

**THE FOUNDATION FOR ACCOUNTABILITY**

**FOURTH ANNUAL BRIEFING**

**TRANSFORMING THE IMAGE OF HEALTH CARE IN THE MEDIA**

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**WASHINGTON, DC**

**MODERATOR:** --those bells here. Ding, ding, ding, ding, ding.

The good sign is you're having a wonderful time talking to the people you're with and that's important. To me, one of the most valuable things about attending meetings is not only what you learn that's new from the speakers, but the chance to learn from each other and the audience, because the expertise that you bring in this audience is fantastic and I wish there was a way to share it all in the short time that we have.

What I'd like to do is introduce our keynote speaker and an individual who is known to many of you, Gerry Laybourne. She is the founder, Chair and CEO of Oxygen Media, an integrated media company that combines the best of cable television and the Internet to serve women.

She has had many accomplishments and brings a richness of experience, insight, for both practice and evaluation. And she will be talking to us this afternoon about how popular media can influence and activate health care consumers, and how to reach health care consumers through different types of media. And so I'm very much looking forward to this presentation.

And I think Gerry is almost ready here. I didn't give her much time. She asked that she could have a cup of coffee before starting and I said, "A two minute cup," and now, I think she's being wired.

Gerry, all yours.

**MS. GERALDINE LAYBOURNE:** Thanks, Don.

Don didn't tell you the crucial things you need to know about me. First of all, I'm a second child, and I think it's important that you all know that because--how many second children are there in this room? Oh, my God in heaven! We are in paradise! So, we're the born-to-rebel ones. You know, we challenge conventional--Bob, you must be a second child. Bob? No? Oh, the plot thickens.

So, I'm--because I'm a second child, I approached media differently than a lot of media executives. I love to challenge conventional wisdom. I--you know, don't ever think we do it right. I don't think anybody else does it right. I don't think we do it right. I'm famous for, "If it ain't broke, fix it anyway."

I was a schoolteacher. That's the other thing you need to know. So anytime anybody says anything about learning, I just go aquiver. People describe me as a former teacher and I say that's asinine. Nobody can ever kick the teacher out of anybody.

I'm optimistic and I'm an advocate. And I've been an advocate for kids for over 25 years, and an advocate for women for about the same amount of time. And I'm also an advocate for second children.

So, what I thought I'd talk to you about today is--and we know there's a place for first children. Don't get us wrong. I thought I would talk about a couple of different things today and leave time for questions, although I'm hoping Bob used up all his. They--the--I didn't get here for the whole morning. I just got here for Bob's questions, so that's why I'm hoping.

I thought I'd talk about, you know, just a general overview about the media and health issues. Talk a little bit about new media and health issues, which I find infinitely more interesting; talk about what we're doing about it in this space.

And then, I tried to reminisce with myself, which is always a joyous occasion, about the things that I've learned over the last 25 years. Little examples of things. Trying to put myself in your shoes because each and every one of you is a passionate advocate for something in this arena. And each and every one of you must want that message to be broader--be heard more broadly than it is being heard right now. So I tried to pick out a few really stellar examples of people in your shoes who I've seen do some pretty great things.

So, I grew up in my little media world which, by the way, when television was delivered to my home in 1950, they still had people delivering televisions. They plugged it in and my mother said, "Hello, television." And somebody on the television screen said, "Hello out there in television land." And I thought TV was interactive. So, you know, the whole rest of the world is catching up to me.

But I grew up on--I was madly in love with Dr. Kildaire. Oh my God, he's so handsome. Marcus Welby, M.D. I mean, remember that show. Remember that luxurious relationship that the patient had with the doctor. He loved to solve problems. He had endless time to spend with his patients. And he was so ruggedly handsome, wasn't he? Well, he's dead.

So what we see on TV today is, you know, ER, Trauma--that's amazing. Where they took little TV cameras and put them in real emergency rooms and just endlessly show us the drama and trauma of emergency rooms. But it's mostly about the drama and the blood and the emergency and very little about health and very little about patients.

