

April is
National



Month

MEDIA KIT
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TIPS FOR REPORTERS

OUR MISSION

To *Save* and *Heal* lives through donation.

OUR GOAL

Our hope is that, by fostering a greater understanding of donation and transplantation through stories in the media, we will register more organ donors, and in doing so, offer hope to those waiting for a life-saving transplant, while also honoring the truest heroes of donation: the donors and their families.

CALLS TO ACTION

- Register as an organ donor today.
- Sign-up online at registerme.org.
- Check "yes" when you renew your license.
- Register by phone at 1-877-DONOR-PA.
- **#EveryoneCanGive**
- One organ donor can save eight lives.
- One tissue donor can heal 75 others.
- Tag us on social media [@COREDonateLife](https://twitter.com/COREDonateLife).

SUGGESTED COPY: ORGAN DONATION

- Nationally, more than 100,000 people are waiting for a life-saving organ transplant.
- Every day, someone local dies waiting for a life-saving organ transplant.
- Myths about donation keep people from registering as donors.
- Organ and tissue donation does not interfere with an open casket funeral.
- All major religions support donation for its humanity and compassion.
- Anyone can become a donor, not just people who are young or in perfect health.
- No matter what, doctors do everything to save a life, and they are never part of the transplant team.
- Each of us is more likely to need a transplant in our lifetime than we are to be a donor after we pass away.
- Diseases, like high blood pressure and diabetes, or even common viruses can destroy the body's organs.
- Too few people register as organ donors so very few organs are available for transplant.
- Would you want a second chance at life? Remember, if nobody gives, nobody gets.
- Registering takes away a major stressor from your family because they'll know exactly what you wanted.
- Donation would give your family a legacy they can find strength and comfort in, should the unthinkable happen.

USING THE RIGHT WORDS

Language is very powerful; it can perpetuate misconceptions or offer a space for awareness. Help CORE foster a better understanding of donation and save lives by using the correct donation terminology.

In 2005, the Association of Organ Procurement Organizations (AOPO) standardized appropriate donation terminology. AOPO reasoned that avoiding words and phrases that cause concern among donor families and the general public would increase both understanding and acceptance of the donation process. This terminology is unanimously supported and used by the American Society of Transplantation (AST) and American Society of Transplant Surgeons (ASTS), and has been adopted by the American Journal of Transplantation.

To show respect and sensitivity to those who give the gift of life and their loved ones, we request that only appropriate terms be used when referring to organ, tissue and cornea donation.

APPROPRIATE TERMS | INAPPROPRIATE TERMS

"Recover" organs	"Harvest" organs
"Recovery" of organs	"Harvesting" of organs
"Donation" of organs	"To harvest" organs
"Deceased" donation	"Cadaver" donation
"Deceased" donor	"Cadaveric" donor
"Mechanical" support or "Ventilated" support	"Life" support
Organs, tissue and corneas	"Body parts"
"Brain Death"	"Coma"
"Enhanced" risk	"High" risk

NUMBERS TO REMEMBER



the number of people who die annually who are considered medically suitable to donate organs, tissue and corneas; only a fraction donate.



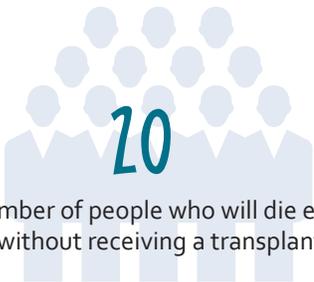
the rate at which someone new is added to the organ transplant waiting list.



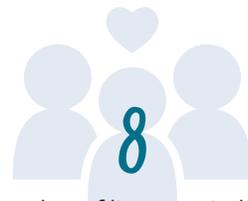
the number of people awaiting an organ transplant nationally.



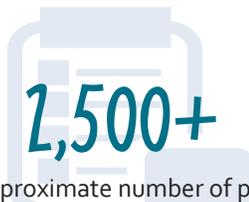
the number of people awaiting tissue and cornea transplants each day.



the number of people who will die each day without receiving a transplant.



the number of lives one individual can save as an organ donor.



the approximate number of people awaiting transplantation in western Pennsylvania and West Virginia.



the number of lives one individual can heal through tissue donation.

