

## Video 12 of 14, Video Journalism Workshop Transcript

**Speaker (Prof. Bill Gentile):** Are you guys doing okay?

**Kalpana:** Uh-hmm.

**Speaker (Prof. Bill Gentile):** Good. I want to talk about a little bit about and show you a little bit about editing which is you know, you can take a good editor, you can take fairly mediocre material and make it into something you know beyond what it was; and a poor editor will take good material and degraded into you know, not very good video. But as we saw this afternoon, do you remember with the “Nurses Needed” piece we saw Meagan Stack running around and I try to shoot it in a fashion that complemented and then matched the energy that we saw her exert as she move around the hospital, just like we can use these cameras to accentuate what people are doing when we film them we can use the editing technique to accentuate what we’re trying to put across the message we’re trying to transmit in the final piece.

I am going to show you two pieces here that are very, very different; one is just a couple of minutes of piece that my wife and I did in Greece a couple of years ago at a yoga camp. It’s place where you go, you know, and a British teacher who is married to, I’m sorry he’s Dutch, she’s British. People go there for a three-week yoga camp and you go there and you know, people come from all over the world these are considered master yogis and you know, as you imagine the scene there is very tranquil, people move very slowly, very quiet, is very low key.

The second piece is a piece that I did a number of years ago, it’s part of the series piece. It’s called, “Trauma Life in The ER.” Probably a lot of you remember this is a hospital you know, emergency rooms and it was really, really popular series on “The Learning Channel” for a number of years. I’ve shot in fact I shot the pilot for the this and it became a very, very popular piece on “The Learning Channel” and it is edited in a very, very different way. And as you go about your editing process now, you should think about how you are going to edit according to your content.

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If you're giving to something like in Steinar's case, a really, really sad scene when this woman talks about her lost child you know, it can be quick and dirty. The cuts are going to be really languid and soft you know, really slow cuts because it complements the content that he's dealing with.

If you're dealing with someone who is running a restaurant perhaps, maybe you and your piece, like a guy comes out with a lamb chops it on the table. I think it has to move that's going to move, right? So keep that in mind when you edit. And these things, these two pieces are vivid examples how you can use editing to accentuate your message. So, again I won't spend too much time on this.

**[Underground Yoga]**  
**[A film by Bill and Esther Gentile]**

**[Chanting]**

**Victor van Kooten:** Let's see if your mind is able to spread that feeling all down into the legs, into the floor, up into the sky all around you. If you breathe deeply, it's the breath only coming forwards into the front body or can you also feel it, activating the back body and go through the back body anywhere.

**Angela Farmer:** Close your eyes and listen to your breath. Just explore a little bit now deep inside your belly, it's a spiral, it's a spiraling energy as your animal gets stronger inside the outer body and feel the power of the breath. It's called prana—it can move your oneness with the breath.

**Victor van Kooten:** The whole thing is how can you develop your sensitivity in yoga. The first thing we did today was basically going inside the feeling, feeling, feeling, feeling the difference between falling in to the ground and connecting with the ground. This is different.

My name is Victor van Kooten and I am a yoga teacher, painter and a massage therapist. I fell in love with Angela Farmer and go together with Angela Farmer moved also over to Molivos Hill, where she was teaching at that time.

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And then we also started in 1984 traveling the world together and starting to do something that does normally done, it's teaching together at the same time.

**Angela Farmer:** My name is Angela Farmer. I think what I do is endeavor to find my way back home. Re-find that place inside myself and when I was child but on the journey through life, got damaged and lost. I have found that yoga is one of the best ways to help re-find and return to that wonderful place that I call home. I have a very warm affectionate feeling for the castle, so much of my early experiences here, happened in the castle. And it is extraordinary, I mean the energy is amazing and the light and the views. It lifts you up.

**Victor van Kooten:** I've never thought that much on the castle. We were meditating on the castle.

**Speaker (Prof. Bill Gentile):** Pretty slow huh? Pretty languid pretty like reading it is as good as "expect this" Right? I mean we're not delivering a ton information but just the, you know the pace of the editing I think really works with the content. This is going to be something completely different and curiously the formula that we use to this thing is very great much the same as the formula you saw earlier today with the "Nurses Needed" piece. The drill was when we did this drama series we'd go to a hospital we'd arranged you know our presence within before hand. There will be one producer and three people of cameras video journalists and we manned the emergency room door and anything to came at the emergency room there was bleeding, giving birth you know, screaming whatever it was we just start shoot and you know the dream was to get releases later and generally people are pretty cool about we're saying releases but to get the feeling of the tension, the high energy in the emergency room, the hospital particular hospital like Denver General you know it's going to be fast because the action is fast—quick and dirty and it's really quite you know it's tramp and it's quite dramatic to be honest with you. So, but you know you'll see a couple of dramatic arcs here. Very, very much the same—it's the same formula that we've been using through most of this workshop.

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**[Video Clip]**  
**[Trauma: Life and Death in the ER]**

*[Due to the graphic nature of the following program viewer discretion is advised]*

*[Scenes in the emergency room]*

**Female:** *When the big trauma is going on senses are at a piece.*

**Nurse:** *You where we are sir?*

**Male:** *We don't heal anybody people heal themselves.*

**Female:** *I don't know that any of us realize what we're getting into before we suture.*

**Nurse:** *Any idea what the date is?*

**Male:** *We can hand it to the side.*

**Female:** *It's going to be in Denver [inaudible 10:24:7.0]*

**Male:** *People trust you to take an eye, hold on them up to buy the savage you think you can do to somebody.*

**Female:** *You're in Denver General Hospital.*

**[Trauma: Life and Death in the ER]**

**[The Knife and Gun Club]**

**Narrator:** Denver used to be a frontier where pioneers want to stake their client. Now, it is a major metropolis where modern day cowboys and Indians routine to get shot and stabbed.