Our news programs do a lot better today than they did 15 years ago. Fifteen years ago, maybe you heard about one health story a month. Today, it's more likely that there's one major health story a week and there are daily minor stories.

GMA, Good Morning America, was revived because of health care stories. And so, you know, the network news knows that health care stories actually get ratings. So, you know, there's a fair amount on the air.

And then, there's the role of celebrities. I mean, who ever imagined that you would see a colonoscopy live on TV? Thank you, Katie Couric. You know, that is amazing. I mean, that is putting your own personal passion on the screen in a way never before imagined.

And, you know, she watched her husband. She's passionate about the issue, and she put herself on the line in a personal way that you don't see. Rosie O'Donnell gave herself a live breast exam on her show, and then Letterman had the reunion of Steve Martin and Martin Short and Tom Hanks and Steven Spielberg, who went to a colonoscopy party together.

So, it's--it's really--it's--there is, I mean, that may not sound like progress to you, but it is. These are pretty sensational ways of bringing things that people need to be dealing with out to the surface. And then, of course, you have Michael J. Fox's Parkinson's disease and Gilda's (?) schizophrenia and, you know, then we had an Academy Award winning show, "Beautiful Mind."

But--so that's the state of play right now. There's stuff happening but they're not really dealing with what's really happening in the health care scene, where Marcus Welby is dead. They're not really providing models of how to deal with your HMO carrier. It's not--you don't have a show called, "My HMO World and Welcome to it."

And, it's a--it's a scary situation because, for those people who--which is most people, who go to the doctor, we're still intimidated by the process. And if we're going to a doctor that's not our regular doctor, we're even more intimidated.

I mean, I remember first discovering that I was intimidated going to a doctor in terms of asking questions about my own health. I didn't seem to be--I didn't seem to be deterred from asking questions about my husband's health or my kids' health or my mother's health, but my health--it just didn't seem that important.

You know, so then I went through the process of, "You know what? I'm going to write a list of questions. I'm going to type up a list of questions and then I'm going to ask enough questions from the sheet." And then, guess what I'd do? I'd sit there and say, "Well, that's not that important. I don't need to ask that question." And then, I made myself hand him the question sheet. I couldn't get out of asking the questions. That's pathetic. I have an MA. You know, I'm highly educated. I am very bold. I am very opinionated and I am very much of an advocate.

I heard Dr. Susan Love, who I'm sure you've all heard of, the controversial doctor on the West Coast, who had her own health issue, and she had trouble talking to her doctor about her health care issue. So you know what her solution was? She took her most obnoxious friend with her. And that is now what

she preaches. Everyone should have a truly obnoxious friend. And if you don't have a really obnoxious friend, you should seek one out. And, that they are the most affective patient advocates.

So, to me, the big breakthrough in the media right now would be, "Boy, could we do something about that? Could we actually help people learn how to be patient advocates for themselves and for each other?"

And, for us at Oxygen, where I now run a integrated media company that has properties on the Web and on TV, our audience is women, mostly 20 to 40 year old women. And these women are responsible for everybody's care; their own, their kids, their husbands, their parents.

So we've got the perfect audience and we have air time and we care. And we have some really important partners, the Markle Foundation, in fact. And we've spent a lot of time talking about what could we actually do.

Now, the good news is that the Internet is an amazing health care resource and we've found, through our own properties, that communities of people who are--who do have illnesses, whether they are severe handicaps or temporary illnesses, are getting help from groups of people with similar problems. They are getting help from information about illnesses. They are using the Web for health care information. It's their number one--for women, it's their number one content area on the Web. So, this is--this is huge.

And, you know, don't listen to anybody who says that the Internet didn't pan out. That is idiotic. It didn't pan out on Wall Street exactly the way everybody hoped and hyped it would. But, it is certainly panning out in peoples' lives, especially when it comes to issues like this.

