

**NOTES FOR THE NEXT EPIDEMIC,
Part One:**

**Lessons from the News Coverage
of AIDS**

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INTRODUCTION

Analysis or criticism of professional practice, regardless of the profession at issue, tends to take one of two forms. In the more common form, the standards of the profession are used as the benchmark against which the practices of professionals—physicians, journalists, lawyers, scholars, engineers, or whatever—are analyzed and evaluated. The goal here is to identify variance between professional practice and those professional standards. At times the variance identified may be individual, as when the behavior of a particular lawyer or a particular piece of legal analysis is criticized for failure to measure up to professional standards. And at times the evaluation or critique may focus on the profession as a whole, as when researchers identify the frequency with which physicians commit malpractice or with which accountants fail to adhere to the Generally Accepted Accounting Principles.

Analysis and critique of this variety is common and valuable, for no set of standards would have much force unless divergence from it was a source of criticism. Still, this form of critique is only part of the story, and a part that is likely to be necessarily conservative (in the non-political sense of that term), because it takes the standards themselves as the appropriate form of evaluation. Implicit in such a critique, therefore, is that things would be as they should be if the applicable standards were faithfully and universally followed.

But it is not always so. Professional standards are themselves value-laden, making choices about what forms of behavior are appropriate and what are inappropriate. These choices, however, are themselves subject to analysis and critique, for it is often the case that professional standards incorporate the values and existing practices of the profession itself, values and practices that may, from a larger perspective, work better at some times and for some subjects than for others. Thus it is often the case that the deepest and most powerful critiques and analyses refuse to take professional standards as a given, instead attempting to determine whether the standards themselves, even if universally followed, might nevertheless produce unfortunate consequences.

Analysis and critique of press practices fits well within this dichotomy. Some of it, often from the press itself or from institutions affiliated with the organized press, is of the former variety, criticizing journalistic efforts that fall

short of existing journalistic norms. This form of critique is valuable, especially when it comes from those both inside of and representing the finest traditions of the press, and indeed it is a common criticism of the institutional press that there is so little of it. Without this kind of criticism the idea that there are journalistic norms, and that there can as a result be good reporters and bad reporters, good reporting and bad reporting, seems to lack substance.

Other instances of analysis and criticism of the press, however, often and perhaps necessarily from outside the press, are of the second variety, examining the effect of press practices and standards even when the norms that help to define the profession are followed and not violated. Does the definition of a "good story" on occasion (or often) relegate to oblivion events that ideally ought to be described? Do press definitions of what is important and what is not themselves incorporate standards that marginalize that which ought not to be marginalized? Do the contingent constraints imposed by the existing nature of daily newspapers and daily news shows tend systematically to ignore those aspects of life that do not fit within the boxes that newspaper, radio, and television practices themselves define?

It is just this latter type of criticism of press practices that is explicitly described, and so well embodied, in this analysis of AIDS coverage prepared by Timothy Cook, Associate Professor of Political Science at Williams College and in 1989–90 a Research Fellow of the Joan Shorenstein Barone Center on the Press, Politics and Public Policy and Visiting Associate Professor in the Lombard Chair at the John F. Kennedy School of Government. In this first of two of Tim's papers to be published by the Center, he draws the distinction described above far better than I have here, and then goes on to evaluate press coverage of AIDS by arguing that a large number of existing press practices and standards, even when followed faithfully, have the tendency to produce unfortunate press coverage of events like AIDS that may disproportionately place at risk only a small portion of the population, that may not be easily captured in daily-breaking events, that may present an extraordinarily high possibility of inflammatory interpretation, and that may involve areas of scientific knowledge not easily understood or conveyed by those without the requisite scientific knowledge.

Tim's provocative critique of AIDS coverage would be important even if its lesson were restricted to the enormously pressing issue of AIDS itself. But as a case study in how journalistic norms and practices may systematically misreport social phenomena of a certain kind, it has an even broader message, one that should be considered by all serious students of the press and its performance.

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NOTES FOR THE NEXT EPIDEMIC, Part One: Lessons from the News Coverage of AIDS

In July of 1981, Richard Neustadt and Harvey Fineberg finished their revisions of their now-famous analysis of the federal government's 1976 decision to undertake a massive vaccination campaign for a swine flu epidemic that never came. Neustadt and Fineberg generally concluded that the policy was poorly decided in haste on the basis of sketchy data and never re-evaluated, partially because the decision-makers anticipated pressure from a news media that would demand a quick response against the worst-case scenario of a repeat of the devastating 1918 flu epidemic. Less known is the caveat that Neustadt and Fineberg added to close their new introduction: "The opposite danger, of course, is that the lessons of the crash program are learned too well—too literally—producing stalemate in the face of the next out-of-routine threat from influenza. Someday there will be one."¹

As it turned out, these authors were partially prescient. There would be an "out-of-routine threat," albeit not from influenza. In June 1981, the month before they penned those words, a curious combination of opportunistic diseases striking otherwise healthy gay men had been noted in the *Morbidity and Mortality Weekly Report*. In the ten years since then, the epidemic known as acquired immune deficiency syndrome (AIDS) has become perhaps the most pressing public health crisis in the United States and the world. With the number of deaths in the United States alone having edged into six figures and the spread of immune disorders growing within populations heretofore less affected, with costly and not always readily available treatments that can only prolong the lives of those people living with AIDS, and with no cure or vaccine on the horizon, there is no medical quick fix in sight. As Fineberg himself said in December 1989, we may come to the mid-1990s and look back on the late 1980s as the good old days.²

How has the United States responded to this health emergency? The public policy picture is not reassuring.³ True, money galore is now being spent on AIDS, about as much as on either heart disease or cancer, but most of it has been devoted to the high-consensus domain of medical research.⁴ Bureaucracies were mobilized to suggest a viral cause, isolate a virus and develop treatments against the virus and against the

opportunistic infections that are among the major causes of death for persons living with AIDS. But other policy responses have been slow and confused, and the federal government's response and advance planning can still be characterized not only as poorly coordinated but as too little, too late.

In particular, without a fully effective treatment, education and prevention become key, but the federal government's efforts have been scattershot and incomplete. Perhaps more troubling yet, the health care delivery system lacks resources to treat effectively the mounting number of cases, and there are few proposals to deal with them adequately. Even the welcome action in Congress in 1990 to treat cities and states hard hit by AIDS as virtual disaster areas and to appropriate funds to those entities set forth broad aims with neither specific indications of what to do nor adequate appropriations.

For the first decade of the epidemic, AIDS produced the policy stalemate that Neustadt and Fineberg had foreseen. Valuable time (not to mention lives) was lost from the first recognition of a new and deadly disease in 1981 until April 1, 1987 when President Reagan delivered his first speech on the epidemic and definitively legitimated its place as a permanent item on the political agenda. Decision-makers have been playing catch-up ball ever since.

What accounted for this sluggish governmental response? Why did AIDS not rise more quickly on the political agenda? One possible key is provided by a central actor in policy-making on new health threats in the 1970s and early 1980s, whether swine flu, Legionnaire's disease, toxic shock syndrome, high cholesterol or Tylenols laced with poison: the press. Although the news media do not set the political agenda single-handedly, they help to determine which private matters (such as disease) become defined as public events (such as epidemics). After all, none of us live in the macro-society depicted by the news but in micro-societies with which we interact on a daily basis. Since we cannot fully judge the reach, scope and gravity of public problems in our immediate environments, the media construct the public realities distinct from the private worlds that we otherwise inhabit and thereby provide "resources for discourse in public matters."⁵

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The media's identification and definition of public problems affect not just mass audiences. Politicians, too, are highly attentive to news coverage, which often diverges from the specific choices or emphases they would prefer. Policy-makers are more likely to respond to issues as their prominence in the media increases, even those that provoke considerable conflict, but largely in the context of the initial frame that the media have provided.⁶ The media's construction of AIDS thus has influenced not merely how we as individuals will react, but also how we as a polity will respond.

