

Gauging The Threat:

Media Coverage Of Pandemic And Avian Flu

Based On Interviews Among Journalists

Conducted On Behalf Of:
Trust For America's Health
And
Mailman School Of Public Health at Columbia University

By Peter D. Hart Research Associates, Inc.

April 26, 2006

**Peter D. Hart Research Associates, Inc.
1724 Connecticut Avenue, NW
Washington, DC 20009**

Methodology & Objectives

With funding provided by the Pew Charitable Trusts, and on behalf of the Trust for America's Health and Mailman School of Public Health at Columbia University, Peter D. Hart Research Associates, Inc., conducted 20 one-on-one telephone interviews from March 3 to 29, 2006, among television, radio, and newspaper journalists who cover public health issues.

The purpose of these interviews was to assess the media's take on avian flu and pandemic flu. Specifically, we sought to understand how journalists are covering this story, including: how seriously they regard the threat; their assessment of coverage to date; the decisions underlying their own approach to coverage; any obstacles they may be encountering; and their evaluation of the country's ability to respond to a potential pandemic outbreak.

Determining how best to cover avian flu represents a difficult choice for journalists and their editors, because much about the virus and its eventual impact are largely unknown. What is known, however, is that these reporting decisions undoubtedly will affect America's response to the disease, and whether that response is sufficient to meet the challenge.

1 A "Potential Catastrophe"

Despite recent claims that concerns about pandemic flu are being exaggerated, none of the respondents we spoke with believes that pandemic flu concerns are misplaced.¹ In fact, when asked to assess the impact of a hypothetical pandemic flu, respondents unhesitatingly describe detailed, diverse and frequently chilling ways in which society would be affected:

- "Panic"
- "Ridiculous shortages; shelves cleared out"
- "New Orleans Part 2"
- "1918's pandemic killed just 2.7% of the population; this will kill far more"
- "Societal breakdown"
- "The global economy goes into a tailspin"
- "Already understaffed emergency rooms overwhelmed"
- "The people at the bottom suffering most"
- "International commerce shuts down"
- "Flights cancelled"
- "Confusion"
- "People refusing to accept quarantine restrictions"
- "Hoarding"
- "No one wants to leave home"
- "Violence erupts when the trucks (with armed guards) roll by with the antivirals"
- "Chaos"

¹ It should be noted that our respondents are well aware of the distinction between pandemic flu and avian flu. As much of this report discusses the impact of a potential pandemic, that term is used except in cases where it is important to distinguish between the two.

The story's compelling quality is further enhanced by pandemic flu's *potential* for devastation. This potential helps drive the story. Respondents point out that their readers² are attracted to the "unknown" and the "uncontrollable," and that this unknown quality coupled with enormous consequences is extremely compelling. How compelling? According to one wire service reporter: "If bird flu causes a pandemic, it would be the biggest story in our lifetimes. It would literally change life as we know it." Another reporter calls it "the most important story out there."

Despite the serious possible consequences of a pandemic flu, the vast majority of respondents judge the nation's response to the threat to be either insufficient, misdirected, or both. "We are woefully behind," says one veteran health reporter. Another lays out specific failings:

The country lacks preparedness for any pandemic situation, not just avian flu. Our system for making vaccines is antiquated. We don't have enough masks or respirators. We've neglected this entire area for decades and in the event of another pandemic—and they are cyclical—we will not be ready.

This poor response cannot be laid solely at the feet of government officials however, as businesses, individuals, and even journalists themselves, play significant roles in the process. This report outlines numerous barriers that impede a more appropriate response, and suggests recommendations to improve preparedness.

2 Barriers To Preparedness—Government Response

Journalists recognize that federal, state, and local government agencies have taken many positive steps to prepare for a pandemic flu outbreak. However, much work remains. In particular, journalists criticize the generalities that permeate preparedness planning. It lacks specific guidance on adapting day-to-day activities to the new realities of living during a catastrophic outbreak. In addition, successful management of such an outbreak will require a level of detailed planning and leadership that most respondents say is not there. Hard decisions must be made—especially regarding quarantine rules and vaccine distribution—but at this point it is not at all clear exactly who will make these decisions or on what criteria they will do so. Mistrust and divisiveness both within and between different levels of government will hamper these efforts. These and other concerns follow.