There was a Harris Poll that was released May 1st that showed that 110 million users of medical information on the Web. That's up from about 90 million last year, so it's continuing to grow. Each one of these users goes online at least three times a month to get information, which is pretty amazing.

And it also talked about cyber-chondriacs, which I think are really a dangerous group. They're very wealthy. Eighty percent of them are between the ages of 18 to 30, and 84 percent are--have post-graduate degrees. I mean, God, I--they must have nothing to do but, in any case, we're not aiming for the cyber-chondriacs. We're aiming for people with real issues, who want real solutions, who want real role models.

So here's our plan. The project, so far, is called, "Patient Power" which, if you're a media executive like me, you just want to throw up because it's too perfect a little title. And I think we need a better title. I'm thinking it should be, "Marcia Welby, Patient Advocate," or something. You know, really with some TV roots. But, we'll get a better name for it. Don't panic over the name.

But, we're starting from scratch. We're building on two platforms. We're working with the Markle Foundation and Web-MD, we're putting the final touches on the deal. And we want to raise our

audience's expectations about what's possible in the health care arena. Now, that is a very modest goal.

We want to empower women to take charge by being more active in their health care. We want to provide them with tools, we want to provide them with role model behavior, and we want to use each platform the best that we can.

So, with TV, rather than having a didactic program which, didactic programs on health care never work because no one watches, even though they may be absolutely accurate down to the last nth of a degree. But we're going to create medical drama set in a newsroom with a reporter who, basically, re-enacts real stories that have happened to patients who have taken charge of their own health care. And we hope that, by putting it in a narrative form, we're going to make some progress.

We'll augment the show with links to the web, with interviews with real people who have gone through these situations. We'll try to connect people watching our shows to in-depth resources. It's the perfect virtuous circle.

We'll use the audience to drive us to more stories. We'll hook them--we have on our--has anybody seen Oxygen, our network? How many of you are second children? Sorry. I can't help myself. I have to place every bit of data. I have to really analyze it.

So we will use the stripe on our screen--we have a perpetual stripe that enables us to always be talking to the web when we're on television. And sometimes we use it really well and sometimes we are lazy about it. But with this particular program, we will use it really well.

So, we are determined to get women like me, who have been dismissing their own symptoms. I remember going to the doctor one day and I had seven years' worth of things that had--were wrong with me, and he would say, "How long--Mrs. Laybourne, how long have you had that wart on your foot?" "Seven years." "And how long have"--you know, it's--.

There is a conspiracy between women and the medical profession to dismiss their own symptoms. And Dr. Marianne Legato from Columbia told a story at a recent conference that I went to about how she frequently will be in an interview with a woman about her health and the woman will say, "Oh, everything's fine. Everything's fine. Blah, blah, blah, blah." And, as she's walking out the door, she says, "By the way, I've been vomiting blood." You know, it's just that kind of dismissal that we do.

So, our goal with Patient Power is women's health, women as health care givers, putting the patient in the driver's seat, finding stories, finding success stories.

So I plead with all of you out there, as you see success stories, to give them to David because we are working closely with FACCT on this project. He's in the driver's seat on this project. And we want to tell those stories. We want to connect to those stories.

So what are some of those things that I've seen in the last 25 years that have worked? I'm going to start with the National Council on Families and Television, an organization out in Los Angeles who has done a spectacular job of, every year, picking one topic. This year was Women's Health. Several years ago, it was a conference called, "Who Cares About Girls?" We've done violence. We've done smoking.

And we put producers, top-notch, Hollywood producers, Marcy Carsey, Gail Berman (sp), leading--leading TV producers from all of the networks in a room and we bring experts from different fields. And we organize--David was one of the experts that we had at this last conference on women's health. And we bring diverse experts, and we try to fill up these writers' and producers' heads with new information.