In this first part of a two-part series, I will examine the coverage, both from my own impressions from newspaper and television accounts as well as the more systematic evidence of news content. In the research paper that will make up the second part, I will examine, by means of participant-observation and content analysis, the Sixth International AIDS Conference in San Francisco in 1990, to sketch the role played by journalism and journalists in the ongoing political contests over the news about AIDS between government officials, scientists, patients and AIDS activists.

Each part will suggest the irony of the limits of "responsible journalism" in adequately covering a medical disaster. To be sure, some journalists, notably those directly affected by the epidemic, pushed the story, just as others, restricted by homophobia or prudery, blocked it.⁷ But the defects of AIDS coverage were and are not largely due to individual failures of individual journalists. Instead, the tried-and-true responsible methods of journalism as an institution—the reliance on authoritative sources to suggest news, the downplaying of subjects that do not seem to affect the hypothetical mass audience, the use of venerable storylines to quickly grasp new occurrences, the concerns about being inflammatory, and the rapidity with which topics become old news—contributed to downplay the epidemic in its first four years and

continues to favor only certain political slants on the AIDS epidemic. We cannot just say that journalists have to be more careful in practicing their profession because, at least in this case, applying the very definitions of good journalism has *contributed* to the inadequate depiction of the AIDS epidemic in the news.

The lessons that we can take from the first decade of AIDS coverage in the eighties are not only apt for how journalists and officials should approach reporting the ongoing epidemic. In some ways, some of the concerns that I express here may no longer be applicable for a disease about which a great amount is now known and the future course of which may not—by now—be easily controlled. But if AIDS has taught us any one thing, it is that we are not in a world freed from new epidemics. Following Neustadt and Fineberg, these ideas then should be taken as notes not only for the current epidemic but for the next one.

To appreciate the neglect of AIDS in the early years, all that one need do is compare it to earlier unexpected outbreaks of a fatal and seemingly new disorder. In 1976, several middle-aged, middle-class white male members of the American Legion sickened and died after attending a convention at the Bellevue Stratford Hotel in Philadelphia. The new and mysterious disease was promptly dubbed Legionnaire's Disease. David Shaw of the *Los Angeles Times* has noted the contrast:

Legionnaire's disease, which left 29 people dead and 182 ill, received far more press coverage in a few weeks in 1976 than did AIDS in the three years from mid-1981 to mid-1984—during which time several thousand people died of AIDS. The *New York Times*, for example, published 62 stories on Legionnaire's disease in August and September, 1976, 11 of them on page one. But the *New York Times* published only seven stories about AIDS in the first 19 months of the AIDS epidemic, and AIDS didn't make Page 1 of the *New York Times* for the 11th time until the epidemic was more than four years old—by which time there were more than 12,000 AIDS cases and more than 6,000 deaths.⁸

The *New York Times* may have been unusually slow on the AIDS story, but no news outlet was quick to pick it up, and when the media did at last begin reporting it, their interest was intermittent. By contrast with the geometric rise in both the number of identified cases of AIDS

and in the medical interest in the epidemic, attention to AIDS was astonishingly sporadic in any medium: newspapers, newsmagazines or network television.⁹

Figure 1 indicates the rise in newly reported AIDS cases across most of the decade. By contrast, Figure 2 shows the number of seconds devoted to stories on AIDS in the nightly network news broadcasts of ABC, CBS, and NBC from the discovery of a new malady in June 1981 to the International AIDS Conference in Montreal in June 1989. Apart from three peaks—in June 1983, after speculation in the *Journal of the American Medical Association* that pediatric AIDS might portend infection by casual contact; in August and September 1985, following the disclosure of the illness of actor Rock Hudson; and in the spring of 1987, after the potential of heterosexual transmission of the human immunodeficiency virus (HIV) had become clear—AIDS was simply not reported as a continuing story of concern to the audience, even as the severity and reach of the epidemic dramatically worsened.

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This pattern is curious, if one scholar is correct that “the epidemic known as acquired immune deficiency syndrome seemed tailor-made to the who, what, where, and when ideology that often accounts for the content of stories which appear as the ‘news.’”¹⁰ Instead, I would argue that AIDS presented numerous problems for journalism as a whole—opportunities for sensational, dramatic or moralizing news notwithstanding.

First, the earliest identified group at highest risk comprised gay men. The media would have to deal with individuals who had not attained journalistic standards for newsworthiness prior to 1981, in part because of concerns to maintain individual privacy.¹¹ The importance of this

connection is best shown by the only newspaper to have increased its coverage of AIDS in 1984 over 1983 as numbers of cases inexorably climbed was the *San Francisco Chronicle*—the only newspaper to have, as of 1984, established the gay community as a newsbeat and thus as a subject of recurring newsworthiness.¹² Second, AIDS, mixing as it does references to blood, semen, sex, sexuality and death, defied traditional notions of “taste.” Although these considerations are strongest with television journalists anticipating the dinner hour of the nightly news, all reporters for a mass medium tend to take their audience into account by seeking out subjects that will affect the largest part of their audience, viewed as a collection of middle-class nuclear families, and that will not be offensive to such viewers and readers.¹³ Those stories that do not seem to affect the stereotypical mass audience tend to be either avoided, euphemized or quickly dropped.

Third, AIDS was a slow-moving disaster that did not easily meet the standard conventions for breaking news. The news media are better equipped to report dramatic, sudden disasters such as floods or earthquakes, as opposed to droughts and famines, even though the latter might be regarded as more important in terms of its effect on the world economy or the eventual loss of life. With no seeming beginning or end, and little new change from day to day, journalists may simply not be alerted to a slow-moving disaster or consider it new enough until officials call it to their attention or impressive (usually visual) evidence is discovered.¹⁴

Finally and perhaps most important, the media were in the unenviable position of seeking to raise public awareness without creating public panic. In introducing an early story on ABC, anchor Max Robinson said, “As researchers attempt to conquer this disease called AIDS, public officials attempt to conquer the epidemic of fear,” while in the report, Ken Kashiwaha added, “It is a delicate balancing act, raising the level of concern for the disease on the one hand, while reducing the level of panic on the other.” (6/20/83) Reporters take seriously their role to educate and alert, but they sense that they must also avoid being inflammatory or alarmist.¹⁵ The reasons are simple. Public service includes protecting the public from information that might cause them harm. But in addition, insofar as journalists visualize themselves as reflecting, not meddling in politics, any indication that they have either provoked or aggravated a problem can touch off criticism that can affect

their legitimacy. In either case, journalists would end up shying away from topics that present the possibility of raising alarm or to report them so as to reassure rather than to worry.

Consequently, journalists spent little time investigating AIDS as a topic. Instead, they awaited particular authoritative sources to provide events that could become news stories. So despite the growing severity of AIDS and increasing attention in medical and scientific circles, reporters played up the epidemic, even after its mass-mediated discovery in mid-1983, less than they minimized its effect and threat. Only during the three peak periods was the process enterprising and topic-driven, with journalists seeking out new angles and aspects of the epidemic. To be sure, the quality of the news was not always enhanced during such saturation coverage. Especially in 1983 and 1987, coverage flipped from a reassuring portrait of the containment of AIDS to established risk-groups to an alarmist depiction that suggested, equally erroneously, that everybody was now at risk of contracting HIV. On television, there was frequent attention to the "epidemic of fear"—frightened responses to AIDS which, in their vividness and inaccuracy, only served to fuel rather than quell the fear. Little wonder that journalists often preferred, with seeming haste, to drop the story and move onto other matters.

