising producer to Dr. Sanjay Gupta and CDC Fellow

As journalists, how can we best develop the right expert sources? How can we effectively bridge complicated medical science and public understanding? We distilled documentary filmmaker Caleb Hellerman's advice here.

Critical Source Development

The time to *develop* source relationships is in between crises. The time to *use* them is now. Be wary of arm chair epidemiologists and try not to be enthralled with experts. Use your reporter's gut.

Communication Strategies

The journalism profession needs to become better at communicating uncertainty.

Medical and science reporting moves more slowly than other beats. It's ok to be humble and communicate what we don't know, which might include a range of possibilities.

Audience Engagement

The reporter/host is the stand-in for the audience. We must reflect audience concerns as well as our own deep dive into the subject to provide timely, accurate accounts and to ask meaningful, forward-thinking and thoughtful questions.

Ethical concerns

The ethical issues around medical catastrophes are numerous and require sensitivity to religious practices and other rituals around death and dying. Reporting during an active health crisis is best done by getting to know

people early. And by staying with them, if possible, in order to develop relationships. The best reporters always show up.

Learning from Past Pandemics: Covering Ebola

April 2, 2020

Guest: [Jina Moore](#), Freelance writer, reporter, producer

As one of the first reporters to file stories about the Ebola virus, Jina Moore arrived on the scene at a time when most people were talking about vectors, not people. This meant she had to come up with strategies to report and survive with very little support.

Fixers

A valuable fixer may be one of, if not *the*, most important relationship for a reporter filing from a warzone or from other dangerous places.

Reading the landscape

Jina's sensitivity to people she interviews resonates in her stories. This can mean making on the spot decisions to hold an interview outside of someone's house so they can speak openly, without worrying about their children listening in.

It's important to stay aware of the fine line between personal safety and being respectful, and to remind yourself that the personal protective equipment you may have access to is likely unavailable to the people going through the crisis.

The learning curve for reporters covering dangerous circumstances can mean not always making the safest choices, at least initially. This is an issue that reporters covering Covid-19 and future pandemics will likely be discussing and grappling with for a very long time.

Ethical concerns: A veteran health crisis reporter's internal check list

- Are you taking advantage of the misery of others?
- Are there ways to advance the story?
- What is life like for survivors?
- Adopt a familiar, perhaps mandatory lens that magnifies, maintains and fortifies relationships. The most important takeaway for a source is how they feel about their encounter with the journalist.

Look for tide-turning moments in the crisis

What changes? Can you find someone who can explain what that change means? Are there inherent systems – a dialectic of sorts – between the crisis and the story?

Watchdog Reporting on the Pandemic

Tuesday, April 7, 2020

Guest: [Aaron Glantz](#), Senior Reporter, Reveal from the Center for Investigative Reporting

Aaron Glantz's message to reporters is straightforward: Lean into what you know best, and pivot immediately to use your knowledge and sources for Covid-19 coverage. His most in-depth beats are the housing market and covering veterans.

Reporting about the bail out

The economy is ideal for what Gantz calls the "local-national virtual circle". For example, the only way individuals can know how much financial relief they'll get is to find out, now, if the federal government owns their mortgage loan or their landlord's loan.

Report on who wins and who loses financially, and which sectors of the economy are getting the most help. Also look into the efficacy of systems set up so that people can get relief – are they working?

Take a look at insurance – do life insurance policies have pandemic exclusions?

Veterans and Covid-19

The Veterans Health Administration is the largest healthcare system in the country. And though Glantz says the VA doesn't like to give out a lot of information, reporters can go to their local VA hospitals and find employees and patients who are willing to talk. He also suggests talking to veteran service organizations like the [American Legion](#) about what they are seeing, what vets are talking about and where they are going.

Glantz says the VA has done a tremendous job in reducing veteran homelessness in the last ten years. He says this was basically accomplished by giving homeless vets housing vouchers and access to a social worker. Find the people within the VA who have been responsible for that success, and take advantage of their expertise while covering Covid-19.

Typically, during an economic downturn, demand at the VA goes up. If a veteran loses employer-based health insurance, he or she may turn to the VA for healthcare benefits. And the VA may or may not have the resources to handle that increased demand.

Veteran's Mental Health Care

Reporters should ask local VA officials what kind of social work is continuing to take place. Are veterans who normally come to individual or group therapy sessions still being contacted? Are alternative treatment methods, perhaps via phone or video conference, being offered? What are the ramifications for veterans who put off elective healthcare?