And what was interesting to me, cause we had people talking about stress. Alice Domar, we had Susan Greenberger (sp) there talking about women who have been excluded from medical trials. We've had--we've had Susan Blumenthal and Billie Avery from the--what is it called? The Black Women's Collaborative? And she's one of the leading advocates for reproductive rights in minority groups. And, Nancy Snyderman from ABC and--and Marianne Legato and Susan Love, and on and on and on.

All these people with ideas and passions, up talking to these writers and producers and, at the end of the day, you see the writers and producers just gravitating to the individuals in the room, and these stories will come back in regularly scheduled prime time series. We've seen it happen over and over again.

Another example was the CDC, at one point about five years ago, came to Linda Ellerby, who's a producer I've worked with on a lot of different things. She created Nick News for me when I was at Nickelodeon. And they came to Linda and said that they wanted to do a special for teenagers on sexually transmitted diseases. And so Linda tried to figure out, "Okay. How can I tell stories to teenagers about sexually transmitted diseases and not just have them dismiss me?"

So, she did exactly the right thing. She didn't have any experts. She had nobody--no authority figures telling these kids anything. She just taped kids giving their views, and it was horrific.

There was one guy from a paternity who talked about these fussy women who wanted him to use condoms and what his strategy was. He would say he was going to use a condom but then, at the last minute, he didn't. And then he went on to espouse his theory about how he didn't need to be protected because he could always tell a woman who had herpes by the way she walked. You know, it was just--I mean, you--you couldn't believe what people said in their own words. And, this was to me one of the most effective uses of public money in terms of communicating with teens.

So, I tell that story because many people in your shoes get so tied up in how accurate is the information? Is it--you know, completely representative of exactly what needs to be said? And you lose sight of how it's going to be communicated.

And kids do not want to hear from experts. They--they don't want to hear from their parents, they don't want to hear from you. They want to hear from their peers. So, to me, that was a brilliant use of--of the media.

And then there are the advertising stories, where people like Jay Winston from Harvard galvanized behind the idea of seatbelts and getting designated drivers. And worked with producers and lobbied and honed the message so that the message got put into all of our media across the board.

The first--the first advertising on drugs, "Your Brain on Drugs." You all remember that. That's very effective advertising.

The key to working well with advertisers, and this is something that I would recommend to all of you, is if you have a message that needs to get out, finding young, creative agencies that are dying to break out and make their name and willing to do pro bono work. And if you can manage the process well, and I'm going to tell you a little bit about what I think that is, you can really get the message out much quicker than you can any other way. If you hone your message properly, and if you give the advertising agency real creative freedom.

When I saw what Marian Wright Edelman was able to do with her message and her agency, it was the best creative work I've ever seen from any agency anywhere. And I asked Marian, "How did you get this spectacular work out?" And she said, "I just went in, I made my speech, I told them what was in my heart, I told them what I had to say, and then I got out of their way and I didn't give them a single no." And, for advertising agencies in this day and age who are used to media executives like me badgering and hounding and micro-managing and killing their creative zest, to have a client as inspirational as Marian Wright Edelman with the ability to do their best work, created guess what? Their best work.

So, if you--if you have a message that can be communicated succinctly, and even if you don't think it can be communicated succinctly. If you can passionately deliver it to these geniuses in advertising, and they are geniuses because they have to take all of this complicated stuff and reduce it into a 30 second spot, I encourage you to follow the Marian Wright Edelman mold.

So, what else do I want to tell you? Oh. The don'ts. What not to do.

One day, during the Gulf War, I was summoned to a university where they had gathered all of the people in children's television to address a group of academics to give us sage advice about how to talk to kids about the war. So Peter Jennings' producer was there, I was there, Fred Rogers was there, everybody--Sesame Street was there. Every media outlet for kids was there. And the entire day, the academics sat and argued with each other about whether or not we should use the Piage (sp) model or the Colbert (sp) model.