TELLING THE TRANSPLANT STORY

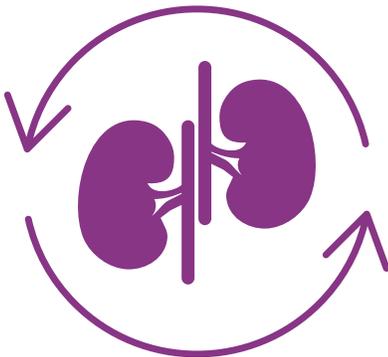
1. In language, tone and images used, be mindful and respectful. The Society of Professional Journalists (SPJ) Code of Ethics calls on reporters to "*Do No Harm*" by treating all story subjects as human beings deserving of respect and compassion. In accordance with this principle, we recommend against using imagery of operating rooms and surgical procedures as well as words like "cadaver" and phrases such as "pull the plug."
2. Don't use the stigmatizing or offensive words "*harvest*" or "*harvesting*;" instead, use "*recover*" or "*organ recovery*."
3. Refrain from using "*life-support*" in a story about donation. Because organ donation only occurs after all life-saving efforts have been exhausted, the proper term is "*ventilated*" or "*artificial*" support.
4. Organ donation is a rare and generous event. When a story on organ donation does not include a call to action to register as a donor or a mention of each donor's generous gift, the public is left with an overly simplistic understanding of organ donation.
5. Always conclude a donation/transplantation-related story with an opportunity for viewers, listeners and readers to register as an organ donor: "*To register as an organ donor, please visit [registerme.org](https://www.registerme.org) or check the box at your next trip to the DMV.*"
6. Most transplants don't happen without the generosity of a donor and a donor family who, amidst their grief, made the choice to give the gift of life. When reporting a story focused on an organ recipient, take the opportunity to honor the gift given: "*This story is possible because of the generosity of an organ donor.*"
7. Recognize the media's role as the most visible source of organ donation information in the country and the responsibility that comes with your role. Actively share the hopeful message that organ donation saves lives and refrain from perpetuating myths that would keep people from registering as organ donors.
8. Rely only on donation and transplant professionals to provide technical details about donation and transplantation. A life-threatening injury or illness can be overwhelming for a family and the process of organ procurement is complex. It is not uncommon during these highly stressful times for family members of donors or recipients to not fully understand the many unfamiliar and complicated conversations, terminology and activities taking place in the hospital.
9. HIPAA laws require hospitals and CORE to obtain patients' expressed permission before releasing any information to media. Although we welcome stories that highlight donation's truest heroes, donors and their families, please understand that we have a duty to transplant recipients and donor families, who may find media attention intrusive and compounding of their grief. Also, the Radio Television Digital News Association (RTDNA) recommends that journalists ask themselves, "*Does the public have a justifiable need to know or is this matter just one where some want to know?*" as they balance this public need to know with an individual's right to HIPAA privacy.
10. Stories with sensationalized or inaccurate information are damaging to the public trust, to those awaiting transplantation, and to the honor of donors and donor families who have given the gift of life. If ever in doubt, contact media@core.org for more information or to talk to an expert.

DISPELLING THE MYTHS

MYTH	FACT
If I'm in an accident and they find my license, medical professionals will not try to save my life.	When you go to the hospital for treatment, paramedics, nurses and doctors focus on saving your life — not somebody else's. CORE is only notified after all life-saving efforts have failed.
Maybe I won't really be dead when they recover my organs.	Although it's a popular topic in the tabloids, in reality, people don't start to wiggle their toes after they're declared dead. In fact, people who have agreed to organ donation are given more tests (at no charge to their families) to determine that they're truly dead than are those who haven't agreed to organ donation. Donation doesn't happen until after brain death has been declared by a physician.
There is no difference between brain death and being in a coma.	Brain death is pronounced when there is a lack of blood and oxygen flow to the brain. Brain death is the medical, legal and moral determination of death. To verify brain death, a series of tests are performed over a period of time, and more than one diagnosis is required before the donor's family is presented with the opportunity to donate. There is no recovery from brain death.
My body will be mutilated and disfigured if I would donate.	Organ and tissue donation will not interfere with traditional funeral arrangements such as an open casket. Doctors maintain the utmost respect for the donor and organs are removed in a routine operation similar to other types of surgeries.
Organs go to people who didn't take care of theirs.	Organs go to people who were born with or developed diseases that have caused organ failure. Less than 5 percent of those waiting need a transplant because of their own behaviors or choices. For those people, they must achieve and sustain sobriety before they can be listed for a transplant.
I am too old to become an organ donor.	No one is ever too old or too young to give the gift of life. Every potential donor is evaluated on a case-by-case basis at the time of their death to determine which organs and tissue are suitable for donation.
I am too sick to donate.	Few illnesses or conditions prevent someone from being a donor. People with diabetes, heart disease, cancer, hepatitis and even HIV have saved lives through organ and tissue donation. At the time of death, CORE reviews medical and social histories to determine suitability for donation. Although someone may not be able to donate blood, it does not always prevent the individual from donating organs and/or tissue.
My religion does not support donation.	All major religions consider organ donation to be an individual decision, or support it and see it as the final act of love and generosity toward others.
Wealthy people are the only people who receive transplants.	Financial and celebrity status do not determine who receives a transplant. A national computer network, maintained by the United Network for Organ Sharing (UNOS), matches organs according to height, weight and blood type, followed by medical urgency and then time accrued on the waiting list. Age, race, gender, religious affiliation or financial status are not factors that determine who receives a transplant.
My family will have to pay for costs related to my donation.	Donors and their families are not responsible for any costs related to donation. All costs are incurred by the organ procurement organization.

