

From the Baltimore Sun

Second act for 'Hopkins 24/7'

Documentarian returns in a 'reality'-wary age



Cameraman Richard Chisolm records while emergency resident Ann Czarnik speaks with patient Tony Poe.
(ABC)

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Once again, Terry Wrong has spent three months living, breathing and chronicling the inner life of Johns Hopkins Hospital for an ABC broadcast documentary.

If there is one thing he wants viewers to get from his film, it's "a shock of recognition that this is real, this is true, this is life and death."

Facing a viewership jaded by so-called "reality TV," the award-winning broadcast journalist says, "People aren't being paid to come on and die before the cameras in this production - these are not wannabe actors. This is you and me and our families. This is about medicine and the hospital - a place where we all end up one way or the other."

While such talk might sound like hype in the mouths of some network producers, Wrong has already proven he can deliver the goods, with the 2000 series Hopkins 24/7.

Leading a team of 25 journalists and videographers, he took viewers to places no TV documentary had ever gone: inside a blindingly-lit operating room as a young resident realized she had just been exposed to HIV-infected blood, and down a darkened corridor as a seething doctor denounced an HMO's "bottom line" policy that forced him to delay treatment of a tumor in the uterus of a terrified 14-year-old.

The cinema verite series drew audiences as large as 12 million viewers a night and won major awards - proving that great nonfiction filmmaking could succeed in the hyper-commercial climate of network TV.

It's not surprising that ABC ordered more of the same. On Friday, 19 producers and videographers wrapped up 3 1/2 months of filming the raw material for a sequel - another six hours, scheduled to air next year.

"The biggest difference from the last one is this film will have a greater focus on the making of young doctors," Wrong says.

If that description reminds potential viewers of Grey's Anatomy, ABC's hit drama about the lives, loves and making of young doctors, all the better.

Wrong's crew, which was formed in 1999 for the Hopkins project, is the only major documentary unit left in network television.

One of the primary reasons for its success is a willingness to seek new models of storytelling compatible with contemporary tastes.

"We never did traditional documentaries," says the filmmaker, referring to slower-paced films that relied less on pictures than on words, often delivered by a voice-of-God narrator.

"In fact, traditional documentaries were already disappearing in 1999 when we were formed. What we've done is pioneer unscripted nonfiction TV. And while reality TV has borrowed some of our techniques, they manipulate them in a way that we as network journalists would never do."

Diversity shift

The filmmaker also found a major cultural shift since the time of Hopkins 24/7 in the diversity of

the doctors - young and older - at the institution.

"Seven years ago, I had to be conscious of trying to make sure there was diversity reflected in the series, regardless of whether it was numerically representative of Hopkins or not, because you just want to have a diverse series," the 49-year-old filmmaker says.

"This time, I haven't had to make any effort in that direction, because medicine has become so diverse."

Wrong says he remembers a time when being a doctor from another country invariably led to questions about credentials: "If your doctor was from India, people would say like, 'Well, where did you go to medical school? Are you sure you went to an American medical school?'"

Now, he says, there's none of that - at least at Hopkins.

The cast of Hopkins doctors and residents who will be featured in the new series includes an Italian-born physician, two doctors who were born in Nigeria, a Native American, a Muslim, a Mexican-American surgeon who entered the country illegally (now an esteemed brain surgeon) and a Sikh from the Punjab area of India.

"Is American television ready for a Sikh as a major character? We decided yeah," Wrong says, referring to Dr. Herman Bagga. "After the [Indian] character on Heroes [Mohinder] and the Iraqi Revolutionary Guard guy on Lost [Sayid], we decided, if they can do it, we can do it."

The amped-up diversity will extend to gender as well in the sequel, with the first female chief of surgery at Hopkins, Dr. Julie Freischlag.

More wariness

The changes that most affected filming, though, were related to the rise of reality TV - a trend that began with the debut of Survivor on CBS in the summer of 2000.

"When we came here the first time, the staff was eager to be part of a big network documentary series. There was a lack of skepticism," Wrong says.

"This time, it's taken us more time to win over the staff. They're a lot more skeptical - and not because the last series wasn't widely praised and appreciated within the hospital."

But "society has overdosed on reality TV," according to Wrong.

The fact that his crew adheres to the journalistic standards of ABC News, which includes written consent from everyone who appears in the film, meant little to most of the Hopkins staffers at first.

"All they saw is that we had these cameras, and the cameras made them wonder how this was going to be used on TV. They were thinking at first that it's probably going to be like some crummy reality show that they saw."

Richard Chisolm, the Emmy award-winning director of photography, also saw a shift in attitudes between the two Hopkins productions on which he worked.

"The biggest change - not just among doctors and nurses, but people in general - is that after Michael Moore and reality television, people are a little bit more gun-shy, a little bit more scared of the camera," says the 50-year-old Baltimore resident.

Chisolm says the toughest job was "crossing over those psychological bridges."

In the end, the team of filmmakers gained the confidence of the Hopkins staff by sheer determination and grit - being in the operating rooms, emergency rooms, labs, classrooms, wards, apartments and homes with the doctors, residents, nurses and patients around the clock.

"You have to cover it like breaking news, and the part in the field is virtually like being in a bureau in Tel Aviv," says Wrong, who worked in Beirut and Jerusalem for the network in the 1990s.

"That's the part that we just wrapped at Hopkins - the part where you're embedded with the doctors and the staff on the run around the clock," he says.

Tomorrow starts post-production in New York.

"That's the part where you take your time, sip a latte and weigh whether to use this shot or that shot, or this scene or that scene. You can be deliberative. You can take your time. But only if you've captured life and death in the field."

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