**Female:** *Do you have any idea that it is stab wound?*

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**Male:** *I don't feel a stab wound [inaudible 0:11:04.2]*

**Narrator:** Trauma doctors at Denver General Hospital see the violence on the front line, first hand.

**Male:** The pressure is time. You got to get things done fast. Time is bleeding morbidity.

**Female:** *[inaudible 0:11:17.4]*

**Male:** *Sixteen.*

**Female:** *That hurts. Will you take a deep breath.*

**Female:** Most of the patients that come to our emergency room are either involved with alcohol and drugs.

**Narrator:** Emergency department is a body repair shop for the victims of penetrating trauma. It's known as the Knife and Gun Club.

**Female:** *Go to surgery right away.*

**Male:** *All gunshot wounds are serious*

**Male:** *Somebody's life is at stake.*

**Dr. Reginald Franciose:** I'm Reg Franciose I'm one of the attending general surgeons or trauma surgeons of Denver General Hospital.

**Narrator:** Dr. Reg Franciose likes to say he had a real renaissance education. After going to college on and of for 10 years and working as a carpenter.

**Dr. Reginald Franciose:** *There was no chest done.*

**Narrator:** Reg decided he needed a career change.

**Dr. Reginald Franciose:** *There's an error in treatment.*

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**Dr. Reginald Franciose:** I was pounding nails during the day and going to the bar every night. I said this is not working out for me. I said you know I think am I going to medical school.

**Narrator:** Reg was determined despite having to start at the bottom of the medical ladder, but he was ready for the long hall and the long hours.

**Dr. Reginald Franciose:** I did it in one day. I went to every emergency room in Boston until I found one that would give a...spot and shortly after I got there I watched those guys cracked a chest. I said, "That is unbelievable. I want to learn to do that."

**Dr. Debra A. Hutchins:** *Hi Sir how are you doing? I'm Dr. Hutchins, I'm one of the surgery residents*  
*[inaudible 0:11:38.7]*

**Narrator:** Dr. Debra Hutchins working in the emergency room in the Philippines for the navy before coming to Denver General.

**Male:** *Dr. Hutchins maneuver. I think it's going to be named...*

**Speaker (Prof. Bill Gentile):** So, this is the beeper that they used to announce that there's an incoming ambulance. Okay? And there it got an emergency case on board. So, we've gone here we've introduced the characters you know Reg and I guess Susan was her name and you know who they are, Debra rather, and now we're going to marry these guys up with the case because these two were really compelling physicians and they were articulate they want to be characters and they have great stories to tell and they can actually, they had a way to tell them and the bonus is we were able to marry them with really powerful cases, which is the greatest. It is the combination that we're looking for. So, we'll see how it works up.

**[Cont...Video Clip]**  
**[Trauma: Life and Death in the ER]**

**Dr. Debra A. Hutchins:** *[inaudible 0:13:30.3]* How they acquired that name is beyond me. I'm Dr. Debra Hutchins, the third year general surgical resident.

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**Narrator:** Thomas Samuel Elliot, T.S. for short, is wasting away in a pool of blood after being stabbed in the chest in an alleged crack deal.

**Dr. Debra A. Hutchins:** *Up to the ER.*

**Dr. Debra A. Hutchins:** The report that I received was that there was this stab wound near at the gastric in the upper abdomen and that the patient did not have an attainable blood pressure.

**Dr. Reginald Franciose:** The face before you get in there is that seem what's going on at least for me is anxiety. You want to be there now.

**Dr. Debra A. Hutchins:** So that was one instance where I actually ran to that emergency room.

**Dr. Reginald Franciose:** A couple of minutes is a long time under those conditions. You have a set of rules that you follow as best you can unless the situation prevents it and then you do what you need to do to keep the patient alive. It's trauma. And this is the machine built to do this so the whole machine has to work and when it works it's just the best thing in the world.

**Male:** *A 31 year-old man, single entrance on the right near the chest. Following arrival he was pretty much pre-arrest and he was not responding anything at all, said couple of word that's all we ever got from him.*

**Male:** *Everybody ready?*

**Female:** *Yeah.*

**Male:** *1, 2, 3.*

**Narrator:** The trauma team quickly tries to evaluate the seriousness of the wound to the chest. T.S. is bleeding to death and his blood pressure is dropping.

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**Male:** *Can you open your eyes for me? Can you open eyes, good? Look this way over here. Look over here. Look over here for me. Okay. Look over the other way. Every people doing a bunch of things to you already...*

**Narrator:** The once-in-a-lifetime procedure, Dr. Hutchins puts her finger on the wound to stop the bleeding and is amazed to feel the bleeding heart.

**Dr. Debra A. Hutchins:** It was distance thinking for me to put my fingers on that track just to find out if this was in deed going to the heart.

**Dr. Debra A. Hutchins:** *I just touched pericardium—probably the heart.*

**Dr. Reginald Franciose:** This individual had a stab in the chest. He had her finger in the right ventricle. We've never seen anybody do that before.

**Dr. Debra A. Hutchins:** I really put my fingers there to find out which direction it was gone.

**Dr. Debra A. Hutchins:** *Pericadium and when I pulled my finger out.*

**Dr. Debra A. Hutchins:** Not really anticipating that I would really put my finger in the heart.

**Narrator:** With her finger controlling the bleeding T.S.' blood pressure stabilized.

**Male:** *Very weak heart pulse. Let's go. Let's go.*

**Dr. Debra A. Hutchins:** *Time to go. Go.*

**Dr. Debra A. Hutchins:** When I took my hand out he has so much blood flow and it was like this veritable fountain. I had to put my finger back to keep him from bleeding to death to get in to the OR.

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**Dr. Reginald Franciose:** That mean it's a drastic injury but it's a pretty simple concept. Here is the heart and here is the hole. It's amazing you could control the bleeding like that.

**Dr. Debra A. Hutchins:** That was just instinct connecting honestly when he arrived and that's what we're trained to do...