When the news has been more routine than enterprising, it has unwittingly peddled unwarranted reassurance, especially prior to the revelation of Rock Hudson's illness in the summer of 1985. Only when authoritative sources—most often governmental officials and established scientists—created a news event that served as a peg for reporters would the epidemic become newsworthy. Of course, such a dependence on authoritative sources introduces bias only if doing so limits the diversity of perspectives represented. But governmental and scientific sources shared an interest in projecting an image of government and medicine coolly and gradually making progress against the epidemic and who avoided calling journalists' attention to inaction and disappointing results. By contrast, those more likely to criticize the government's response had no newsbeat of their own, and all they could do was piggyback onto stories at established newsbeats, such as congressional hearings or medical meetings.

In science, news conferences are rarely called to announce a failed experiment, and the better the news, the more likely it is that prominent people will announce it. Thus, in 1989, HHS

Secretary Louis Sullivan appeared before the news media to announce the government's finding that the drug AZT worked to slow the reproduction of HIV among infected asymptomatic individuals; according to Sullivan's spokesman, had the news not been so upbeat, his boss would likely not have appeared.¹⁶ Scientists and physicians have been no more disinterested than officials. Receiving credit for one's work is necessary for one to continue to do science; credit enables resources (e.g., grants, promotions) that can be re-invested in further research.¹⁷ If publicity is now a device to build a career, it is only by playing down dead ends and stressing advances that the news media will cover.

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With the government and the scientists dominating the coverage from mid-1983 to mid-1985, reporting on AIDS went back from alarming to soothing, suggesting that government, medicine and science were slowly but inevitably progressing toward managing the epidemic. This approach was interrupted only by the revelation of Rock Hudson's illness in late July 1985, and, though journalists returned to routine event-driven coverage of AIDS after Hudson's death in October 1985, this post-Hudson coverage was less reassuring. On the nightly network news, for instance, the stories declined in number from the 1985 level but were more prominently presented, and the complete oversight of AIDS that occurred as recently as the month before Hudson flew to Paris would never be repeated.

With Hudson's illness certifying AIDS's newsworthiness, more approaches were brought to bear—not only medical and science correspondents, but also law reporters, political reporters (both foreign and domestic) and regional stringers who brought new angles and spoke to new sources. There was thus less consensus about how to cover the epidemic. The variety of storylines reinvigorated attention to the epidemic on numerous dimensions. Additional sources gained attention, and they were now in

disagreement, unlike the pre-Hudson era when medical and political sources converged on a storyline that reassuringly noted science and government doggedly at work.

Thus, from the fall of 1985 to the spring of 1987, the story of AIDS gradually built. With the internationalization of AIDS news, the media's discovery of roughly equal numbers of cases among men and women in Africa and the Caribbean, and the resurfacing of "epidemic of fear" stories, news coverage of AIDS built up to its highest point to date in 1987. Only when President Reagan gave his first speech on the epidemic on April 1, 1987, and when Vice-President Bush, on behalf of the administration, presented policy recommendations to the International AIDS Conference in Washington did the upward spiral finally stop, and only then did AIDS become a permanently recurring part of the political agenda.

As with prior periods following the peaks, reporting since mid-1987 has slackened off.¹⁸ Once again, it is routine and event-driven, focusing above all on prescheduled occasions like the annual International AIDS Conferences that have taken place each June since 1985.¹⁹ In the 1990s, the coverage of the HIV epidemic, though avoiding the extraordinary focuses of June 1983, September 1985 and the spring of 1987, should continue to be a relatively constant news item. There are some drawbacks to routine coverage, insofar as saturation of the airwaves may be necessary to keep individuals vigilant about proper prevention. But it avoids the on-again, off-again cycle of alarm and reassurance that proved so debilitating in the first decade of the epidemic.

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We should not overlook the many benefits of the news coverage, including gradually raising

the awareness of the American people as to what AIDS is and how HIV can and cannot be transmitted. Yet though AIDS had crossed the threshold of public awareness by mid-1983, the media did not push the urgency of the problem. The first public opinion polls on AIDS in 1983 showed relatively little concern that it would reach epidemic proportions; the issue had been seemingly contained, being defined as distant and not immediately threatening. Only after the summer of 1985 did the public at least begin to conceive of the disease as likely to affect their world—and only then would there be much pressure on the government to do something about the epidemic.²⁰ There are many culprits in the continuing slow, confused response to the onset of AIDS; certainly, the media are not alone.²¹ Yet some improvements can be worked into the fabric of American journalism in preparation for the next epidemic, as well as the current one, without making undue demands upon the resources of news organizations and journalists or upon the attention and interest of audiences. All of these suggestions comprehend that journalists are performing a well nigh impossible task of getting all the news, and that audiences cannot be expected to devote massive amounts of time to seeking out and consuming large quantities of news. The challenge of AIDS coverage is to provide a representative understanding of the disease and its possible implications for medicine, science, education, politics and society to an audience (both among elites and in the public) that has many other competing activities besides attending to news but that must be involved in the crucial political decisions about AIDS that face us.

1. Realize that even the "general audience" can use—and be interested in—news that is neither about them nor reported from or toward their supposed perspective.

As we have seen, AIDS reporting was hampered by the presumption that, unlike Legionnaire's disease, swine flu, Alar sprayed on apples or laced Tylenol capsules, the disease was unlikely to affect any and all of us in the general public. Yet as soon as science began to point toward a viral agent, the epidemiological emphasis upon high-risk groups was displaced by the virological concern with high-risk behaviors that could help to spread HIV. These behaviors were and are not restricted to members of those groups, but the concentration in marginalized segments of the population made it easier to

think of AIDS as an isolated "outbreak" rather than an epidemic that could eventually reach all sectors of society.

AIDS, as do many other stories, reveals the presumptions about the mass audience that makes reporting about minorities (whether racial, ethnic or sexual) difficult. We have seen this response among journalists seeking to justify the media overkill on the story—later revealed to be a hoax engineered by her husband—that yuppie lawyer Carol Stuart was murdered by a black robber in Boston. Ed Siegel, television critic for the *Boston Globe*, wrote, "The media fell into public pandering...The general, i.e., white, public wanted saturation coverage of the murder of a white couple and they got it. The general public does not want saturation coverage of the murder of a black person, unless it's a child, and they don't get it."²²

But does the general public get just the news it wants? Not necessarily. First of all, this presumption may not be based in fact. Journalists have less constant contact with their mass audiences than with their peers, superiors and sources whom they meet on a more systematic basis and who reinforce each other's ideas about what is and isn't news. Reporters tend to disdain audience research, since it would compromise what little autonomy they have left and complicate their already impossible task of managing their workload. Whether or not parts of the audience would respond favorably to stories that are not about them is an open question as long as they are not given the chance to do so.

Second, the presumption ignores the uses that the public could obtain from reporting from a variety of perspectives, given the multiplicity of communities to which individuals belong. Instead of the lowest-common-denominator approach that homogenizes the news and makes it apply to everybody and nobody, the media should start recognizing the diversity of its audience and the variety of its interests with an appropriate plethora of topics, storylines, sources and conclusions. And since different individuals attend to the news for different reasons, it would seem to make not only journalistic sense but economic sense to do so.

