

Understanding Media's Response to Epidemics

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I think I have the most thankless task of this entire meeting: defending the media. Let me begin by looking at what you folks seem to think of the media, which is to say television, radio, cybernews, newspapers, news wire services, and a host of other information sources. Let me provide a few quotes from speakers here at this conference.

Jerry Hauer said, "The whole issue of dealing with the media when it comes to bioterrorism is something that has been ignored. The media are either going to be an ally in getting information out or a foe in increasing panic." According to George Poste, "Dealing with the questions of how the media would respond to imposition of quarantine . . . barely merits consideration."

The Center for Strategic and International Studies released a report entitled, "Contagion and Conflict," in which they say, in reference to international threats but applicable to any locality or context, "Good information is the foundation of good policy, and addressing problems at the intersection of health and security must include efforts toward bolstering both the quality of and the transmission mechanisms for health-related information that may have security implications."

In Amy Smithson's report, "Ataxia," she wrote, "Promptly establishing a perimeter is important to hold the number of victims to a minimum and enable rescuers to do their jobs without undue interference. News crews monitor the emergency communications frequencies and could quickly get to the scene, sometimes even before key response squads. Continuous live television broadcasts of the Murrah Building in Oklahoma City began 12 minutes after the April 1995 bombing. Some reporters would view such a disaster as a career-making story and might be willing to do practically anything to obtain spectacular images or insider interviews for live reports. The media's behavior could jeopardize their own health and also impede rescue operations in the early moments critical to victims' survival. Citizens who believe that family members or friends could be victims would also have to be kept at a safe distance."

In the report, she also states, "A well-coordinated media game plan will be essential to reassure the public and attempt to manage the crisis. Even with careful media relations, public health and emergency response officials anti-

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pate a widespread panic of the kind inspired by Orson Welles' 1938 'War of the Worlds' radio broadcast, except much, much worse."

Marci Layton told us, in commenting on the West Nile virus outbreak, that, on balance, most of media coverage had been decent in New York City. She did say that "there were some attempts to politicize the outbreak by the media."

Martin Hugh-Jones told us regarding ProMED-mail that much of that vital Internet service's information actually comes from the general media. In addition, ProMED accuracy tests have found that 1.7% of the official reports from governments were retracted as a result of inaccuracy, and 2.6% of news accounts proved incorrect. That implies that more than 97% of news sources proved reliable.

Hugh-Jones warned that "If you get it out first, you are then in charge of that news stream. If journalists get it out first, you're not." According to Dr. Guénaél Rodier, 25% of the information that reaches the World Health Organization (WHO) in a timely fashion comes from government sources and field laboratories. The remainder comes from the media. He noted, "I think it's almost impossible to beat the media."

So, what's the bottom line here? Well, from the point of view of public health, it seems your bottom line is that the media are either enemies or troublesome fools that need to be coddled into dispersing helpful information against its better wisdom. It also seems that media relations are at the bottom of your priority lists, the last thing to which you give serious consideration in your bioterrorism planning. The media were not really part of the Top Off report. Media relations and behavior have not been part of most of the bioterrorism exercises of which I am aware.

As a group, public health practitioners and national security specialists think very differently about media when they are addressing international versus domestic issues. In international terms, you desire a vigilant, aggressive level of media activity. You think the media are essential components of transparency and that they promote democracy. In such an analysis, a strong media presence implies you may be working in a country—or with a country—that will be more cooperative and interested in the needs of its public. However, domestically, you see media as pests, liars, and sensationalizers.

I have personally been in the middle of several epidemics, of three major earthquakes, one large volcanic eruption, and two wars. In each case, the events were first marked by an eerie public calm. Panic comes later, but it always comes. The media may delay or soften the panic, but they cannot eliminate it.

News media today are on 24-hour cycles. You all know that, and you all know that this round-the-clock attention has increased pressure on everyone. Regardless of one's occupation, the pressure to respond or interact with media has heightened. Further, actual bits of information now compete against one another in a battle for prime-time attention. It's no longer just about media competing against each other but about actual points of information vying for their 15 seconds of fame and notoriety.