**Narrator:** Deb travels the hallway to the OR with her finger on T.S.' heart.

**Female:** *Put your hands down sir. Thank You.*

**Dr. Debra A. Hutchins:** We like the big injuries. We don't wish that on the patient really but we like to see the big injuries sure. That's what we're here for.

**Narrator:** Defying modern medical technology, T.S. is kept alive by a simple procedure -- the right index procedure of Deb Hutchins. It's another Code 10...[cut off]

**Speaker (Prof. Bill Gentile):** So, what you are seeing is the same formula but in like in fast forward. You're seeing it in fast action. So, we start up, we introduce the characters, right? We marry the characters with these powerful cases and we let you know the question is, what's the question? What's this case here?

**Karen:** Is his heart going to get sewn, back together, if he's going to survive this?

**Speaker (Prof. Bill Gentile):** Is this guy going to live? What happened was, he was in the crack deal gone bad... I suspect he was buying and a guy stuck a knife into his chest and it put a whole in his heart and pierced his heart. So, the woman you know, Debra, sticks her finger there. She sticks her finger not on his chest but actually in the ventricle of his heart. She pulls it up and blood goes boop, boop, boop.

**Karen:** There's a sound.

**Speaker (Prof. Bill Gentile):** Yeah! So, you know this is an extraordinary case. It's kind a like, do you remember Nicole the girl who fell five stories? It's the same thing. So, what probably get up to draw this thing out pretty longer across a half an hour. Right? Because in one month this the strongest case that we saw. So, we're not going to let this thing go. You

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know we're not going to tell you what's going to happen right now in minutes number five of piece. We're going to draw, we're going to you know so we got the big dramatic arc. We have smaller dramatic arc to keep you hanging on until we get to the end of the program.

**Karen:** I have a question.

**Speaker (Prof. Bill Gentile):** Yeah?

**Karen:** How many do you have video taping on this? Just you?

**Speaker (Prof. Bill Gentile):** Me.

**Karen:** Just You.

**Speaker (Prof. Bill Gentile):** Me. That was it. There was a producer there...All night he was just handing and taking batteries...to keep me going and I film this thing from the beginning to the end. It was just an amazing scene. No one in the hospital had ever seen anything like this.

**Karen:** So when he came in on gurney and you got the close up shot of that wheel—of the gurney you know—the close up shot on the wheel. Was that the same one he was on or was he you got another one he put it in so we are assuming it's the same one.

**Speaker (Prof. Bill Gentile):** Right.

**Karen:** How is he down there, up there?

**Speaker (Prof. Bill Gentile):** That's a very good question.

**Kalpana:** I noticed you did a lot of shots in different, you know on a very unsettling angles as well.

**Speaker (Prof. Bill Gentile):** Of the victim.

**Kalpana:** Not just the victim but of the, you know the walls. You have suddenly at the ceiling and very subtle things but if they are in, you know unsettling angles.

**Speaker (Prof. Bill Gentile):** It's all chaos. You don't want to be orderly.

**Kalpana:** So, was that after the fact?



**Speaker (Prof. Bill Gentile):** It was after the fact. Most of the stuff you know, the red the foot prints on the floor, the wheel of the gurney going on the hall. I laid on the gurney; they pushed me on hard shot the ceiling. All the stuff we put on later but I was the only one there that night who shot, when it comes out of the ambulance with the gurney and follow them all the way you know up when Debra had her finger in the guy's heart into the elevator. Can you imagine into the elevator with this guy jumped on the elevator first, here they come by and I follow them up to the operating room? I mean and you know through the entire operation you will see some sharp shots but you can't get more because they don't allow cameras in the hospitals anymore like this.

**Rhett:** So, Bill, especially like around the bed when you're still there. When you're still there, you see we just like circle around [inaudible 0:19:48.1]

**Speaker (Prof. Bill Gentile):** Total freedom. Total freedom.

**Rhett:** Whenever you felt like going, knowing that you need to get and all the survival.

**Speaker (Prof. Bill Gentile):** Just as long as you know what the rules were. If you don't get in the way of these people, if you don't bother us you know you could stay here as long as you want but once we start to become a problem, you know we're crashing into then we got a job here. So, you have to be very, very judicious about where you move, very, very kind of light-footed and stay out of their way, do your job but let them do their job at the same time. As long as you can do that you're okay.

You can't make files like these anymore because partly, as a result of the series legislation in the pass, here in Washington saying that you know to shoot somebody coming in the hospital, you've got to get a release. Before you start to shoot, you have to get a release, while they're there in the hospital and then three months later you have to give them and sign another release after thereof because when they're coming here, you know the deal was we shot him and the next day the next, you know when they woke up we said, we signed this and half the time they're, you know they're not completely. [Crosstalk] So, we'll watch a little of this and not much I will turn the sound off. So, we can see, you know how this thing is constructed. So, we've got to a woman here who was convicted of killing her husband. Right? So, here's our second dramatic arc and she's in jail and she decided to try to kill herself. She cuts her wrist. Doesn't do a very good job of killing herself and they take her to the hospital to get wrist sewn up. So, that's the second dramatic arc. This is a very, relatively short one though. But

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again, we're using the same formula. You've seen in all of this programs, you know I happen to think that this program was, you know the guy who wrote, the producer who wrote the script did a very good job. I think it was well shot we had extraordinary access.

**[Cont...Video Clip]**

**[Trauma: Life and Death in the ER]**

**Narrator:** We will oversee the operation.

**Dr. Debra Hutchins:** How can cutting people often being fine, it's kind of hard to describe but everything is definitive. My purpose in the operating room in the case of death is just to assist the surgeon. We're all pair of these and then when you're a thief you get your pay back and that's okay. That's the way it is. I want to do the case, sure why not, that's normal and watch him do it. My time will come.