2. Getting all sides of the story means that reporting cannot stop with experts. Experts have no lock on the truth, and one should not treat scientific and medical sources as Delphic oracles.

American journalism necessarily depends upon sources to help provide them with information or create events that can become news; without such cooperation, newsgathering could no longer be economically viable. The more important problem is how sources are used and which sources are called upon.

Journalism has always had difficulty covering science. The media have been frequently criticized for oversimplifying, sensationalizing and dramatizing science news.²³ Yet scientific inquiries become more technical and abstruse, policies become increasingly dependent on questions of technology, and audiences need information that can be readily understood in their own terms. Here, as elsewhere, reporters turn to accessible individuals who can encapsulate information, but scientific sources often comment in areas far from the purviews where they can best provide reliable evidence.²⁴ Thus, misleading conclusions about the possible spread of HIV through casual contact were legitimized by Harvard immunologist Dr. William Haseltine in the mid-1980s, sexologists William Masters and Virginia Johnson, and, more recently, by Dr. Lorraine Day, the head of orthopedic surgery at San Francisco General Hospital. All were discussing epidemiological or virological matters on which they were not expert.

Journalists and scientists also have different understandings of evidence. For the former, lone cases serve as undeniable evidence of a fact which is thereby shown to be true, whereas the latter, aware of anomalies and the overdetermination of any single case, generally require large batches of systematically gathered data. Even then, any single study must be regarded as tentative until it is joined by many others. The journalistic preference for clear-cut fact runs smack into the nuanced conclusions of science, and odd moments result when the media's consensus is turned upside-down. In the case of AIDS, recall the shift in news coverage from a portrait of an epidemic well away from the "general population" to a situation where, in the words of *Life* magazine's cover, "Now No One Is Safe From AIDS." The nuances of risk were obliterated at either stage.

Journalists covering science are often misled not only by lone studies—recall the reporting of cold fusion and of oat bran in 1989—but by lone cases that enable too good a story to pass up. On October 29, 1985, Tom Brokaw of NBC led off a story as follows, "There may be a dramatic breakthrough in the treatment of AIDS tonight. Maybe. Everybody is anxious for some encourag-

ing news." Jim Bittermann's story on very preliminary results from Paris on the experimental treatment Cyclosporin-A was, for the most part, cautious about the results, yet the network presented what it knew was, at best, premature and, at worst, wrong. Brokaw noted, "Their research and testing have been very limited so skepticism as well as hope is running high tonight." Yet Bittermann's report concluded with unwarranted reassurance: "Still there is in this hospital tonight an AIDS victim up and walking around who the doctors say less than a week ago was only hours from death." This story was followed by one by science reporter Robert Bazell showing doubt among persons living with AIDS and health care workers about the treatment. But it too concluded on a positive note. "There is no question that the results from Paris will persuade many American researchers to try this new approach." In less than two weeks NBC had to report that two of the patients receiving the drug had died, one even before the initial story was reported. Although television, with its emphasis upon individual actors, is more prone to such errors, newspapers commit the same mistake. Witness Gina Kolata's 1989 *New York Times* front page story that pointed to a lone case (that died, apparently for unrelated causes) where HIV disappeared from a man's body after a bone marrow transplant. Only later did it become clear that other attempts at this highly risky treatment had been unpublicized flops: "There are lots of us who haven't published our results because they've been so dismal."²⁵

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Some would prescribe that science journalists should painstakingly follow rules of science in deciding credibility: has the source been designated by their discipline as in a position to provide reliable information, and can the lone study or lone case be backed up by other independent studies or cases? Such rules are necessary but not sufficient. Reporters must recognize that even the best science is intuitive,

contingent, theory-driven and altogether messy. The popular vision of science looks at the generation of indisputable facts that become bricks of the temple of knowledge. Yet starting with Thomas Kuhn's famous analysis of scientific revolutions, a clearer understanding of the scientific method shows its dependence upon the questions that are asked, a process further narrowed by an institutional structure that favors only particular questions and methods.²⁶

These tendencies towards science as a social process are even more pronounced when we turn from the laboratory to what has been termed "public science," where scientists set forth "rhetoric, argument and polemic to persuade the public or influential sectors thereof that science ... is worthy of receiving public attention, encouragement and financing."²⁷ News becomes a way to decide "who will speak for science," to set research agendas, to establish careers and to receive accolades, prizes and grants. In short, scientists, like other sources, have axes to grind. Far from being outside of political and social processes, they are part of it.

Yet journalists do not generally approach scientific sources with much skepticism. Instead, reporters tend to be uncritical of the scientific facts with which they are provided. A reliance upon sources may be inevitable, but news cannot abandon the search for diversity in any realm in order to ensure an adequate understanding of what is going on. The early coverage of AIDS suggests limits on what experts, whether politicians or scientists, will provide, even though data suggesting that the epidemic was far from under control was readily available.

Likewise, different kinds of expertise should be brought to bear. For example, while journalists have covered, often respectfully, the demands of demonstrators in ACT UP (the AIDS Coalition to Unleash Power) at the International AIDS Conferences, they have tended to cast these occasions as "science vs. politics," underestimating the degree of politics that infuses the scientific discussion as well as the degree of scientific knowledge among the demonstrators. The experience of the persons living with AIDS has only occasionally been tapped; they are allowed more to discuss their emotional state or their symptoms but rarely to offer commentary as informed experts about the epidemic though nowadays they surely are that.²⁸ Reporters on any epidemic must cast their nets widely to ensure that they have not prematurely closed off public debate and to allow different kinds of expertise to inform that discussion.

3. Do not assume that telling "both sides" of the story is responsible journalism, particularly if one side is vivid and the other is not.

As journalists become increasingly aware that objectivity may be unattainable, recent journalism has begun to stress balanced accounts. Yet absolute balance may be as difficult to achieve as absolute objectivity, unless one is willing to assume that there are two sides to any given story. Even if there are two sides, journalists need to be more cautious about whether both sides deserve equal time.

As we have seen, AIDS reporting often fell prey to what a study of California earthquake coverage has termed an "alarm-and-reassurance pattern."²⁹ Stories led with dramatic worst-case scenarios that shaded the difference between "could" and "would," then turned to more reassuring indications of the low likelihood of calamity. At the very least, an alarm-and-reassurance pattern invites selective interpretation or confusion that restricts the potential to learn from the news.

More centrally, in such supposedly balanced stories, the vividness of alarm can easily predominate over the relatively bland reassurance, whether on television where upset individuals acted out or voiced fears that spread misinformation or in newspapers where the nuanced judgments of risk would not appear until several paragraphs into the story, often after the jump from the front page. Thus, during the heavily covered saga of Ryan White, a hemophiliac teenager with AIDS who sued to regain full access to public school in Kokomo, Indiana, stories routinely quoted worried parents pulling their children out of school and noting their concern of casual transmission in ways that science had virtually ruled out, such as by sneezing. Visual images of special protective outfits for prison guards or police officers who deal with persons living with AIDS inaccurately suggested that such reactions were legitimate. Although the stories also quoted experts to correct those misimpressions, the vividness of the allegations meant that stories, far from educating the public about the ways in which HIV could and could not be transmitted, often simply reinforced and authenticated viewers' doubts.