This meeting, for example, is competing with Bush versus Gore in Florida. Every other news event and news cycle is competing against that key story, jockeying to be the dominant data point of this moment in time. That battle will always be in play; only the antagonists change, minute by minute, all over the world. We currently have an Ebola virus epidemic underway in East Africa garnering almost no attention. That's startling, particularly when current Ebola virus coverage is compared with the level of attention the 1995 outbreak in Kikwit, Zaire, received. What's the difference? Competing data points. Competing information points. This year's Ebola virus outbreak is occurring at a time when international attention is focused elsewhere.

Most genuine journalists care very deeply about the stories they write. There are scoundrels in every profession, and I'm not going to defend the scoundrels of the media. However, most of my colleagues believe that accuracy is paramount. Discovering that we've made a significant blunder in accuracy is akin to having a physician learn that she or he left a hemostat inside a patient.

We also have families. Just as health care workers and health care providers are likely to be thinking about their own children and spouses in a crisis, so are we. For both of our professions, such concerns will affect how we feel about the information we disseminate. In a crisis, media workers are likely to be thinking, "Am I going to unduly panic my own children or the school teachers that are taking care of them right now?"

It is unfair to characterize journalists' behaviors in such crises as those of award-hungry, prestige-starved monsters. In general, they are no more likely to be so motivated than are the occasional scientists I have met who think of nothing but winning a Nobel Prize. Every profession has its scoundrels, its greedy, and its headline-grabbing jerks, but I don't think ours is particularly worse than many of yours.

Institutionally, however, the media have changed markedly in recent years: We are now ruled by corporate masters. It was not long ago, in the early days of

my career, when nearly all newspapers in this country were family owned; radio networks were very small and were owned by, again, small family companies. ABC, NBC, and CBS were owned by the ABC Company, CBS Company, and so on. Nearly every media organization has since been swallowed up by large corporations, which, in turn, have been devoured by still bigger ones. My newspaper, for example, is now in its quaternary stage of being swallowed by the ever bigger fish.

Today the bastions of media information are publicly traded on the New York Stock Exchange and NASDAQ. The pressures on all of our bosses are enormous. Traditionally newspapers in the United States turned a 2% to 3% annual profit. We are now being commanded to turn profits in excess of 15% annually, in some cases more than 20%. It's almost impossible to do so without sacrificing absolutely everything that news is supposed to be about.

The same is true in broadcasting. They've trimmed and cut. It's not just managed care and the health industry that have downsized of late. The same slashing exercises have taken their toll inside all of the major networks. Wall Street likes layoffs and abhors large, labor-intensive operations. So gone are the far-flung foreign news bureaus, many-tiered layers of fact-checkers, and gatekeepers of accuracy. In Wall Street terms, these were expendable elements.

Enter the "new media," a lawless frontier zone that is largely self-regulated and does not try to meet the same journalistic standards of accuracy: the Internet. In mere seconds unverified rumors zip around the planet, becoming their own sorts of truths among cyberjunkies. Surveys show that the Internet is fast becoming the primary news and information source for people younger than 30. In fact, the average young adult in this country no longer reads a newspaper or watches ABC, CNN, NBC, and CBS, all of which they consider old-fogy news. Indeed, ABC, CBS, and NBC now air more hemorrhoid commercials than just about anything else, and that's because their viewers are predominantly older than 65.

My overseas colleagues face a different set of challenges, particularly in the countries that are of greatest concern as likely perpetrators of bioweapons use. A couple of nights ago, I attended the annual honors banquet of the Committee to Protect Journalists (CPJ). Each year CPJ selects a handful of extraordinary reporters and editors from around the world who have stood up to imprisonment, beatings, and threats in order to tell the truth. In some cases, they have not survived and we honor them posthumously. This year, United Nations Secretary-General Kofi Annan and US

Ambassador Richard C. Holbrooke attended the event, offering strong recognition that, in the absence of a free press, you cannot possibly have appropriate communications or hope for democracy. While the public health leaders in this room fret about too much media intrusion, dictators overseas delight in the absence of independent scrutiny of their governance.

So let's start by respecting one another. Let's begin by having no self-fulfilling prophecies. If you assume the media will be evildoers, probably we will. If you assume that we are professionals, guided by ethical standards, and you appeal to that level of professionalism, it's likely that that will be the plane on which we will work together. If panic occurs, it will not be of the media's making.