**Narrator:** Well Dr. Hutchins' finger saves T.S.' life the team still has to sew up his bleeding heart.

**Dr. Reginald Franciose:** If you feel their pain then you can't do it.

**Narrator:** Trauma surgeon Dr. Reg Franciose races to the OR to sew up the stab wound to the heart.

**Dr. Reginald Franciose:** The best day I ever had in climbing mountains I enjoyed about as much as I enjoyed the one doing those big trauma cases. Except when you climb mountains, you put yourself on the edge and when you do this you put somebody else on the edge. As I was by the door I was yelling what's blood pressure. I can't even hear them saying none or some going down the hall. It doesn't matter if I see the none or some. Your mind is racing you know what injuries could he have that I can't see, what can I see.

**Narrator:** The heart is now on hands of the trauma team.

**Dr. Reginald Franciose:** The first thing that we try get over with time—



**Speaker (Prof. Bill Gentile):** Let's focus on this, look at this. [Crosstalk] It's like two-second clips.

[Video playing in the background]

**Dr. Reginald Franciose:** *[Inaudible 0:23:13.8] He is still doing okay.*

**Dr. Reginald Franciose:** You need to pull yourself back kind of horror of the whole thing and work out the problems and realize that you short amount of time to solve them one after another.

**Speaker (Prof. Bill Gentile):** You see what is happening? We are letting him talk, too. When I tell you guys, I want you to write through the pictures. You are basically laying down pictures stories and I want you to write those pictures. We are writing narration here but we are also timing this edit with what our main character is saying. You know, you have to step back from the horror and we see him standing in a pool of this guy's blood. There is this intimate relationship between the visuals and whether it is narration or it's natural sound on tape. Okay?

**[Cont...Video Clip]**  
**[Trauma: Life and Death in the ER]**

**Narrator:** Everything under control gradually in a delicate process of sewing up the whole in T.S' heart.

**Dr. Reginald Franciose:** I imagine it just like being in the military commander on a one-person scale. You've looked at the battlefield, you size up your problems and tackle them one at a time. Battle shifts, you change your plan.

**Narrator:** With T.S out of her hands, Dr. Hutchins checks up on her patient's in the emergency department.

**Dr. Debra Hutchins:** As a physician, you just can't not evaluate and take care of patients.

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**Speaker (Prof. Bill Gentile):** We'll go through this little quickly; this lady, you know, did not kill herself, she survived the cuts on her wrists. Debra Hutchins kind of believed her that she didn't kill her husband but turns that the woman's own daughter testified against her in a trial. You know, as a result of the death of her husband and her dramatic arc ends pretty much around here. We are not even halfway into the program.

It is pretty dramatic. It is pretty awful stuff. You can see why people gravitate with this stuff and are glued to the television when they see. Again, this is an extraordinary popular series on The Learning Channel for quite a long time.

**[Cont...Video Clip]**  
**[Trauma: Life and Death in the ER]**

**Dr. Reginald Franciose:** Put your finger on the hole and fill the hole up so the blood can't drain out and if you do that quick enough the heart will keep working. The guy is bleeding to death right in front of you. The only thing worst would be, you bleeding to death, right? God help you.

*[Operating room scene]*

**Dr. Reginald Franciose:** Just like the same scare you get when you hear the brake screech. -- "Errrkk..ahhh!". Something bad is happening.

**Doctor:** *Slow down the fluids—*

**Dr. Reginald Franciose:** So, you slip it aside and start doing your job.

**Doctor:** *Swelling a little bit, so slow down now.*

**Dr. Reginald Francoise:** It feels very unnatural and very viscerally unpleasant when you drive a stitch into that beating heart and it tries to pull away from you and pull the stitch out.

You just want to get it through there as fast as you can and get your needle out of there before you tear something or hurt it. And you start thinking to yourself, "If I don't put the

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stitch and then it rips out and tears the heart muscle. Oh my!" You can't do that. You just say, "Now, I am going to put the stitch in the heart perfectly." So that it doesn't tear through we use little Teflon patches. So, you put the stitches through the Teflon patch, into the heart on one side of the hole then through the heart in the other side of the hole and then to another Teflon patch and then pull those patches down together.

**Narrator:** The hole in T.S' heart is sewn up but is far from out of danger. Reg waits to see how T.S' heart will respond.

Deb was upset of the case of Susan Hubble because she let herself get emotionally involved.

**Speaker (Prof. Bill Gentile):** Isn't that amazing. The guy's heart beating while he is, and you can see his face. It is pretty shocking stuff.

So, you know we have great characters here and we tried to weave these characters into the cases and they do a really good job of explaining the cases we were asking. You know, these are these informal interviews that we talked about here in the workshop, okay. "What are you doing now? What did you just do? What are you going to do?" And they explained and they tell us what the story is about. If we don't ask those questions, there is no participatory observation.

**[Cont...Video Clip]**  
**[Trauma: Life and Death in the ER]**

**Dr. Reginald Franciose:** Oh, is it a great thing. It is like dancing almost, but just with your hands. You are moving along and home in. Everything is going well.

**Doctor:** *He is not losing much blood anymore.*

**Dr. Reginald Franciose:** Boy, that can change fast.

**Narrator:** T.S' blood pressure drops and his heart beats irregularly.

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**Dr. Reginald Franciose:** *Suck in a little air, patch going to fail. His blood pressure is high. C'mon baby, here we go. Did you give him the epinephrine now?*

**Dr. Reginald Franciose:** But there is a point where you cross all the way and you think you got them. It is not the time to slack off but this kind of—this feeling you get inside. When you go and, “I got him, I got him”.

**Narrator:** For now, T.S' heart is repaired.

**Dr. Reginald Franciose:** *You know, things went well and he's essentially he will do very well but—we got to get it through the night, all right. I'm tired, irritable and jerkier.*

**Dr. Reginald Franciose:** He is out of the woods and when he gets up and walks out of here on his own two feet and not on [inaudible 0:28:07.6].

I can't believe we are able to pull that off. I can't believe it worked.

