



by Carly Reichert '05

The television phenomenon known today as *ER* is on a completely different path than the one on which it started. In the 1970s, science fiction writer Michael Crichton was a medical student at Massachusetts General Hospital. He was writing novels, including *The Andromeda Strain*, for extra money, and decided to do a screenplay based on a day he spent studying in the emergency room. Crichton called it "Emergency Ward," the common name back then, and pitched it to director Steven Spielberg as a feature film. Spielberg liked it, but was even more interested in something else Crichton was working on. Together, they turned *Jurassic Park* into a blockbuster thriller. Shortly thereafter, "Emergency Ward" was returned to the front burner, this time as a television pilot.

Spielberg, Crichton, and veteran television producer John Wells tried to interest the networks. Crichton had since changed the title to *Emergency Room* and updated it with newer medical information. Writer Janine Pourroy, in her 1995 book *Behind the Scenes at ER*, said, "A few scenes were

adjusted to reflect medical advances and give minor hints of story lines to pique audience interest in some of the characters." Still, most of the networks were uninterested. ABC, Fox, and CBS thought the pace was too frenetic for audiences to follow the plot.

After much debate, NBC gave the trio the green light to produce a pilot episode. Rod Holcomb was chosen to direct it with a cast comprising relative unknowns: Julianna Margulies as Nurse Hathaway, Sherry Stringfield as Dr. Susan Lewis, George Clooney as Dr. Doug Ross, Eriq La Salle as Dr. Peter Benton, and Noah Wyle as novice medical student John Carter. Anthony Edwards as Dr. Mark Greene was the exception; he had been in several films.

The production team had very little money and Warner Brothers had not yet given them a stage on the Burbank lot, so they used the recently closed Linda Vista Hospital in Los Angeles for all interior and exterior scenes. The pilot, 157 pages of nonstop action with almost 80 speaking parts, was filmed over 21 days—an extremely fast rate. Actors got a crash course in medical dialogue by visiting hospitals and speaking with medical personnel. After viewing the completed pilot, NBC executives worried it still was too fast paced, that a novice audience, unaccustomed to this type of filming, would be unimpressed.

They were totally wrong. A test audience raved. Former *ER* actress Julianna Margulies once explained, "It was so fast paced. In an era of remote controls, where people like to flip channels, *ER* was the one where you never had to. One second you're in one story and five seconds later you are in another story." Finally, NBC picked it up for the new fall season. The crew

relocated to stage 11 on the Warner Brothers lot in Burbank, where a set similar to the original hospital was constructed. The two-hour pilot episode aired on a Tuesday night in September 1994, with the second episode in its permanent time slot of 10 P.M. Thursday. *ER* was an instant hit in that first season, scoring the most Emmy nominations in the history of television.

preproduction

The writers

The *ER* writing staff consists of some of the most talented scribes in Hollywood. Writers include R. Scott Gemmill, Dr. Joe Sachs, Yahlin Chang, Bruce Miller, Julie Hebert, Dr. Lisa Zwerling, David Zabel, Dr. Mark Morocco, Dee Johnson, John Wells, and others invited to write annually.

Housed in production building 133, they turn out up to 24 scripts a season. At first, it was a difficult process since many of them had no background in medicine. Sachs, Zwerling, and Morocco have since filled that gap, and Jacy Young, a medical researcher, is part of that team. The staff falls into one of three categories: staff writer, story editor, and executive story editor. The latter writes the most episodes in a given season.

Scott Gemmill, *ER*'s co-executive producer and a writer, had an early interest in motion pictures, but decided to write when he found he couldn't afford the film stock. "You don't choose writing; writing chooses you," he said. Now he writes from four to five episodes a season, and aids the other writers the rest of the year.

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Once the initial ideas are bounced around and the medical story lines are discussed, the writers come up with an outline to firm up the plot of that episode. Each writer on the staff critiques the outline. Suggested alterations are considered and a first draft, typically running up to 80 pages, is produced. The first draft is reviewed again; corrections are made; multiple drafts are produced. Gemmill said "Writing is like a Rubik's cube; it is two dimensions and you have to make it three dimensional."

Even when the final draft is complete, a writer still must be willing to shift directions. When a script goes into production, the director may favor some changes, whether it is dialogue or the overall mood. The actors, too, may seek changes. Gemmill said the entire process should be collaborative and the writers may have to allow adjustments.