LIVING KIDNEY & LIVER DONATION

- Living kidney and living liver donation could eliminate up to 95% of the national transplant waiting list.
- Often, the living donor is a blood relative; however, anyone can be tested for eligibility. In fact, even if you're not a match for the person who you know who needs a transplant, you could be part of a donation chain, that would ultimately benefit the person to whom you'd like to donate.
- Of the 6,000 living donations that occur each year, about 25 percent of donors aren't biologically related to the recipient. In fact, the number of living donors who aren't related has nearly tripled over the last 20 years.
- To determine if you qualify to become a living donor, you will undergo an extensive transplant evaluation to assess your health. In the past, one requirement for living donation was that the transplant recipient and donor needed to be a blood group match. However, this is no longer important.
- Say you want to become a living donor for a loved one, but you're told you aren't a match. There's also the possibility of a paired exchange. A paired exchange matches incompatible donor-recipient pairs with another pair seeking a donation, allowing both recipients to receive a transplant from a compatible donor.
- Living donors made more than 6,500 transplants possible in 2021.



CORE LIVING DONATION PROGRAM

CORE's Paired Kidney Donation Program uses a computer database to match donor/recipient pairs with others who are compatible.

Also, CORE operates an Altruistic Kidney Donation Program so that an anonymous kidney donor can have the opportunity to save the life of someone on the national transplant waiting list.

20 people
will die today
without
receiving a
life-saving
organ
transplant.

LIVING DONATION MYTH

LIVING DONATION FACT

The donor will feel badly if the recipient's body rejects the donated kidney or liver.

Living donor transplants are the most successful organ transplants, with a 90-95% success rate.

Living donation is a dangerous procedure.

Most donors only spend 1-4 nights in the hospital, and are able to return to work in 2-3 weeks. The risk of having a life-threatening issue after donation is roughly 0.03 percent.

Out-of-pocket expenses for the donor will be too high.

It is the recipient's insurance policy that covers the transplant and transplant-related follow-up. Groups including the American Transplant Foundation (ATF) and the National Living Donor Assistance Center (NLDAC) can provide financial assistance to donors in need for lost wages.

What if a donor will need a kidney or liver transplant later in life?

Living donors have lower rates of organ failure than general population (0.9% vs. 3.26%), but 0.14% higher lifetime risk compared to healthy non-donors. Should a donor ever be in need of a kidney or a liver, he/she would be given priority on the list.

Members of the transplant team will pressure someone to be a living donor.

Living donors are free to change their mind about donation at any time during the evaluation process. Donors will not be responsible for letting the recipient know if they choose to not donate.

Donating a kidney or a liver reduces the donor's life expectancy.

Donating a kidney or a liver does not reduce a living donor's life expectancy. Interestingly enough, people who have donated a kidney or a liver tend to outlive the average person.

The donor's family will not be taken care of while the donor recovers.

Groups including ATF provide financial assistance and mentorship to donors, recipients, and families to help make the process simpler for families who face financial hardship.

Surgery will affect the donor's ability to have children.

There is no evidence to support that living donation impacts the ability to have children. Donors should be open and upfront about their donation when consulting obstetricians or gynecologists.

I won't be as healthy after an organ donation.

After donating a portion of your liver, cells in the remaining lobe regenerate, or grow back, until the liver is almost back to its original size. The liver has an amazing capacity to regenerate in about three months. After a kidney donation, the remaining kidney can still effectively remove waste from the body. Recovery times vary, but within three months, most donors will return to their pre-donation health.