**T.S.:** I should have been dead, now I'm saying I knew that. Being dead, it figures if I would do that once...

**Narrator:** Four hours later, T.S wakes up and miraculously remembers his life-saving surgery.

**Dr. Reginald Franciose:** *You still got a reasonable amount of blood coming out in his drain. I am Dr. Franciose, I am the surgeon that operated on you; you are a lucky guy. You could be a lot sicker.*

**T.S.:** Or not better.

**Dr. Reginald Franciose:** Or not here.



*T.S.:*            *Yeah.*

**Speaker (Prof. Bill Gentile):** We'll go through the rest of this quickly. You guys want to see this through a little bit? Yeah? He talks to him; T.S. remembered the whole thing. He said when he was being operated on, he felt something like rubbing his chest and he was trying to push people away and he heard a funny sound like “zzz” like that and the surgeon says the first time he has ever heard anyone remember that. His story is not over yet. We actually followed him out of the hospital with his girlfriend and he swears he is not going to do crack anymore, and a couple days later he comes in with a collapsed lung.

And he had to go to this awful procedure where they make an incision here and they get one of those metal thongs and they grabbed a rubber tube and then shoved it into your lung without anesthesia because you apparently deliver anesthesia when you do this thing and you know they blow up your lung. They pump it up again. So they bring in this guy here.

**[Cont...Video Clip]**  
**[Trauma: Life and Death in the ER]**

**Narrator:**     ...rushed in Virginia, clinging to life.

**Wendy Larrowe:**    When a deep trauma is going on, my senses are at a peak. I'm Wendy Larrowe of...[cut off]

[Video paused]

**Speaker (Prof. Bill Gentile):**     This is a gang member who was shot in some gang activity and they bring him in and he's on the verge of death and they pulled him back.

**[Cont...Video Clip]**  
**[Trauma: Life and Death in the ER]**

**Wendy Larrowe:**    ...at Denver General has to be one of the most, scariest things that happened. When Garrick came in, he was very scary. He thought he was dying when he came in but he was awake and that's probably when my compassion comes through the lowest—the most.

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**E.R. Staff 1:** *He's starting to look straight up.*

**E.R. Staff 2:** *He's waking up.*

**E.R. Staff 1:** *Now, he's on [00:30:40] one man, one—*

**E.R. Staff 2:** *That's the [00:30:41] wounded arm.*

**Wendy Larrowe:** I thrive on the trauma and the next 15 minutes, I'm going to use everything that I know to try and save somebody's life.

*[Medical team trying to revive Garrick McClain]*

**Narrator:** Garrick's wounds are serious. One of the bullets went through his right chest.

**E.R. Staff 3:** Normal pulse, normal pressure.

**George Bailey McClain:** I am George Bailey McClain. He's my son Garrick McClain. He went to a liquor store and the way they explained it to me he had a rag, red rag hanging out of his pocket and he asked the wrong crowd, if they would give some liquor. They were in the blue range of color. Crips as they call themselves. And so a confrontation started and they just shot him.

**E.R. Staff 4:** *What pressure there, sir?*

**Wendy Larrowe:** *I know it hurts.*

**Narrator:** Garrick's lung has collapsed because the bullet travelled right through it. Dr. Hutchins must insert a tube into Garrick's chest to re-expand his lung.

**Dr. Debra Hutchins:** An insertion of a test tube hurts. It just hurts and my goal is to distract them in any way I can from what's going on. I don't always want to know that my gunshot wound was

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gang members. I just want to know that I saved that 23-year-old's life.

[Siren]

**George Bailey McClain:** I have one son killed already behind this and it's like—I know it's pushing me to the edge. He was on those five of the line [00:31:58]. He was a Crips. He grew up around them and then that's what he has to be. You grew up over here, with around the blood then that's what you to have to be or they try to eliminate you.

**Narration:** For now, Garrick is not eliminated, but he's still critical.

**Wendy Larrowe:** Do you feel a lot of pain? Would like something for pain? Let me talk to the doctor.

Then knowing when you need to be there, the stroking of the head. That to me is nursing.

I know you don't feel like you're breathing, but the machine is breathing for you. I promise you.

**George Bailey McClain:** 'Cause there's somebody came along and told him you have to be bad, and that's it. No training and nothing. No schooling and no nothing, just be bad. It is a psych out thing and is spread. And I don't know if it's Lucifer his self or what. But he's collecting a lot of my debt [00:32:44] and he's damaging their brains.

[Cont...Video Clip]

[Trauma: Life and Death in the ER]

**Speaker (Prof. Bill Gentile):** When this guy comes in, this is actually a pretty, it's pretty cool story. The father comes in. We don't know who he was. We thought maybe this is a gang member, "My God," you know.

The guy comes in and we introduces...because when he comes we're talking to his son with cameras on, with the camera on, and we were like this—it's an "uh-oh" moment and we introduced ourselves that we are

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doing this and that, you know. And we said, "Who you are you?" Then he introduced and he says, "I'm the guy's father."

We go, "Can we talk to you? We'll interview you about your son," and so forth. And he goes, "Yeah, sure, let me take my glasses off." We said, "No, no, keep them on."

[Laughter]

And I'm standing on a chair, shooting down on at his son past him, and you, as you can see, we came up some pretty incredible stuff. Yeah, but the end of it, the show ends with, you know T.S. Elliot goes, he goes away, he comes back in with his collapsed lung and he shares the room with this kid here. They're in the room facing each other, you know. They both have a second chance.

So this is, and you know, you look for these powerful cases, you know. You marry them with articulate characters. Then you have a number of dramatic arcs in your story. That's how you get this people. Not only from one end of an episode to the other end of the episode, but from one episode to another episode.

That's how you do it, you know. And sometimes, you leave, if it's a sequence of the episodes, you leave, kind of an episode unresolved, so the people come back next week and watch it. But it's always a question and answers. It's that conversation with your audience that we've been talking about for a couple of days now. What I'd like to do is I like to see your stuff now if I could. Yeah? Can I do that?