Censorship is always an issue, and produces conflicting views on whether or not restrictions have been loosened over the years. The cable television age, which has ushered in obscenity, violent scenes, and lots of sexual content, has brought fewer limits on network prime-time programs. Gemmill said

TV's hit *ER*: Learning how it's made.

ER



ensorship is less now, but he expects more restrictions will return.

Television has a much larger impact on viewers today than ever before, Gemmill said. A television episode can reach 30 million viewers one night, and the next day a catchy phrase used by one character can be heard from coast to coast. But there is another side to this impact: Commercial advertisers want to reach those viewers. Television and film, Gemmill said, were meant to have a three-act structure. But modern television has changed that tradition. Today, he said, “TV has a four-act structure to fit the commercials in.” For a 30-second prime-time commercial spot, advertisers pay NBC \$456,000. He said “good writers have to write their way through it.” They must get the stories through the third act with all the characters intact.

Even after filming is complete, some writers want to remain involved. It is their ideas, their words, and their story. They want a say about anything that may be cut. Though many of them do sit in during post-production to put in what they think may work, Gemmill is one of the few authorized to make “the final cut” on all his scripts.

Medical realities

As viewers know, *ER* is jam-packed with medical information and activity. Medical story ideas are not hard to find, and come from many sources. Every

year the show sponsors a “nurse’s night” for local area nurses to share their interesting, disgusting, funny, and unique stories with the writers and executives. Oftentimes *ER* writers meet with representatives from the federal Centers for Disease Control and California Department of Health. Many of them visit actual emergency rooms for more personal experience.

Each program is filled with complex medical dialogue and nothing is left to chance. *ER* employs two professional emergency room physicians, Fred Einesman and Jon Fong, one of whom is on the set during the production of each episode. They make sure every technical word is pronounced correctly and every single instrument is handled exactly as a professional would.

Before every medical scene, the technical director “techs” it with all the actors. They do a read-through and get the medical dialogue down the best they can. Actor Mekhi Phifer told *Emmy Magazine* last year the biggest challenge is “just getting the medical jargon, making it second nature, so the language just rolls off your tongue.”

production

The production of *ER* is a tightly scheduled, finely tuned process. It has to be to coordinate the work of several crews totaling about 100 on-set workers, 11 main cast members, recurring guest stars, stand-ins, and dozens of extras.

Here is a closer look at the major elements of the production team.

Props

The prop department is a group of men managed by head props masters Rick Kurns and Rick Ladamade. While Kurns works on one episode, Ladamade prepares to work on the next. They and assistant props master John Fairchild have been with *ER* since the first season 10 years ago. Roman Mykytyn is in charge of everything electrical, including heart monitors, pulse oxygen machines, and other devices.

All of the blood, vomit, and other fun medical paraphernalia is created, built, or placed there by the props department. The needles used in many episodes are amazingly realistic fakes. One of the props masters constructs them for about \$300 each, using tiny springs to make it appear they penetrate the skin, while actually being pushed back up into the barrel of the syringe.

Vomit is a favorite of the prop crew, who produce a substance the consistency and color of the real thing, while still having an acceptable taste in the actor’s mouth. It has a tomato soup and milk base with other soups added for texture. The result is a thick, almost nauseating prop durable enough for use in six or more takes.

All of Roman’s medical equipment is completely functional. Some is borrowed from or donated by major companies. Each monitor in the two trauma rooms on the set is worth an estimated \$25,000. For the filming, the monitors are silenced to avoid problems with sound. Those and other sounds are added in post-production. All the monitors attached to the main character “victims” are rigged. The props department sets the vital signs to fit the

plot of the story. If a “patient” goes into ventricular fibrillation, the monitor has been preset to show that result.

Each character has a bevy of props. The props crew has a bag for each actor similar to one in the makeup department. The bag contains everything that would be on the person. It contains ID tags, glasses, wallets, watches, stethoscopes, rings, and anything else important to his or her character. Each bag has multiple copies of these props as well, in case of damage or loss. Some have larger props, so the crew keeps three copies of the cane used by Laura Innes’ character, Dr. Weaver.

Wardrobe

The wardrobe department consists of a busy, highly organized staff to manage almost two-thirds of a mile of clothing racks in a number of buildings. Each of the main characters and recurring guest stars has several copies of each outfit. If a scene requires that someone throw up or drip blood on a shirt, there must be more identical shirts. There is no way a director is going to get it just right in one take, so the wardrobe department stands by with the extra copies. Costumer Radford Polinsky is a one-man wardrobe emergency squad, loaded with pins and clips in the event of a small tear or other mishap, ready to fix or switch an article in the wardrobe.