But caution in reporting the facts is not a good in itself. In the case of AIDS, such caution has contributed to the underreporting of AIDS and the misleadingly reassuring portrait of the epidemic. Nor is drama necessarily to be avoided; perhaps the best early report on televi-

sion news was Geraldo Rivera's two-parter on *20/20* in May, 1983. Similarly, risk-taking journalists such as Randy Shilts of the *San Francisco Chronicle* and Charles Ortleb of the *New York Native* attained complete and early reporting of the epidemic but also tripped into big mistakes.³⁰ *Newsweek*, for instance, was the first newsmagazine to do a cover story on AIDS in the spring of 1983, well before the first front-page story in the *New York Times* or the first lead story in network news; but that same commitment also pushed them to excerpt the flawed alarmism of Masters and Johnson in 1988. Perhaps, errors about the unknown may have to be seen as the operational costs of aggressive journalism.

...an alarm-and-reassurance pattern invites selective interpretation or confusion that restricts the potential to learn from the news.

The dilemma for journalists is the difficulty with independently verifying the validity of the statements that sources proffer. If George Bush says X, and X turns out to be untrue, reporters can retrospectively defend their pursuit of factuality by saying that it was a fact that Bush indeed said X, regardless of whether X turned out to be true. Trying to check up on every fact in a breaking story is certainly impossible.

But in a long-range, continuing story, journalists can make judgments more easily; airing statements that are *known* beforehand to be misleading, and especially those that the reporter specifically wants to debunk, is simply irresponsible. A recent example occurred in Boston, where local television news and the tabloid *Boston Herald* gave prominent coverage to the fears of the patients of a gynecologist, Dr. Earl Gelman, who had been arrested for soliciting a prostitute who claimed to be HIV-positive. The *Herald* story could defend itself against charges of journalistic irresponsibility by pointing to their quoting experts that noted the infinitesimal possibility, particularly in these circumstances, of any transmission of HIV: "Police yesterday said they had no confirmation of the woman's claim, but some prostitutes have been known to tell police they have AIDS to prevent close body searches" and "Medical experts said it is ex-

tremely unlikely Gelman, if infected with the AIDS virus, could have passed the disease along to patients." But conveniently, these comments came after the jump; the headline, by contrast, was "Doc's sex arrest ignites AIDS fears,"³¹ and by highlighting the clinic's offer of HIV tests, suggested this to be a reasonable response.

4. Resist the human interest temptation unless and until the political angles have been adequately covered.

Journalists have often responded to the AIDS epidemic, whether in print, radio or television, by looking for the faces behind the statistics. One might think that the statistics are sobering enough, but the immediacy of the lives (and, usually, the deaths) of persons living with AIDS are judged as providing a fuller and deeper sense of the extent of the epidemic. And indeed, distinguished journalism has emerged on the struggle of individual persons living with AIDS, particularly as their stories cast light on larger problems—the availability of treatments, discrimination, support from lovers, families and friends.³²

Yet there are downsides to the human interest preoccupation. First, by focusing on individuals, the story may not provide a representative sample of persons living with AIDS or the population at risk. A story can be more vivid without being typical, and the conclusions drawn from one isolated case cannot be considered as anything more than suggestive. Yet such coverage does not come across as tentative. For example, the Fall 1989 *AIDS Quarterly* program on PBS devoted a segment to the larger problem of the growing numbers of women with AIDS. But most of the segment was devoted to a woman who contracted HIV from her bisexual husband (himself interviewed with his back to the camera). The report left the sense that bisexual men were, in the phrase of the *New York Times*, an "AIDS specter for women,"³³ even though women are far more likely to contract HIV from a sexual partner who is an intravenous drug user.

A second and subtler problem occurs as human interest stories displace the attention from page one or the lead story. Feature stories occupy a different place for journalists and for the public. "Hard news" depicts ongoing events, allowing individuals to intercede in the continuing process. The first newspapers in the United States aimed at merchants; they provided news that could facilitate wise investments—a func-

tion for economic and political information that holds today. "Soft news," by contrast, became important parts of the newspaper as it aimed at a mass audience in the Jacksonian period. The tension between information-based and story-based journalism has continued since then, whether between or within news organizations.³⁴ Although journalists often like to think otherwise, the split between hard and soft news does not inhere in the content of what is being covered; they are no better at drawing a tangible border between hard news and soft news than they can demarcate news from non-news.³⁵ Not merely the same subject matter but the same event could be fodder for hard news or soft news.

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Sociologist Robert Park wrote fifty years ago in his introduction to Helen MacGill Hughes's classic analysis, human interest "...gives the news the character of a story that will be read for its own sake, even when the reader is not at all concerned with it as news...It is the ability to discover and interpret the human interest in the news that gives the reporter the character of a literary artist and the news story the character of literature."³⁶ As Hughes then said, the purpose of news thereby shifts from the instrumental emphasis of the front page to become expressive and contemplative. Audiences can certainly learn from such literary accounts. By freeing them from the necessity of having to get something done in the here-and-now, literature provides the opportunity to contemplate other experiences and derive conclusions and lessons.

But human interest stories downplay the role of intervention. Even more than breaking news, they make the audience into spectators rather than participants; to recall the dichotomy popular among mass communication scholars, they favor gratifications over uses. This tendency is exacerbated by the current preference for stories, particularly in television, where individuals outside government are shown as generally helpless to alter the outcome.³⁷ Thus,

network news has tended less to craft morality plays about persons living with AIDS than sadly to note that they couldn't help having been in the wrong place in the wrong time. Human interest stories about persons living with AIDS generally lead inevitably to their deaths, overlooking their frequently noble—and in a few cases so far, successful—fight to survive. These presumptions are best revealed when the story defies reporters' expectations. Take this front page teaser in the *Boston Sunday Globe* in late 1989:

For the past year, *Globe* reporter Sally Jacobs and photographer Janet Knott have tracked the life of a 29-year-old woman with AIDS. But what was to have been a story of death became, instead, a story of life. Not even Mildred's doctors fully understand why she is still alive. In the *Boston Globe Magazine*.³⁸

Even in breaking news stories on AIDS, the human interest preoccupation is never far. In the process, they may present a distorted picture of the epidemic and of the political responses thereto. Sick, lost and/or abandoned children—which Helen Hughes identified fifty years ago as longtime favorites for human interest tearjerkers—have been prime subjects of AIDS coverage, reinforcing the notion that “innocent victims” are somehow worthier of attention from the media or from government. Thus, although President Bush and his wife made the historic step to meet with gay persons living with AIDS during a visit to the National Institutes for Health in late December 1989—a meeting that was open to the White House press corps and where photographers snapped away—virtually the only news coverage consisted of Bush with babies with AIDS, his next stop on his visit.³⁹

When these human interest angles appear in breaking news, they draw attention either to popular cultural themes or individual storylines and away from analyses of policy problems.⁴⁰ When Dr. Veronica Prego, a person living with AIDS who claimed to have contracted HIV by being accidentally stuck with an infected needle, took the stand in New York in her suit alleging negligence on the part of the hospital where she worked, news accounts called attention to her impending death, alluded to in the courtroom above the sobs of her mother and sister. Even the august *New York Times* called attention to her “red silk dress, which only heightened her pallor.”⁴¹ The central dilemma for public policy

that the Prego trial raises—how to protect health care workers from exposure and infection to HIV as the caseload grows—was obscured by the melodrama.

When these human interest angles appear in breaking news, they draw attention either to popular cultural themes or individual storylines and away from analyses of policy problems.

To cover AIDS adequately, journalists must find a way to enliven and communicate simply without reducing their accounts either to barren fact or to new variations on very old storylines. The human interest approach is worthwhile as long as it is only one approach out of many, and, even there, special care should be taken to assure that the chosen individuals are representative of the larger population and of the larger political and scientific problems.

5. Be constantly aware of the education that may best occur through the media. Realizing this responsibility means that we must also realize that we will be in for the long haul.