## [Second Segment]

### STUDENT PROJECT REVIEW:

**Leonard:** So really, I don't want it to be a piece about how we maintain 9-11 artifacts.

**Speaker (Prof. Bill Gentile):** So, what it is?

**Leonard:** That's cool on one hand, to drive a little bit of interest. But really, this story is meant to be about the agency having a history. It's a 10-year-old

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agency. Why would it need a story, you know? What—and what function does he serve? And it's kind of your—

**Speaker (Prof. Bill Gentile):** How long has he been there?

**Leonard:** Three years, I think?

**Speaker (Prof. Bill Gentile):** Uh-hmm.

**Leonard:** Yeah. And you know, he's a young guy. It's a young agency. It's, they're doing some innovative things. They're doing like documentary films for workforce engagements and stuff like that.

**Speaker (Prof. Bill Gentile):** Uh-hmm.

**Leonard:** They did build this whole interactive timeline which is sort of like a fresh thing to do, you know. When you think of historians, you don't think like web based timeline where they have this, you know, that part of his function. So, I thought that kind of linked itself to the idea of you know, everything about this guy, you know in this new age. A waged historian and, you know, the hard part for me in the challenge is, you know, the limited amount of—but also how to marry it from, you know, this, quite bid at the beginning where he is, you know, investigating pieces of the World Trade Center and documenting it to the exhibit and then to what this guy does and, you know, why people should care. So, a little challenging.

**Speaker (Prof. Bill Gentile):** Yes. You know, I think you have to, like think really loosely in what he is doing. I believe you have to start with this stuff.

**Leonard:** Yeah.

**Speaker (Prof. Bill Gentile):** And you have start with an interesting opening like, you know, this is not CSI, you know. This conversation with the audience pricks somebody's interest.

**Leonard:** Uh-hmm.

**Speaker (Prof. Bill Gentile):** And just let this thing roll for a while and do not take them right away into like, you know, with, you know, leaning on one of pieces like he's, you know, Clint Eastwood or something.

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**Leonard:** Yeah.

**Speaker (Prof. Bill Gentile):** Then with a sign on him. Let it breathe for a while. Let us see what he is doing.

**Leonard:** Uh-hm

**Speaker (Prof. Bill Gentile):** Let, you know, somehow develop our curiosity.

This is great, you know, this is great stuff. What do you envision this thing? What, how does it end?

**Leonard:** And, you know, that's the difficulty for me, as well. As you know but ...

**Speaker (Prof. Bill Gentile):** Sometimes the dramatic arc is only when you're done telling the story.

**Leonard:** Uh-hmm.

**Speaker (Prof. Bill Gentile):** You know, when you've exhausted the information you have, you could be, you're happy if the story is told and doesn't care getting anymore time. That's fine. You know, if it, you get the materials to sustain it for three minutes or four minutes, whatever it is...

**Leonard:** Uh-hmm.

**Speaker (Prof. Bill Gentile):** ...finish it when you're done.

**Leonard:** Uh-hmm.

**Speaker (Prof. Bill Gentile):** But you have, maybe you have something that evokes a sense of ending.

**Leonard:** Uh-hmm.

**Speaker (Prof. Bill Gentile):** I don't know. It doesn't have to be as literal as him walking away out of the, you know, a warehouse or the warehouse, you know, garage door coming down.

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[Discussion with Chad]

**Chad:** We start, we got to establish some shot on the lane [00:37:17]...

**Speaker (Prof. Bill Gentile):** Uh-hmm, uh-hmm.

**Chad:** ...hearing her working a little bit in the studio.

**Speaker (Prof. Bill Gentile):** Uh-hmm.

**Chad:** So, I am not, first of all, as a printmaker, first of all I'm a painter but a printmaker but for me it changes the way I paint.

**Speaker (Prof. Bill Gentile):** Uh-hmm, uh-hmm.

**Chad:** It's all like the periodic blue printing because it's a way it changes the way my brain thinks.

**Speaker (Prof. Bill Gentile):** Uh-hmm.

**Chad:** It's a good start. Controlling idea...

**Speaker (Prof. Bill Gentile):** Uh-hmm.

**Chad:** ...is that she does art to find focus and flow, you know, peace.

**Speaker (Prof. Bill Gentile):** Okay. How much narration do you have here to put here well [00:37:45].

**Chad:** Down here a little more.

**Speaker (Prof. Bill Gentile):** Right. Is this the first narration, the first time we hear you?

**Chad:** No, no. The first time you hear me is right here.

**Speaker (Prof. Bill Gentile):** Okay.

**Chad:** When we credentialed her.

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**Speaker (Prof. Bill Gentile):** Right, right, right, right. who this is? Artist teacher.

**Speaker (Prof. Bill Gentile):** Okay, okay.

**Chad:** So, we're kind of flipping between Elaine and somewhere here.

**Speaker (Prof. Bill Gentile):** It's okay.

**Chad:** ...What matters most is that Elaine Wilson is spending another day in making art and finding peace of mind. As Elaine says, "Making images is as necessary to me as breathing."

**Speaker (Prof. Bill Gentile):** I wonder if there's a place where we can allude to this breathing thing further up.

**Chad:** We could kill that and top it. You know, you know when you're identifying her on the first narrate...

**Speaker (Prof. Bill Gentile):** Yeah.

**Chad:** ...when we're saying...

**Speaker (Prof. Bill Gentile):** Yeah.

**Chad:** ...or defining who this woman is 'cause that's part of who she is.

**Speaker (Prof. Bill Gentile):** Okay. And let me ask you. You have, she talks almost continuously here.

**Chad:** Right.

**Speaker (Prof. Bill Gentile):** Do you have any material where, she's not talking that you could just like let it breath at her...

**Chad:** Yes. Oh, yeah.

**Speaker (Prof. Bill Gentile):** ...as your important topic?

**Chad:** I have another file of B roll I can put in there.

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**Speaker (Prof. Bill Gentile):** Okay. Well, after she's, because it's like one sentence after the boom, boom, boom, boom, boom.