And I was so upset at the end of the day because they wasted their time. They had an opportunity--we--we are shallow, media executives. We are very, very shallow. Some of us may have big hearts

and we might want to do the right thing, but we're still shallow. We have so many things going on in our lives, you can't imagine. Help us. Don't argue with each other. Form ideas that are easy to translate that we can do something about.

And it might not get, you know, I--I just mention it to you because I know each one of you labor so hard in your individual areas and everything is so incredibly important. But we have to move people in increments. We have to meet them on a bridge. We have to take them someplace. We have to start from here to there. We can't start with perfection. So, that's my admonition about getting too fine-tuned about what is exactly perfect.

So, I just wanted to end by showing you our ad for Oxygen, because I think it's a very well honed message. And I think it actually is pretty relevant to our notion of Patient Power and what we want to do with that. Our brand is basically an optimistic goaled and witty brand that says, "Please don't put me in a box."

This is heartbreaking to not have a visual image. Can you start it again? It just--I--you know, call me crazy. I just--.

**UNIDENTIFIED MAN:** You didn't ask if you could have a second shot.

**MS. LAYBOURNE:** It's more of that first child conspiracy.

**UNIDENTIFIED MAN:** You got that one right.

**UNIDENTIFIED WOMAN:** I am strong, I am invincible, I am woman!

**MS. LAYBOURNE:** Now, doesn't that depict Patient Power?

So, I'm happy to answer any questions.

**UNIDENTIFIED MAN:** Is there a main place, this council you mentioned that we can go with messages to--to (inaudible). Some of us are pretty good at produced media, but how do get in touch with these folks (inaudible)?

**MS. LAYBOURNE:** You know, I--I am so glad you asked that because I actually, somehow, in my very neat notes, I missed that. The--my best advice to you is actually to watch TV and to actually--I know, you don't want to do it, but somebody on your staff will do it. You need--you need to have somebody watch TV and read the credits on shows that you think would actually carry your message. And it's amazing to me how few people do this simple exercise.

You could pay an intern, you could have a graduate student who gets the assignment to write up, you know, ten shows and who those producers are, and then you could tailor your message. You need to

give them a headline of what your story is and give them a little narrative, but doing that work, you just can't--there is no clearinghouse for all producers. There's--.

**UNIDENTIFIED MAN:** There's a (inaudible) at NBC, isn't there?

**MS. LAYBOURNE:** No. It will get in the garbage. It will go directly--it will be a complete and utter waste of time. Complete waste of time. You know, and David can tell you where he wants ideas sent for Patient Power, or whatever the new name is. But, honest to God, this is the very best thing you could do is have your graduate students watch TV and imagine where you could integrate story lines.

Because these people are hungry for ideas and, you know, the National Council for Families and Television--we invited producers to--we invited people to email ideas to producers. And nobody emailed me any ideas. So, I--sometimes I consider myself a producer. But, you know, I gave them my email address and I didn't get any follow-up on it. And so, you know, my experience is a lot of times we're sitting there trying so hard to do what we do every day, and we're kind of--if we're second children, we're kind of ticked off that people aren't realizing it and spreading the word for us. But, you know what? We've got to do more work. We've got to find out who's saying what on what shows and how we can get our message into those shows.

**UNIDENTIFIED MAN:** Give us a second chance (inaudible). Give your email address.

**MS. LAYBOURNE:** GLaybourne@Oxygen.com. But, do DLansky@facct.com (?).

**UNIDENTIFIED MAN:** (Inaudible).

**MS. LAYBOURNE:** Sorry. Bob. Come on up here. Come on, Bob. You're--come on.

**UNIDENTIFIED MAN:** I just wanted to say that there is a new movie that will be taking place on Showtime called, "Damaged Care," and it is taking place in about a week, on May 29th.

It is the view of a physician who is serving as a--as a medical reviewer for (inaudible), and how she lost her job and then became a medical ethicist. And this is a very--it's a true story. Linda Peeno, a doctor in Kentucky (inaudible). It's her story and--although it's professionally acted by Laura Dern.