Journalists are wary about embracing the role of education. After all, it compromises their autonomy and integrity, and it adds another task to news organizations already stretched to the breaking point. Sanford Socolow, former executive producer of CBS News, recently said, “It’s not the news department’s job to go out and promote the awareness of AIDS. It’s their job to go out and look for stories about AIDS.”⁴²

The news media cling to the protections that the First Amendment offered to the vastly different (and much more self-consciously interventionist) press of the late eighteenth century. Nowadays, with increasing concentration of ownership and decreasing competition, the First Amendment protection only makes sense if the news media are performing their responsibility to the public. To be sure, there are many other institutions, public and private, political and otherwise, that need to play key parts in the public sphere. It is all too easy to blame the news media for many social phenomena, especially when, to recall the image of the

media critic of the *Los Angeles Times*, "The press, contrary to common mythology, is rarely if ever a lone gunman. More often, it is society's accomplice."⁴³

Nonetheless, the media have a crucial potential to affect the future course of the AIDS epidemic. Education on how to avoid infection is imperative. While some individuals at risk, such as gay men, can be and have been reached effectively by private educational campaigns, others are not. Indeed, many populations in the United States are reached only through the mass media—such as those audiences at particular risk (young, minorities, women) that are also heavy consumers of television. For example, children identify television as the chief way in which they found out about AIDS, during the decisive gap between when they have cognitively matured enough to understand what AIDS is but before they have engaged in high-risk behavior.⁴⁴

The problem with AIDS coverage has been not merely the long valleys of unwarranted reassurance but also the heights, especially in 1983 and 1987, when the public would have been better served by more dispassionate coverage that did not wax hot and cold.

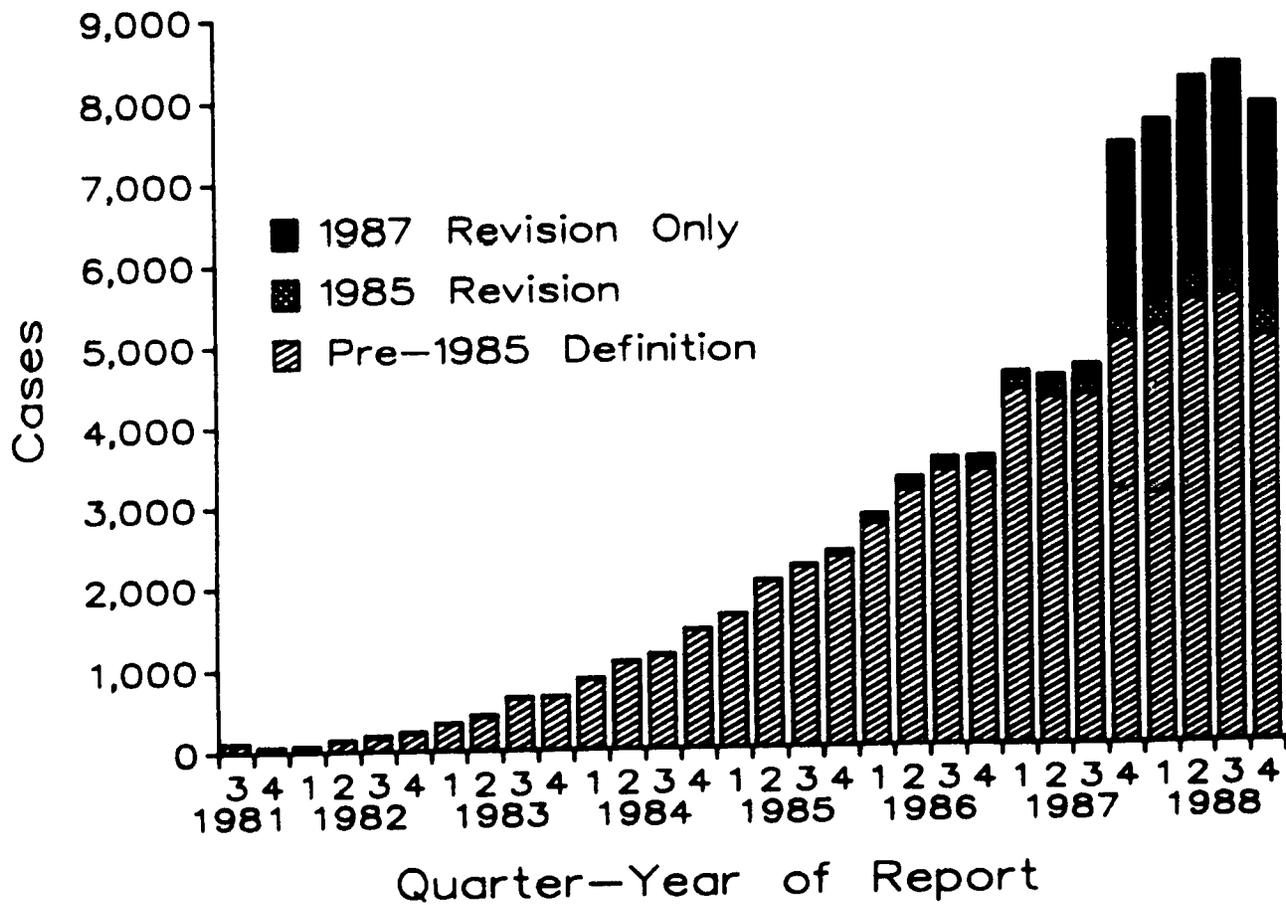
To fulfill this educational function, traditional assumptions about what is old news must shift. One of the reasons that people garner so little from the news is that reinforcement necessary for learning is lost to the constant rise and fall in issues which disappear from the news even as they fail to be solved.⁴⁵ The search for the new prevails over the continuing commitment to following pressing issues to which they return

on a routine basis. But the hallmark of news has always been allowing us to intervene into an ongoing process whose end we cannot know. If this is the case, the roller-coaster ride of AIDS coverage makes no sense when the situation worsens by the day.

The problem with AIDS coverage has been not merely the long valleys of unwarranted reassurance but also the heights, especially in 1983 and 1987, when the public would have been better served by more dispassionate coverage that did not wax hot and cold. Such commitment to the long term gains especial urgency as the epidemic shifts away from gay men, who comprise a fairly well-organized constituency, to other marginalized but less easily mobilizable populations—intravenous drug users and primarily through them into urban minority communities and to women. Again, if journalists are to play a virtuous part in the fight against the HIV epidemic, they will have to go beyond the elite sources upon whom they customarily rely and reflect a diversity of voices.