Cinematography

ER is filmed in a fashion similar to a major motion picture, on 35mm film with large Panavision cameras. From the inception of the series, the filmmakers thought it would be better for the pace of the show to use what was then a new and underused tool—the steadicam. Cameraman Terrence Nightingale straps this 75-pound contraption to his body

over a vest with several bars that attach to the camera. They keep it from bouncing when he walks, allowing him to move in an out of spaces that are inaccessible to a regular dolly. The director of the pilot, Rod Holcomb, had the original idea. He said, “I wanted to use the steadicam a lot because I thought I needed to get in and out. The floors were so bad we couldn’t use the dolly.” *ER* is now shot in widescreen format, so the viewer sees just what the camera does.

Talent and direction

ER always has been known for its acting ensemble. Actors including George Clooney and Anthony Edwards have walked through the doors of County General. Actor Noah Wyle is the “senior” cast member, the only one to be in the show since the pilot. The cast also includes Laura Innes as brilliant yet difficult Dr. Kerry Weaver. Sherry Stringfield was a member of the original cast and returned in season eight after a five-year absence to reprise her role as Dr. Susan Lewis. Paul McCrane joined the cast in season four as Dr. Robert “Rocket” Romano. Maura Tierney (Nurse Abby Lockhart), Goran Visnjic (Dr. Luka Kovac), and Ming-Na Wen (Dr. Jing Me “Deb” Chen) started in season six. Sharif Atkins and Mekhi Phifer (Drs. Gallant and Pratt) joined in season eight. Finally, in season 10, actresses Parminder Nagra and Linda Cardellini appeared as medical student Neela Rasgothra and nurse Sam Taggart. Their remarkable work keeps *ER* in the top ten every week.

Goran Visnjic emigrated to the U.S. from his native Croatia 15 days before *ER* started filming in 1994. He joined the cast in the beginning of season six as Dr. Luca Kovac, a medical attending. When he learned he was going to play

a doctor, Visnjic visited hospitals, consulted with *ER*’s medical staff, and even practiced suturing daily until his first shoot.

Cast members get the script only five to seven days before filming. A read-through three days before the filming helps work out any dialogue difficulties. Since both Croatian and medical terminology have Latin at their roots, Visnjic had less difficulty with his lines than he first anticipated. He tries to memorize them in bulk rather than day by day.

In the years he’s been on *ER*, Visnjic’s character has faced many physical demands. Kovac has run around at the site of a train wreck, survived an explosion in the hospital, and (his personal favorite) nearly died in a Congo civil war. He revels in the physical acting and does it all himself. Visnjic takes that athleticism to a new level as he plays the lead role in *Spartacus*, a new mini series.

While each of these stars has an intriguing story, the experience of actor Paul McCrane has been shared by several others in the cast: After arriving as an actor, he gradually became involved in directing as well, balancing two very different and demanding roles. He joined the ensemble in 1997 as the conniving surgeon, Dr. Robert “Rocket” Romano, a guy you love to hate who has since been written out of the cast. Actually, McCrane is friendly and very nice, a complete 180 from his former television character.

Last year, McCrane stepped behind the lens to direct season nine’s episode “Next of Kin.” Written by Dee Johnson, the story follows Abby as she deals with her bipolar family, while Dr. Pratt takes care of a young boy who has been living life as a girl.

As he began his preparation for the episode, the Director's Guild of America, which establishes work rules for that part of the film industry, allowed him 10 days of preparation. He tried to follow what he called the best piece of advice he's ever received about directing: "Be prepared in the right way," a reference to the fact that many directors will over prepare, literally driving themselves crazy.

In those 10 days he took several steps to prepare for the episode. The first was "to read the script a lot and understand the motives of the characters." Second, he identified the basic theme. In "Next of Kin," the idea of family was central to the episode. The third step was to be clear about the point of view, which really is the answer to the question: "Whose story are we following?" McCrane added an extra step for this, his first directing job, coming in late some nights and weekends with some of the actors who volunteered to help set all the camera angles. Next, he marked all the camera moves and angles on a map of the set. "In the end," he said "Every cut was in my head before anything was filmed."