But it's a very interesting view of the health care system from the perspective of a physician frustrated with managed care. The criticism I have of this problem is that it reinforces the idea that you really can't trust your health care system. And aren't other alternatives that are presented so you get the sense that--anyway, it's worth seeing.

**MS. LAYBOURNE:** I don't--I didn't know how to answer this question. But I--is this on?

**UNIDENTIFIED MAN:** No.

**MS. LAYBOURNE:** No?

**UNIDENTIFIED WOMAN:** So, I want to understand your program. Is this Patient Power program a--like a docudrama that has discussion at the end?

**MS. LAYBOURNE:** It will be (inaudible). It will be a great show. It'll be set in a newsroom where the focus will still be pretending to go out into the field and (inaudible) story and the lead story.

Then, on the (inaudible) on the--in our lovely integrated system, it'll say, "Go to PatientPower.com." And, you know, we'll probably have simultaneous tasks with it. We have the capacity with the dynamic stripes, so we have the capacity to have people screaming, talking back to the show right when it goes on. But, you have to think of it as having a life of its own on the Web and on TV, and we'll try to forge them together as best we can.

**UNIDENTIFIED MAN:** When does this air--this show?

**MS. LAYBOURNE:** (Inaudible). We'll take program--we'll take scheduling of events later.

Yes.

**UNIDENTIFIED WOMAN:** Do you think that the old behavior patterns--there are a lot of us that have regrets about issues (inaudible). Do you think it's irresponsible for the networks (inaudible)?

**MS. LAYBOURNE:** No. I think it's just the track that we're going after. Now, with baby boomers—how many of you are baby boomers? You know, we're awful, aren't we? We like to determine everything but, you know, now we're more interested in health care since we're falling apart. I don't know.

Well--yes.

**UNIDENTIFIED WOMAN:** I am a grad student and I'm particularly (inaudible) watching the credits. (Inaudible). And I—and you know, I am working on a project that you've already mentioned today, but what I was finding is that, in the health care, the drive is not really to changed the--the unit that the doctor really functions in, and that really has not been very successful. And what I'm noticing is that it's shifting from a--a system and it should be toward location.

And the gentleman earlier talked about markets and patients. How is your program going to really address a culturally diverse population? Did you--do we--well, I shouldn't mention it, but we need to talk about market presentation. And I've found that it's very critically important in addressing a lot of the issues that we face in our communities.

**MS. LAYBOURNE:** Well, I would just say that, like everything that we do at Oxygen, we try to actually use real people who are real (inaudible) very diverse. We--we will be happy to cover many

different stories. We will try to be as diverse as we possibly can in terms of people with different kinds of (inaudible) problems, but we're just a very (inaudible).

Yes.

**UNIDENTIFIED WOMAN:** I was curious as to how you would recommend being in the health care field to men. (inaudible) in the media to (inaudible) health care in a more positive light. (inaudible) scheduled and be very careful of here's another show or program that kind of highlights the negative without offering alternatives, without giving that empowerment (inaudible).

**MS. LAYBOURNE:** I think that they do (inaudible). I really do. And, (inaudible) why and I am proud of what I do; what I did at Nickelodeon and what I'm doing now. We are (inaudible) or anything like that. It's trying to find a positive solutions (inaudible) that people can get something out of. So, you know, my personal grievance, how about these people (inaudible) and, you know, but the media functions because people respond to fear and tragedy and, you know, that kind of thing. We have the luxury, especially this program, to (inaudible). But I don't, you know, I hear your frustrations. I don't--I don't know how to do it except to try to own my own television network, and that's hard to do.

Yes.

**UNIDENTIFIED MAN:** (inaudible) is one of the new pilots that gets on a network (inaudible) and it's about a string of mysterious deaths in an HMO hospital (inaudible).