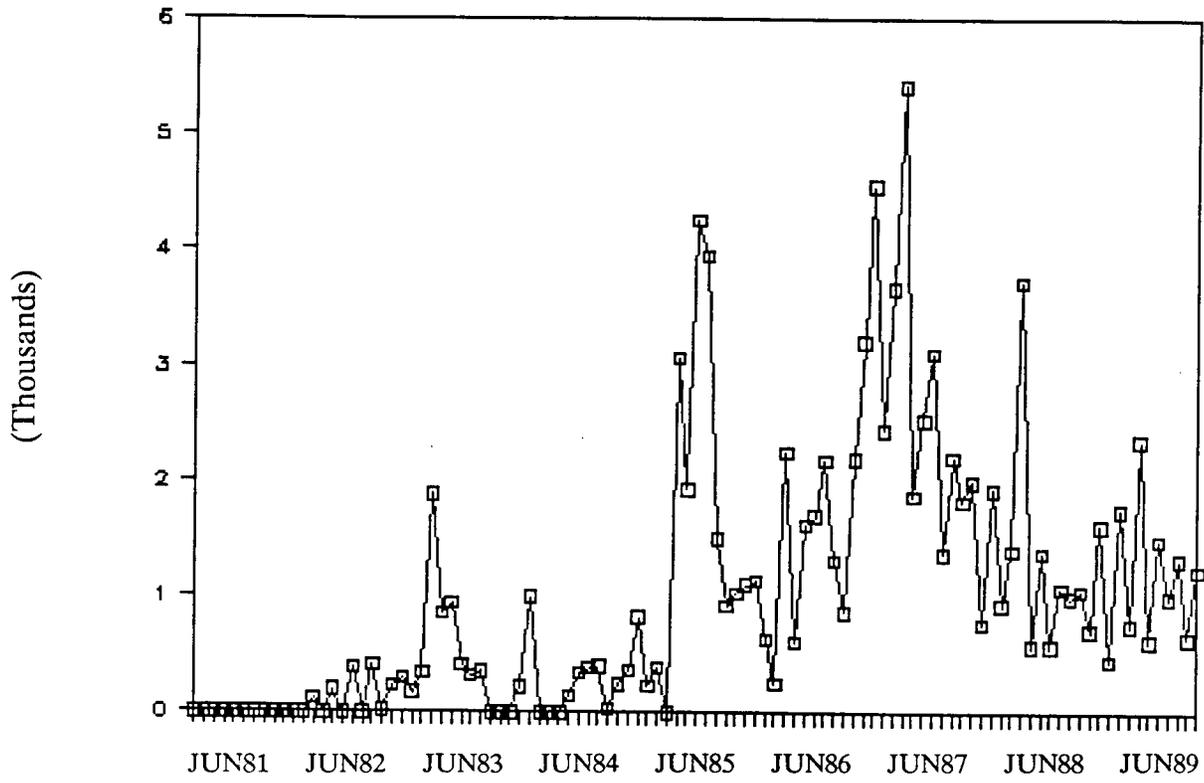
Above all, acknowledging the long haul means not declaring a premature end to AIDS. It is difficult to know what the future course of the HIV epidemic will be, but suffice it to say that even if starting today, no new individuals were infected, we would still be involved in an enormous international public health emergency, as we try to grapple with the huge numbers of cases that are uninfected and unaware, with a health care delivery system that is ill-prepared to provide the long-term treatment to those who are HIV-positive as well as those with AIDS-related complex or AIDS and the burgeoning "pattern two" epidemic in Africa and the Caribbean with equivalent numbers of infected men and women. In effect, the recommendations I have made here may be too late to affect fully the future course of AIDS. But if they enable us to avoid the mistakes of this epidemic when the next epidemic hits, they will have served their purpose.

Figure 1. AIDS cases, by quarter of report and case definition—United States, 1981–1988



Source: *Morbidity and Mortality Weekly Report*, vol. 38, no. 14 (April 14, 1989), p. 230.

Figure 2. Seconds of nightly newstime on AIDS--United States, June 1981-December 1989



Source: Vanderbilt University Television News Abstracts and Index (1981-1989)

NOTES

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1. Richard E. Neustadt and Harvey V. Fineberg, *The Epidemic That Never Was: Policy-Making and the Swine Flu Scare*, rev. ed. (New York: Vintage, 1982), p. xxvi.

2. Harvey Fineberg, remarks in panel, Harvard AIDS Institute, AIDS in the 1990s, Harvard School of Public Health, December 1989.

3. See, among others, Sandra Panem, *The AIDS Bureaucracy* (Cambridge, MA: Harvard University Press, 1988); and Charles Perrow and Mauro Guillén, *The AIDS Disaster: The Failure of Organizations in New York and the Nation* (New Haven, CT: Yale University Press, 1990).

4. William Winkenwerder, Austin R. Kessler and Rhonda M. Stolec, "Federal Spending for Illness Caused by the Human Immunodeficiency Virus," *New England Journal of Medicine* 320 (June 15, 1989), pp. 1598-1603.

5. Harvey Molotch and Marilyn Lester, "News as Purposive Behavior: On the Strategic Use of Routine Events, Accidents and Scandals," *American Sociological Review* 39 (1974): 101-112 at 103. For a good review of agenda-setting literature, see Everett M. Rogers and James W. Dearing, "Agenda-Setting Research: Where Has It Been, Where Is It Going?" in James A. Anderson, ed., *Communication Yearbook*, vol. 11 (Newbury Park, CA: Sage Publications, 1988), pp. 555-594.

6. For a fuller discussion of the media's role in elite agenda-setting, see Timothy E. Cook, *Making Laws and Making News: Media Strategies in the U.S. House of Representatives* (Washington, D.C.: Brookings, 1989), chapter 6.

7. James Kinsella's overview of various journalists' responses to the AIDS epidemic provides numerous illustrations of each response. See Kinsella, *Covering the Plague: AIDS and the American Media* (New Brunswick, NJ: Rutgers University Press, 1990).

8. David Shaw, "Coverage of AIDS Story: A Slow Start," *Los Angeles Times* (December 20, 1987), pp. 39-40.

9. This section is based on a number of published studies of news content. My own interpretation of television news content can be found in two forthcoming studies coauthored with David C. Colby: "Epidemics and Agendas: The Politics of Nightly News Coverage of AIDS," *Journal of Health Policy, Politics and Law* (Summer 1991), and "The Mass-Mediated Epidemic: AIDS on the Nightly Network News" in Elizabeth Fee and Daniel Fox, eds., *AIDS: The Makings of a Chronic Disease* (Berkeley: University of California Press, 1991). Another study deals with the timing of television news stories on AIDS: Everett Rogers, James Dearing and Soonbum Chang, *Journalism Monographs*. Those focusing on print media include Edward Albert, "Illness and Deviance: The Response of the Press to AIDS," and Andrea Baker, "The Portrayal of AIDS in the Media: An Analysis of Articles in the *New York Times*," both in Douglas A. Feldman and Thomas M. Johnson, eds., *The Social Dimension of AIDS: Methods and Theory* (New York: Praeger, 1986), pp. 163-194; William A. Check, "Beyond the Political Model of Reporting: Nonspecific Symptoms in Media Communication about AIDS," *Reviews of Infectious Diseases* 9 (1987): 987-1000; and Panem, *AIDS Bureaucracy*, chap. 8.

10. Edward Albert, "Acquired Immune Deficiency Syndrome: The Victim and the Press," *Studies in Communications* 3 (1986): 135-158 at 136.

11. Ransdall Pierson, "Uptight about Gay News," *Columbia Journalism Review*, March/April 1982, pp. 25-33. These concerns about maintaining individual privacy have recently surfaced again with the controversy about "outing," in the news—publicly revealing the sexual orientation of a famous person.

12. Shaw, "Coverage of AIDS Story," p. 38. Impressionistic evidence suggests that those media outlets that were most inclined to cover homosexuality were also those that reported AIDS earliest and most thoroughly—NBC more than CBS and ABC; *Newsweek* and *Time* more than *U.S. News and World Report*; the *Los Angeles Times* more than the *New York Times*.