The "Pharmaceutical Response"

Journalists generally acknowledge that the federal government should concentrate on developing vaccines and antivirals. However, they fear that the federal government focuses too heavily on a pharmaceutical response, to the detriment of other preparation strategies that would prove critical to any public emergency (e.g., bioterrorism, cataclysmic events, etc.). Reporters cite numerous flaws in a vaccine-oriented preparation strategy. For example, many note that the lack of investment

² As the vast majority of respondents represent print media, we use the term "readers" rather than the more accurate (but cumbersome) term: "readers, viewers, and listeners".

Peter D. Hart Research Associates, Inc.

incentives makes vaccine development an inherently unattractive business model, making it difficult to rely on a steady supply from the pharmaceutical industry. Many also question a strategy of stockpiling Tamiflu and other pharmaceutical options when, as one reporter notes, “the jury is still out” on their effectiveness.

An Ill-Equipped Public Health Infrastructure

With the federal government’s attention largely devoted to a pharmaceutical response, most reporters believe that our public health infrastructure is incapable of handling a wide-scale crisis. This assessment is not universal, and some local or regional journalists expressed great confidence that their local and state health agencies will be up to the task. But as for the federal government’s assistance, there is a strong belief that these local agencies (especially hospitals) are principally on their own. One reporter sarcastically notes: “[HHS Secretary] Mike Leavitt said he’s buying 6,000 [ventilators], which will be great among the 300 million Americans!”

Respondents blame all levels of government for what they see as a “lack of granularity” in pandemic flu preparedness. Confronting a pandemic flu crisis will force a brutal reassessment of everyday activities, and reporters have seen little evidence that public health officials are prepared to engage in the decision-making necessary to regulate human interaction. According to one journalist, “Sometimes you get the feeling that the plans are bureaucratic matter-of-course, not actually thoughtful methods of preventing chaos. The government agencies have all released their plans, but they are very broad and short on details.”

Respondents recite myriad examples for concern, and with each example they wonder exactly *how* it would be handled and *who* would have the final authority to carry it out. Who gets vaccinated? To quarantine or not? If so, how big an area? How do you deal with families split up by quarantines? Should schools close? If so, who will stay home with the kids? Can businesses fire people who do not show up to work? Do businesses even have a plan for such a disaster?

Respondents continually point to emergency rooms as a weak link in the response process, especially as they often operate beyond capacity even in non-crisis situations. When asked to gauge where we might “get clobbered” during a pandemic, one journalist put it this way:

We’ll get clobbered by our emergency rooms. We’re understaffed already. We’re short on ventilators. Plus, doctors and nurses won’t be any more immune to the flu than the rest of us.

One respondent asks, “What will ERs do with infected bodies?” while another wonders “What will ERs do with surge capacity?” Still another argues “unless you put a police car out front, someone with bird flu will infect everyone in that ER.”

Respondents note that even a localized disaster like Hurricane Katrina can create extraordinary challenges for multi-agency governance. Pandemic flu would only add to these challenges, given both the social isolation required and the likelihood

Peter D. Hart Research Associates, Inc.

that the disease will spread. These challenges require leaders at the local, state, and federal levels to develop specific, detailed, and well-rehearsed contingency plans with clearly defined authority roles. However, many doubt that this has happened, or ever will. Observes one respondent:

If you visit the federal government's multi-agency, multi-departmental Web site for pandemic flu, you can see which agencies have yet to post their plans and preparation. You wonder how well people are actually working together.

"It's All Politics"

Political realities both spur and hinder adequate preparation. Regarding the former, respondents generally believe that the Bush administration began focusing on pandemic flu preparedness in the fall of 2005 largely in response to two political events: the administration's failed response to Hurricane Katrina and its decreasing favorability ratings. These events, coupled with a "critical mass" of concern from public health experts, created an opportunity to confront a pandemic flu threat in ways that until then had been largely ignored by both the Bush and Clinton administrations.

While public health officials might rejoice that political factors have finally put pandemic flu on the front burner, other political factors may hamper adequate preparation. Jurisdictional and political rivalries that make cooperation difficult during the best of times will only intensify during a pandemic flu crisis (see Katrina). Journalists also cite the administration's occasional willingness to manipulate scientific findings to meet political imperatives. A third impediment is the lack of powerful special interests, beyond vaccine and antiviral manufacturers, that might champion this issue. This could be a major problem, according to one DC-based reporter:

This is a large-scale, human story with few large-money interests. So if Congress were to act to be better prepared, it would be an—I almost want to say—*altruistic* act. Of course, that kind of altruism is not likely to happen, as we saw with bio-terror planning.