For my new book, *Betrayal of Trust*, I went through the historical records of outbreaks that occurred in New York City, long before the understanding of germ theory. The starting point is the mid-1600s in New Amsterdam, and the analysis ends about a decade after the Civil War. What is extraordinary about these almost annual epidemics of yellow fever, malaria, smallpox, and other infectious diseases are the percentages of the city's population that were obliterated, usually in less than 3 months: 12%, 8%, 2%. With numbers like these, you don't have to say the word "media" to imagine massive panic. Consider awakening one morning to the realization that 8% of the population of your city died in the last 2 months of yellow fever or smallpox.

I also don't think it's going to take media attention to produce public panic in response to quarantine efforts. As soon as quarantine signs go up, people will indeed respond negatively regardless of what the media cover. The media will not spawn such negativity, but it comes from the very strong feelings Americans share about commanding sequestration of fellow citizens for reasons other than criminal behavior. Americans will panic because such sequestrations are considered extreme. The mere notion that we, as a social group, have decided to forcibly restrain a certain membership among us signals a higher level of threat and commensurate cause for concern.

After decades of eradication of smallpox, in 1947 a man who subsequently died of the disease visited New York City. Because the man had stayed in the city for several days, visiting tourist sites and riding crowded subways, health authorities had no choice but to mount a universal vaccination campaign. In less than 30 days, New York City health authorities manufactured, distributed, and administered sufficient vaccines to immunize more than 6 million people. There was no mass, or even minor, level of objection to the effort.

Nor did panic ensue. The media wholly collaborated; the editorial boards of all of the major newspapers in New York City sat down and met with the commissioner of health, mapping out strategies for convincing the populace to voluntarily undergo vaccination.

Of course, there was a time when public health leaders garnered a great deal more respect and were viewed in more heroic terms than today. Back in the 1960s and 1970s, many elements of the media acted like cheerleaders for public health, viewing the profession as one of great crusaders. If ever again we face a situation involving images like a child with smallpox, the public's response will not be driven by media commentary but by the photo or video itself. It's hard to imagine that there wouldn't be a panic response.

When I show a photograph of a man with smallpox to undergraduates, it's usually greeted by a loud outcry from the audience. Just seeing the picture as a hypothetical, historical photograph of smallpox is enough to get most young adults in our postplague America quite upset. If this were a contemporaneous photograph of someone in his or her community, presented either on television or as a still photograph in the newspaper, I guarantee there would be panic regardless of what commentary accompanied the image.

In recent years, a good deal of information has reached the American people regarding the former Soviet Biopreparat program. The VECTOR laboratory, located outside Novosibirsk, Siberia, is just one of many laboratories devoted to the mass production of genetically engineered strains of smallpox and hundreds of other very horrible viruses. The bioweapons are stored at this site and could conceivably get into the hands of terrorists or be loosed on the world from a primitive facility in faraway Siberia. News of this specter has been widely published both in the United States and in Europe. Have the readers responded inappropriately? Has there been panic? No. If anything, it has assisted all of you in gaining attention in Washington and has fueled public calls for political action.

When plague broke out in Surat, India, in 1994, the response was, to the contrary, terrible. I was in the middle of this epidemic, and I bore witness to its sorry record. Barely had the physicians in the Surat Civil Hospital reached a tentative *Yersinia pestis* diagnosis when every single private physician and pharmacist fled town. They just locked up the hospitals, literally throwing patients out, and left town. When the public realized that all the doctors were fleeing, they quite reasonably said, "Something terrible must be going on here," and an exodus began. Then a federal government official in the Ministry of Health in Delhi misinformed the BBC, saying there was a mystery virus loose