**MS. LAYBOURNE:** I'll bet. Yes.

**UNIDENTIFIED WOMAN:** I was wondering what you think are some of the opportunities for--for physicians and (inaudible) that you're talking about here. And putting together like (inaudible) news stories about other things like that. But what are the opportunities for talking about some of those messages and issues and, you know, (inaudible)?

**MS. LAYBOURNE:** We do it. We believe in it. The Web is really an effective way of communicating that kind of information. We don't have the specifics. We have a donor program (inaudible) every day for an hour, which is a good way to start the day. But, in our regular magazine daily show, we routinely cover some things like that.

You're thinking of another question.

**UNIDENTIFIED MAN:** Gerry?

**MS. LAYBOURNE:** Yes.

**UNIDENTIFIED MAN:** A lot of other media seems to have on it, on new breakthroughs in science and medicine, be it cures or information changes. It never talks to you about what's the system you have to go through to figure out whether that's good for you or not.

Is there a way to sort of try and bring the system into what is the practice of the media in terms of saying, "Here's the latest test. Here's the latest possibility of treatment." And talks more about, well, if you want to gain access to this, what you need to do probably is this, this and this. These tests and something that helps build in this idea of what's--.

**MS. LAYBOURNE:** I think the only way you could possibly transmit that information would be either do a story where it successfully happened or on the Internet. But, this mass media is not (inaudible) an instruction manual on whatever.

**UNIDENTIFIED WOMAN:** What's your personal or your network idea about what it is ultimately that's most responsible for achieving (inaudible)? Is it more knowledge, is it changing attitudes, is it social change, is it more common sense elaboration? What is it that you're striving for to say is the thing that will drive change in this entire direction?

**MS. LAYBOURNE:** I have no idea how to answer that question. That's a 12-part question. Sorry, I'm just one woman.

**UNIDENTIFIED WOMAN:** Well, I was just wondering, are you looking for a particular strategy or do you know--?

**MS. LAYBOURNE:** --What we--what I've found in my whole career is, if you have a narrative process with the audience where--actually, I'm one of the few network executives who's actually goes and listens to real people. And sometimes, I just want to hear answers to questions I've had on (inaudible). Not to (inaudible).

So, for me, it's an intricate process and, I think when I started Oxygen, I had this sense that women were really holding their own since they had so many things that they had to do and that they were so, you know--they were multitasking and what they needed Oxygen to be. And we were much more (inaudible) and much more on the Internet than on TV. So it's feasible to try to be a (inaudible), how could we be a (inaudible) for women? (inaudible) negative connotations that has. It's really a bad choice of words.

And what we found when we went out and talked to women is that they really feel good about what they've been able to do. And, in fact, they can tell us a lot. But, yes, (inaudible) but basically they felt independent, they felt like they had a choice, they felt pretty darn good about their lives. Contrary to how the media always depicts them and, you know, unhappy and, you know, either--either we're just to have to leave our mommy (inaudible) or we're--we're hysterical because we haven't had a baby or, you know, there's a very conflicting view about it.

So, we--we're not trying to be "mommy knows best." We're not trying to say to the audience, "This is what we need." We are trying to give them some fun--smart fun. We're not trying to bore them to death. When we started, we were trying to bore them to death. That was only an economic reason since that was all we could do to get on the air quickly.

We're talking smart fun. We're talking about (inaudible). Actually, I think, my own personal philosophy is that, if we use humor, we can do anything, but--.

**MODERATOR:** Gerry, I'm gonna give you one more and--.

**MS. LAYBOURNE:** Yes. But, if your question (inaudible)--.

**UNIDENTIFIED WOMAN:** You answered it.

**MS. LAYBOURNE:** Okay.

**UNIDENTIFIED MAN:** I'm curious. How many (inaudible) have access to your channel?

**MS. LAYBOURNE:** We will be in (inaudible) in September, which is heroic and it's hard to play in consolidating entertainment knowledge.

**MODERATOR:** I want to thank Gerry very much.

END

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