Congressional Republicans' political ideology presents a fourth possible barrier, especially when it comes to funding local public health infrastructure. Whereas funding for vaccines and antivirals produces tangible results, Republicans would be less likely to fund state and local government initiatives that may result in increased bureaucracy and/or unaccountable expenditures.

"Robbing Peter To Pay Paul"

Another political aspect to the government's response is the reality of a finite federal budget (increasing the deficit notwithstanding). Some well-placed reporters note with dismay that recent increases in spending on pandemic flu preparedness have "masked" reductions elsewhere. "There is a sense," says one respondent, "that the government is robbing Peter to pay Paul—they're funding vaccines, but taking away from other public health programs that are necessary whether or not there is a pandemic, such as addressing obesity, or AIDS."

“Where Is The Money Going?”

Republicans in Congress are not the only people worried about how the federal government spends its money on pandemic flu preparation. Journalists who have attempted to assess preparedness expenditures report less than successful results. Time constraints and complexity are common obstacles, as reporters cite difficulties tracking detailed legislation and grant disbursements. Not all obstacles are passive, however, and reporters cite reluctance on the part of some government officials to reveal how the money is being spent. One D.C.-based reporter describes her experience this way:

[Government officials] have been highly cooperative when discussing the amounts of money that they have spent, but I bang my head against a wall when I ask what agencies have DONE with the money. Some states and local agencies are excited to tell me, but many others are not.

Another reporter ascribes non-cooperation to a “post-9/11 secrecy—i.e., you can’t be privy to secret information, for your own good.” Because of this, she says, “There are good stories that we do not get to.”

3 Barriers To Preparedness—Media Challenges

As noted before, it naturally falls to the media to both encourage and monitor preparedness. As it turns out, however, covering pandemic flu presents numerous and significant challenges, the result of which often means that journalists cannot provide the coverage necessary to spur positive change.

A Lack Of “Sober Coverage”

The consensus among respondents is that current coverage is sorely inadequate, overly sensational or maddeningly misguided. Many lament cursory news stories—especially on local television, where most Americans receive their news. In addition to sowing confusion and misinformation, these stories can have dramatic real world effects. One business journalist offers this example: “People think that eating chicken will give them bird flu, and how does that impact Tyson Foods? Some have said that Tyson is already seeing an impact even without an outbreak.”

While *quality* of coverage may be lacking, the *quantity* of coverage is not. Many journalists complain about a constant bombardment of avian flu-related coverage, despite no significant advancements in the actual story. One reporter describes how “bird flu fatigue” has inflicted his newsroom, with a corresponding reluctance to write about it unless there is a sufficiently newsworthy new angle. However, “newsworthy” is in the eye of the beholder, and important stories (on preparedness, for example) might be passed up for a more “sexy” story. Indeed, many respondents believe that insufficient attention has been given to how individuals could prepare themselves for pandemic flu (or other disasters).

An individual cannot make a flu vaccine, so what steps can they take to be proactive? San Franciscans hear specific instructions about preparing for earthquakes—have so many days’ worth of medications stored up, for instance—and that is how these stories should be framed.

Because of what they perceive to be poor coverage, many respondents feel strongly that covering this story should be restricted only to those journalists who are armed with the background and sources to accurately gauge what is going on.

“It Just Keeps Getting More Complicated”

For journalists seeking to provide a more accurate account, many grapple with getting all the facts straight and setting the right tone. First, the issues are very technical, with lots of elements (e.g., transmissibility, lethality, virology, public health infrastructure, epidemiology) that require journalists to digest dense materials and synthesize multiple discussions with different sources. Such tasks are made even more difficult when many health reporters are assigned to multiple health topics, ranging from Medicare Part D and hepatitis C to obesity and AIDS. Despite the complexity of the topic, the health reporters we spoke to—perhaps in contrast to journalists whom they describe as less discerning—are insistent on getting it right. The stakes are high, according to one respondent:

As a medical reporter, I’m doubly responsible for accuracy, because you may be directly responsible for someone deciding not to take his or her medicine, or to get a shot. You have to be very, very certain that you are correct.

“If Only I Could Talk To...”

With the stakes so high, getting accurate information is critical. But this is no easy task, especially for reporters new to the public health beat. One journalist who has covered the story for many years insists that accurate reporting requires being “familiar with the spectrum of ‘experts,’” and believes the media’s continual attempts “to strive for balance” can result in inaccuracy (as not all so-called experts are created equal).