Directors, however, cannot prepare alone. They must meet with the casting

department, set decorators, set designers, wardrobe and music people, special effects, and the writer. The writer and director must have a clear understanding about the tone of the episode. Once in production, there is no time to waste; eight days of shooting is the usual limit for an episode. Script changes may force an extra day. This does not include any time spent in Chicago where the city street scenes are filmed.

Whether he be an actor or a director, if McCrane wants to change anything in a script, a line or a movement, that must be approved by the writer of the episode. Even if the change was subtle, it could alter the whole tone or affect other parts of the scene. While in production, script changes are unlikely, but not impossible. The writer may want a change, and a script may undergo numerous changes. But because every day in production costs about \$100,000, speed is important.

post-production

Because *ER* is shot on 35mm film, it is necessary to transfer images to another format before the editing process can take place. As soon as a day's shoot is complete, the film goes to the Warner Brothers transfer house to be put

on DVD, so the producers can view it the next day. Once the DVDs are in the hands of the editors, they can begin to cut, correct, and add elements before the program can air.

Often during post-production, editors will have

difficulty hearing the dialogue, sometimes due to an actor's low or soft voice. When necessary, actors are called back to rerecord their lines. Other equipment sounds, which would have caused problems during filming, are added at this point, as is any music the director wants for dramatic effect. Another frequent problem is that the director has filmed 10 or 15 minutes over the mandatory 44-minute limit required to allow for commercial placement in a 60-minute show.

The first cut goes to the editors, who take all the filmed footage and trim it to size. They assemble it all. Then the director, who generally wants to stay closely involved in the final editing, decides what he feels should be altered or fixed. Then it goes to the producers, who have the option of further cuts but rarely require any changes. Those 44 minutes are the key. The whole editing process takes about seven days.

ER has made television history. It has won awards, broken records, pioneered new techniques, and become a household favorite. It was a huge success from the start, a far cry from what the NBC executives envisioned. In the first episode of its 10th season, it had the top viewership for its 10 P.M. time slot and won the 18-49 demographic. It beat its comedy counterpart *Friends*, and came in third place for the week. Not bad for an old favorite.

Carly Reichert '05 majors in communication studies. This article is a digest of a 50-page independent study research paper based on observing eight days of ER filming during August 2003. After graduation, she plans to enter the Director's Guild of America Trainee Program in hopes of someday directing television dramas.

A day in Carly's Journal

Thursday, August 14, 2003

Thursday's call time was pushed back a bit to accommodate the company and equipment move from stage 11 to the back lots known as New York Street. There are several exterior locations including the ambulance bay and corridor, entrance to the "L" train, and mockup of the tracks.

There is also one interior location that can fit very few people. Dr. Kovac's apartment was built up above the ambulance bay. It is fully furnished and has a little bit of pre-set lighting. Only the director, director of photography, camera (and assistants), essential cast, stand-ins, boom operators, and the lighting crew were allowed in during the shoot. They let me come up and watch the short scene between Maura Tierney, Goran Visnjic, and Simone-Elise Girard. They completed filming of this spot by 11 A.M., a bit behind schedule.

We then transported all of the equipment down to the ambulance bay for a short scene between Mekhi Phifer and Glenn Howerton. There was a bit of construction going on across the street which was halted just about every five seconds to accommodate the filming. It was a relatively short filming, 6/8 of a page. They quickly moved back to stage 11 for two more scenes. I observed the two on stage 11 while focusing on the jobs of the script supervisor and the medical technical adviser.

Around 7 P.M., they made one more company move to stage 3 for the final scene of the day. It was a quick one-page scene that wrapped in a little over an hour. There was a total of 7 4/8 pages with only five scenes because of all of the necessary moving.



Author Carly Reichert with actor Noah Wyle on the set of *ER*. Below, the schedule for the day and floor plans of the basic emergency room set.

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8 / 14 / 2003	ER	"Shifts Happen"		
SET DESCRIPTION	Scene	Cast No.	Pages	Location
Int. Kovac's Apt. Door/Living Rm.	20	4, 5, 73	1-1/8 pg	Backlot
Ext. Ambulance Bay	50A	10, 13	6/8 pg	Ambulance Bay
Int. Sutures/Trauma 2/Trauma 1	28, 29	10, 13, 14, 18	2 5/8 pg.	Stage 11
Int. Trauma Hallway/Main ER	36	2/10, 18, 69, 72	2 pg	Stage 11
Int. CT Room	37	2, 5, 84	1 pg	Stage 3