**Chad:** Right.

**Speaker (Prof. Bill Gentile):** You know, after she says the important things that you're trying to accentuate, if she talks about the flow is over [00:39:10]. I get that, I like that, and I loved it, you know.

**Chad:** Uh-hmm.

**Speaker (Prof. Bill Gentile):** Runners, they get the same thing, you know. Guys who get all pumped up with the weights could do the same thing, you know.

**Chad:** Uh-hmm.

**Speaker (Prof. Bill Gentile):** Let those thoughts breathe, you know, and watch, so we, and let us watch her work while she...

**Chad:** Okay.

**Speaker (Prof. Bill Gentile):** ...tries to achieve this flow.

**Chad:** Okay.

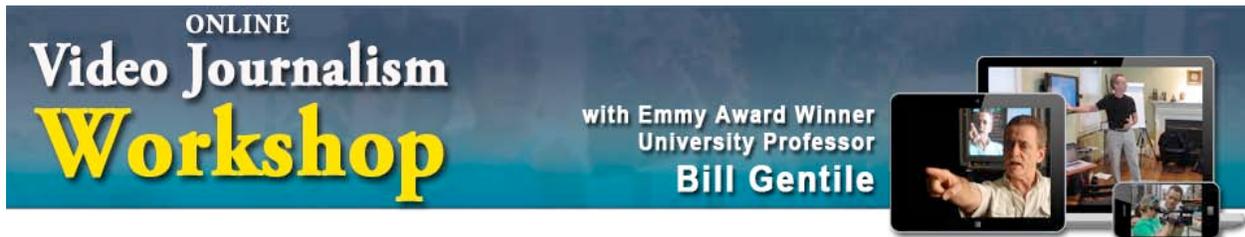
**Speaker (Prof. Bill Gentile):** And anything that doesn't contribute to this whole idea about flow.

**Chad:** Uh-hmm.

**Speaker (Prof. Bill Gentile):** And this altered state of mind, get rid of it.

**Chad:** Yup.

**Speaker (Prof. Bill Gentile):** We don't need details about metal, this and that, you know what I mean. Just keep the basics and let this thing breathe. You have a nice piece here.



**Chad:** Uh-hmm.

**Speaker (Prof. Bill Gentile):** But, it is a little too.

**Chad:** [Inaudible 39:42].

**Speaker (Prof. Bill Gentile):** No, no, no. She's a little too, she, you know, she's a little, there's still a little too much information like you say.

**Chad:** Less is more.

**Speaker (Prof. Bill Gentile):** Sometimes, less is more.

**Chad:** Yeah.

[Discussion with Karen Smith Hupp]

**Karen:** This is very rough at the moment. I'm just trying to pull the pieces. But I've got basic script in here.

**Speaker (Prof. Bill Gentile):** Okay.

**Karen:** So, when we're not hearing anything that's where I am doing the voice over. Does that help?

**Speaker (Prof. Bill Gentile):** Okay.

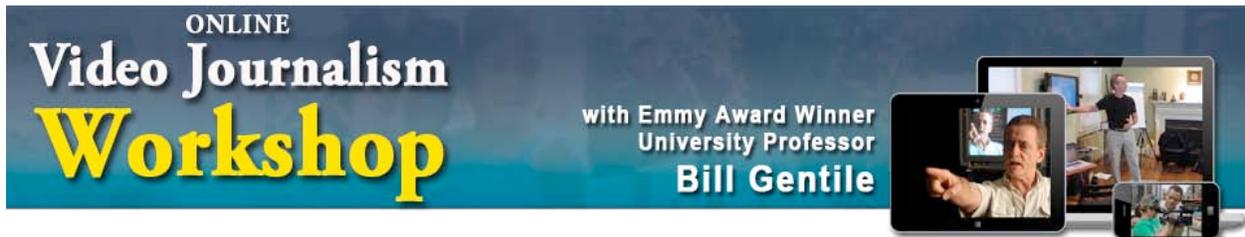
**Karen:** Okay.

**Speaker (Prof. Bill Gentile):** Okay.

**Karen:** So, okay. Stop. [Laughs].

**Speaker (Prof. Bill Gentile):** Okay. Where do we go from here?

**Karen:** I've got to go back in and pull these pieces down and get these narrations so that I can do the flow better. The idea is that you're seeing the "Pomp and Circumstance." She's talking about how great it is or telling that they're heroes in their own respect, as well.



- Speaker (Prof. Bill Gentile):** Uh-hmm.
- Karen:** And that this idea that they want to get this Maryland Museum going to honor everybody and that is why you see the Maryland flag and—focus on that Maryland flag and try to bring that together.
- Speaker (Prof. Bill Gentile):** I'm concerned that there is a lot, there is a lot of talking.
- Karen:** Talking?
- Speaker (Prof. Bill Gentile):** ...head here, you know what I mean?
- Karen:** Uh-hmm.
- Speaker (Prof. Bill Gentile):** Listen, when you write narrations, how old are your kids?
- Karen:** Twenty-five to 19.
- Speaker (Prof. Bill Gentile):** Do they have kids?
- Karen:** Uh-huh.
- Speaker (Prof. Bill Gentile):** Do you have nephews and nieces, young kids?
- Karen:** Uh-huh.
- Speaker (Prof. Bill Gentile):** Do you have, your brother...
- Karen:** Just my kids, just my kids.
- Speaker (Prof. Bill Gentile):** Okay. No brothers and sisters have?
- Karen:** Uh-huh.
- Speaker (Prof. Bill Gentile):** You know any 14-year-old kids, 12-year-old kids?
- Karen:** Yeah, yeah, yeah, uh-hmm.

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**Speaker (Prof. Bill Gentile):** Think of the 12-year-old.

**Karen:** Uh-hmm.

**Speaker (Prof. Bill Gentile):** Of a 12-year-old when you write narration.

**Karen:** You bring it down.

**Speaker (Prof. Bill Gentile):** It's got to be short declarative sentences.

**Karen:** Uh-hmm.

**Speaker (Prof. Bill Gentile):** That they can understand because this going to by one time and if they don't get it.

**Karen:** It's gone.

**Speaker (Prof. Bill Gentile):** ...and they're gone.

**Karen:** Yes, got you.

**Speaker (Prof. Bill Gentile):** It's going in there once. So, you've got to be short declarative sentences, you know, simple words and written for a smart 12-year-old.