13. Herbert J. Gans, *Deciding What's News* (New York: Vintage, 1979), chap. 7.
14. A good example is Christopher J. Bosso, "Setting the Agenda: Mass Media and the Discovery of Famine in Ethiopia," in Michael Margolis and Gary A. Mauser, eds., *Manipulating Public Opinion: Essays on Public Opinion as a Dependent Variable* (Pacific Grove, CA: Brooks/Cole, 1989), pp. 153-174.
15. See, for example, David Paletz and Robert Dunn, "Press Coverage of Civil Disorders: A Case Study of Winston-Salem, 1967," *Public Opinion Quarterly* 33 (1969): 328-345.
16. Robert Schermund, comments in panel, "NIH Announces AZT," at the Harvard School of Public Health, April 1990.
17. See especially Bruno Latour and Steve Woolgar, *Laboratory Life: The Construction of Scientific Facts*, 2d ed. (Princeton: Princeton University Press, 1986), chap. 7.
18. A search of the Nexis data base showed that the number of newspaper stories were halved from 1987 to 1989; Larry Thompson, "Commentary: With No Magic Cure in Sight, Dramatic Epidemic Loses Luster as News Story," *Washington Post*, June 13, 1989, health section, p. 7.
19. The downside to the concentration on the International AIDS Conference may be that as research progresses, there will be far less breaking news to report and, eventually, the news devoted to AIDS will wane. The 1989 Montreal conference was virtually pushed out of the news altogether by the Tiananmen Square massacre in China and its aftermath, and the only news that network reporters were able to squeeze on often referred to news that was not news at all, such as women being at particular risk or the possibility of treating AIDS as a chronic condition much as one treats diabetes. The 1990 San Francisco conference received considerable attention, but mostly from the "science-vs.-politics" angle. The 1991 Florence conference was far less visible than either one—though in a comparatively slow news week—with the principal angles being repeats of the "no breakthrough" narrative from Montreal and the "science-vs.-politics" story from San Francisco.
20. A useful sample of poll results is Eleanor Singer, Theresa F. Rogers and Mary Corcoran, "The Polls—A Report: AIDS," *Public Opinion Quarterly* 51 (1987): 580-595.
21. For the most inclusive (some would say excessive) list, see Randy Shilts, *And the Band Played On: People, Politics and the AIDS Epidemic* (New York: St. Martin's Press, 1986).
22. Ed Siegel, "Who Calls the Tune? The Public, Not the Media," *Boston Globe* (January 10, 1990), p. 69.
23. See, e.g., Dorothy Nelkin, *Selling Science: How the Press Covers Science and Technology* (San Francisco: W.H. Freeman, 1986), and John C. Burnham, *How Superstition Won and Science Lost: Popularizing Science and Health in the United States* (New Brunswick, NJ: Rutgers University Press, 1987). For a highly useful critique of this position, see Christopher Dorman, "Some Problems in Conceptualizing the Issue of 'Science and the Media,'" *Critical Studies in Mass Communication* 7 (1990): 48-71.
24. Sharon Dunwoody and Michael Ryan, "The Credible Scientific Source," *Journalism Quarterly* 64 (1987): 21-27.
25. Ronald Mitsuyasu of UCLA quoted in *Boston Globe*, December 22, 1989, p. 15. Cf. Gina Kolata, "Physicians Rid a Man's Body of AIDS Virus in Experiment," *New York Times*, December 19, 1989, p. A1.
26. For a key introduction to recent trends in the sociology of science, see Karin D. Knorr-Cetina and Michael Mulkay, eds., *Science Observed: Perspectives on the Social Study of Science* (Beverly Hills: Sage Publications, 1983).
27. Frank M. Turner, "Public Science in Britain, 1880-1919," *Isis* 71 (1980): 589-608. For an excellent extension of Turner's concept, see Thomas F. Gieryn, George M. Bevins and Stephen C. Zehr, "Professionalization of American Scientists: Public Science in the Creation/Evolution Trials," *American Sociological Review* 50 (1985): 392-409.
28. Recently, there have been some interesting exceptions. Kimberly Bergalis, the first person known to have acquired HIV from a dentist, released a text of a letter condemning state and local policymakers that was widely republished. That exemplar of middle-brow Americana, the Sunday magazine supplement *Parade*, on July 7, 1991, published a lengthy interview with a 17-year-old hemophiliac with AIDS, Henry Nicols, who noted, "I am considered an 'innocent' victim. Of course, there are no 'guilty' victims." (p. 6). And on a *Nightline* program on April 30, 1991, that discussed doctors with AIDS, several persons living with AIDS were treated as authoritative sources in the

opening segment, providing their informed opinions along with physicians and lawyers.

29. Ralph H. Turner, Joanne M. Nigg and Denise Heller Paz, *Waiting for Disaster: Earthquake Watch in California* (Berkeley: University of California Press, 1986), p. 58.

30. See Kinsella, *Covering the Plague*, chaps. 2 and 8.

31. David Armstrong and Helen Kennedy, "Doc's Sex Arrest Ignites AIDS Fears," *Boston Herald* (June 25, 1991), p. 1.

32. Three outstanding examples following the life of a PWA were Jean Blake's profile of PWA Paul Cronan on WBZ-TV in Boston, Patricia Nayman's recurring series on Archie Harrison on National Public Radio's "All Things Considered," and Steve Sternberg, "When AIDS Comes Home: The Life and Death of Tom Fox," *Atlanta Journal and Constitution*, August 20, 1989, Section E.

33. Jon Nordheimer, "AIDS Specter for Women: The Bisexual Man," *New York Times*, April 3, 1987, p. A1. Even more tellingly, the headline after the jump was "For Many Women, Fear of AIDS Lies in the Shadows of Male Bisexuality."

34. See especially Michael Schudson, *Discovering the News: A Social History of American Newspapers* (New York: Basic Books, 1978).

35. See Gaye Tuchman, "Making News By Doing Work: Routinizing the Unexpected," *American Journal of Sociology* 79 (1973): 110-131.

36. Robert E. Park, "Introduction," to Helen MacGill Hughes, *News and the Human Interest Story* (Chicago: University of Chicago Press, 1940), p. xxi.

37. Grace Ferrari Levine showed helplessness to be a theme in over seventy percent of the television stories she analyzed, both nationally and in New York. Such portrayals of helplessness tended to be heaviest in stories about the general public. See her "Learned

Helplessness and the Evening News," *Journal of Communication* (Autumn 1977): 100-105, and "Learned Helplessness in Local TV News," *Journalism Quarterly* 63 (1986): 12-18, 23.

38. *Boston Sunday Globe*, Oct. 29, 1989, p. A1.

39. From an interview with Dr. Anthony Fauci, reported in Lou Chibbaro, Jr., "Bush Meets Gay Men with AIDS During NIH Visit," *Washington Blade* (January 5, 1990), p. 9.

40. In their ongoing research on how the public learns from news accounts in different media, Russell Neuman, Marion Just and Ann Crigler noted that, out of five issues, AIDS was the only one where the audiences learned significantly less from television news stories than from newsmagazines and newspapers. Apparently, their subjects were distracted by the focus upon individual human interest stories and away from the larger issues. See Neuman, Just and Crigler, "Knowledge, Opinion and the News: The Calculus of Political Learning," paper prepared for delivery at the annual meeting of the American Political Science Association, Washington, D.C., September 1988.

41. Marvin Howe, "A Teary Doctor Tells of AIDS from a Needle," *New York Times*, January 11, 1990, p. B1.

42. JSB Center Brown Bag Presentation, September 1989.

43. Thomas Rosenstiel, in the *Los Angeles Times*, calendar section, November 27, 1988, p. 28.

44. Myron Belfer, presentation at Harvard AIDS Institute, AIDS in the 1990s, Boston, December 1989.

45. The classic statement of the volatility of news attention is G. Ray Funkhouser, "The Issues of the Sixties: An Exploratory Study of the Dynamics of Public Opinion," *Public Opinion Quarterly* 37 (1973), pp. 62-75. If anything, of course, matters have become considerably more fast-forwarded than the years that Funkhouser studied.