in Surat. The BBC, which is the voice of God in India, went on the air and said, "There is a mystery fever in Surat." Mass panic immediately ensued; 400,000 people fled the city within 24 hours. Left behind were a handful of government health workers toiling in this run-down hospital, hundreds of patients, and an extraordinarily acute antibiotic shortage. They ran out of tetracycline very shortly. Locking up their drug supplies, the pharmacists fled along with the rest of the exodus. However, panic did not drive people to break down the doors, as most of your bioterrorism scenarios show, raid the pharmacies, or steal supplies. There was no lawlessness. A tiny staff in the government hospital handled patient care. The physicians were thoroughly exhausted and terrified. I found that many of them were wearing three masks atop one another and could barely breathe. Having worked around the clock for days, their judgments were impaired and they moved with the sluggish, poor coordination that is produced by sleep deprivation. There was little control of the worried family members who milled nervously about the hospital. Most of the patients came from the Ved District, the poorest part of the city. These people were unable to be part of the exodus because they had no money for train or bus fare. Finally, the laboratory capacity was virtually null set. The doctors did observe the classic *Y. pestis* safety-pin structure through their light microscope but had no refrigeration or facilities for proper storage and later analysis of the samples.

The 1995 Ebola virus outbreak in Kikwit, Zaire, is a perfect example of what happens in a community facing catastrophe without any media. Kikwit is a desperately poor city of some 400,000 people, lacking any running water, sewage system, electricity, telephones, decent roads, or—crucially—radio, TV, or newspapers. All information about Ebola virus was transmitted in two ways: wild rumors spread by word of mouth or the anguished traditional outcries for the dead, resonating in the pitch-black city for all to hear. Before the WHO team arrived, the populace was terrified, certain that some evil *landa landa* spirits had been loosed upon the land. Many claimed that the Kikwit doctors were killing their patients to sell off diamonds surgically extracted from the stomachs of local smugglers. Because there were no reliable sources of information locally—no media—all claims were considered equally credible, and the doctors came under increasing suspicion. To bring the epidemic under control, the WHO team recruited local medical students to act as "the media," walking door to door, hut to hut to distribute pamphlets and answer questions about the epidemic.

The international media were, of course, another

matter. The epidemic drew television crews and reporters from all over the world, much to the discomfort of scientists working under the WHO umbrella. A key lesson: If you assume the media are jerks, we will be. That was the assumption made by most of the WHO team members in the Ebola virus epidemic in 1995. Fistfights broke out between scientists and persons in the media. Patient confidentiality was violated. Funerals were invaded by hordes of camera crews. Misinformation was sent back to the viewers in Tokyo, Paris, and Chicago. Some of the media did truly misbehave themselves, as did some of the scientists.

In contrast, lesson learned: WHO now has a field media officer on site in Uganda during the current Ebola virus epidemic. There have been no problems to date associated with inaccurate reporting or conflicts between media workers and public health officials in that area. WHO made the assumption that the media would report in a responsible manner if provided a professional liaison to coordinate access to the situation and information. It worked.

In summary, the key points are as follows:

1. If you assume the media will behave abominably, they probably will. If, in contrast, there is a level of mutual professional respect in play, coupled ideally with the presence of a trained media liaison officer, events will unfold more smoothly for all concerned.
2. News is now a grinding job with high-profit expectations. Speed is everything. Reporters will do well if you offer timely help and assistance. If you build it, we will come. If you have a valid information source that is readily available and easy to get to, with openness and facilitation, it will be used. Most reporters will not search for unreliable facts elsewhere.
3. If a terrorist releases a small amount of anthrax, targeting a particular office or family, I doubt very much that you will see any panic or any hyperinflated media response. You may see a lot of anger, directed both at the mystery person who carried out this heinous act and at any inadequacies seen in law enforcement or public health responses.
4. If a large release occurs, there will be panic—make no mistake about it—but it won't be media that created it.
5. Ameliorating panic is synonymous with showing that you are in charge, that you have a game plan, that you are in control, that you know what you're doing, and that you're providing regular streams of up-to-date, valid information.
6. The longer a crisis drags out, the less patient both the media and the populace will grow. Accusatory fingers will be pointed at those in authority, and panic may yield to collective anger.
7. Media workers are people. They will be just as worried as you. They will be just as panicked about their families as you. And they will be just as fearful for the community.
8. Don't tar the whole journalistic profession with a Matt Drudge or a *National Enquirer* brush. As Martin Hugh-Jones indicated, nearly 98% of the media outbreak reports to ProMED-mail have proven to be accurate.

Finally, public health is a trust. That's all it is: a trust between government and the public it serves. The media can be that bridge, keeping that trust intact, or it may not be. It's up to you.