**Karen:** Uh-hmm.

**Speaker (Prof. Bill Gentile):** Okay. There's a lot of narration here and there's a lot of these people talking to heads. I do not see what these people do.

**Karen:** Do.

**Speaker (Prof. Bill Gentile):** ...besides that.

[Discussion with Ann]

**Ann:** So I have, as you noticed.

**Speaker (Prof. Bill Gentile):** Yeah.

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**Ann:** My audio...

**Speaker (Prof. Bill Gentile):** It's okay.

**Ann:** Roughly.

**Speaker (Prof. Bill Gentile):** Okay.

**Ann:** And I'm about maybe halfway through.

**Speaker (Prof. Bill Gentile):** Okay.

**Ann:** I've done nothing with the pictures yet. I have a rough sense. I haven't been on lot of them, to be honest.

**Speaker (Prof. Bill Gentile):** Okay.

**Ann:** I just have a general idea of what I have.

**Speaker (Prof. Bill Gentile):** I think what is going to be important here is the order of the pictures that we see of him working with the foods and so forth and how that, you know, what he's saying somehow doesn't have to match, literally.

**Ann:** Right.

**Speaker (Prof. Bill Gentile):** But can somehow, the images, you know, evoke...

**Ann:** Yeah.

**Speaker (Prof. Bill Gentile):** What he's saying or somehow matched?

**Ann:** And I'd have the whole coffee. You know I did manage to do a sequence when he was making the...

**Speaker (Prof. Bill Gentile):** Okay.

**Ann:** ...coffee. Remember yesterday, it is, you could see it's really thick.

**Speaker (Prof. Bill Gentile):** Okay.

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**Ann:** Chewy coffee.

**Speaker (Prof. Bill Gentile):** Okay. I remember. I saw it, yeah, yeah.

**Ann:** Yeah, yeah. So I have...

**Speaker (Prof. Bill Gentile):** Okay.

**Ann:** You know, a few.

**Speaker (Prof. Bill Gentile):** So, you're going to start to work on the, timeline now, the visual time length?

**Ann:** Well, I still have about a third of that.

**Speaker (Prof. Bill Gentile):** Okay, okay, all right. You got a long way to go.

**Ann:** I am.

**Speaker (Prof. Bill Gentile):** Okay, all right. You can't go to sleep 'cause you got to stay up.

[Laughs]

**Speaker (Prof. Bill Gentile):** All right.

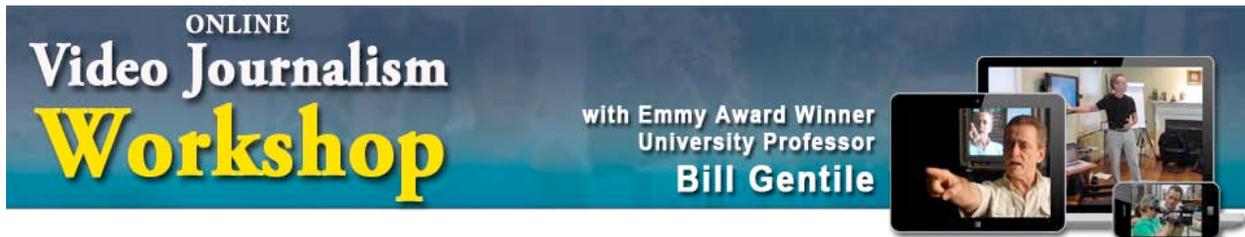
**Brad:** So, what are you working on right now? What are you doing? As you're working your way around here, what's the purpose of this project?

**Speaker (Prof. Bill Gentile):** Well, you know, I'm trying to get a sense of where he is and, I think, is we've got about 24 hours less to this and it's important to really give or hit around where everybody's project is.

**Brad:** Are we rocking?

**Speaker (Prof. Bill Gentile):** Okay, great.

**Rhett:** I got here, I got a nice, you know...



**Speaker (Prof. Bill Gentile):** Do we see them doing stuff besides talking?

**Rhett:** Yeah, yeah. Okay, we've got this sequence, which I'm going to compress.

**Speaker (Prof. Bill Gentile):** Okay.

**Rhett:** So, kind of—, don't know, I'm trying to focus on challenges. You know, the inventory is not right. The chillers broke.

**Speaker (Prof. Bill Gentile):** You know, you start this thing you say, "This is what, you know, Joe Smith and John Doe have always wanted to do."

**Rhett:** Uh-hmm.

**Speaker (Prof. Bill Gentile):** "Have their own brewery."

**Rhett:** Uh-hmm.

**Speaker (Prof. Bill Gentile):** "And make their own home beer."

**Rhett:** Uh-hmm.

**Speaker (Prof. Bill Gentile):** "Now, they have. And this is a party, you know, honoring their latest blend." I don't have, I have no idea whether the party's on. You know, fill in the blanks.

**Rhett:** Yeah.

**Speaker (Prof. Bill Gentile):** But I think you've got to start with something dynamic like that.

**Rhett:** Uh-hmm.

**Speaker (Prof. Bill Gentile):** And then we turn to that at the end of the story.

**Rhett:** Okay, okay. I get it.

**Speaker (Prof. Bill Gentile):** All right?

**Rhett:** Yup.

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**Speaker (Prof. Bill Gentile):** You've got a piece here. You know, you have a piece but you have to deal with this, the raw material that you have. I think in a, you know, in a smart way...

**Rhett:** Yeah.

**Speaker (Prof. Bill Gentile):** ...to make it work.

**Rhett:** Yeah, yeah. I'll buy that.

**Speaker (Prof. Bill Gentile):** So, if I can help you, that's what I'm here for.

[End]