Obtaining accurate information from government sources can be especially challenging. While less of a problem for veteran CDC and HHS beat reporters, others have experienced a range of roadblocks, from unreturned phone calls and e-mails, to outright stonewalling and attempts to redirect interviews from pandemic flu specialists to public relations officials. Some chalk up these roadblocks to agencies “feeling under siege” and bureaucrats resisting questions because they feel that their professional competence is being challenged. But others feel that their efforts are being undermined by a well-orchestrated PR campaign. It should be noted that these roadblocks appear more pronounced at some government agencies than at others. The CDC came off quite well in our interviews, with instances of poor response being ascribed largely to the Center being overwhelmed (and understaffed) to handle the requests rather than a concerted effort at obfuscation. By contrast, the level of perceived political interference is far greater at HHS and has intensified during the current administration. There also is a feeling that HHS’s response to pandemic flu preparation is imbued with more politically sensitive elements than AIDS or other public health topics.

Peter D. Hart Research Associates, Inc.

At the most negative end of the spectrum lays the U.S. Department of Agriculture, which journalists single out multiple times for derision. A veteran pandemic flu reporter at one large national publication relates this story:

We got almost no cooperation from the U.S. Department of Agriculture when researching a story on how the poultry industry is preparing for the flu. They wanted all of the questions to be handled by a high-up PR person with no knowledge of what was actually happening on the ground. We wanted to talk to a specific researcher, but we were diverted to Washington multiple times, and we missed our deadline to speak with that person.

What is particularly interesting about the USDA's recalcitrance is that respondents consistently note high cooperation from agriculture experts elsewhere. Local agriculture schools in particular are cited as a trusted source for many regional journalists, especially given the current agricultural nature of avian flu.

"Flying By The Seat Of Our Pants"

Journalists note that preparedness is severely hampered by a lack of planning. This deficiency not only exists within government, but also affects all facets of society. Businesses especially are unprepared; one business journalist argues, "Corporate America isn't ready for this. There is no game plan."

As part of "corporate America," journalists recognize that they are not at all prepared for pandemic flu. Though they do not necessarily place themselves in the same category as public safety officers, they still realize that the media have a critical responsibility for informing the public should a health crisis arise. Most concede that their outlets have no measures in place to deal with pandemic flu. The result of this lack of preparation, according to one journalist, is a media that is "flying by the seat of its pants."

"Responsible" Journalism As An Impediment To Preparedness

As noted earlier, pandemic flu's *potential* impact is a tantalizing prospect for many readers (and those writing for them). Yet this can be exceedingly frustrating for journalists. The majority of our respondents believe that they are responsible for reminding readers that no one can be certain avian flu will become a pandemic flu. One reporter says that her paper has adopted a policy of inserting specific language about "if, not necessarily when" into their stories. The current story has showed few signs of resolving itself anytime soon. Complains one respondent: "No one story and no one study resolves anything; it's just one piece of a greater puzzle."

Many deride media colleagues who imply that pandemic flu is just around the corner. By contrast, respondents are adamant in their desire to present coverage that is "balanced" and non-sensationalistic. The media has a responsibility, according to one journalist, "to present the news without inducing panic." Numerous respondents say that they (or others they know) have toned down coverage or passed on pandemic flu stories altogether. One respondent says that he is aware that some newspapers have instructed everyone to scale back, because they are afraid of looking like "Chicken Little." He notes "readers don't like bad news and they develop resistance to the paper itself when they're unhappy."

While most would commend these reporters for their journalistic integrity, it is nevertheless a reality of the human condition that fear can be a great motivator. Yet it was not uncommon for respondents to say they *personally* fear pandemic flu far more than do their readers. This sensory discrepancy highlights a personal struggle as reporters (or their editors) practice journalistic restraint. On the one hand, public health journalists know a great deal about pandemic flu and its potentially devastating consequences. At the same time they fear that passing along too much of this knowledge to their readers will lead to panic. The following quotes illustrate this struggle:

I don't want to panic anyone, but I do want to prepare my audience. I have personally told my family to get 90 days' worth of supplies together, in case they need to stay away from other people for a while. I don't tell my readers that, because our editors think that may be ineffective and will cause panic. But the world is a scary place. People need to understand what could happen so that they can be ready.

The challenge is how do you tell a worst-case scenario story without sounding crazy or like Chicken Little? Someone complained to me about how the media is going nuts about this story, but on some level, it's justified. The potential impact is devastating. The clock is ticking, but we don't know what time it's going off.

Don't go overboard and actually frighten people or cause panic. I get scared by this story as a result of the time I've spent thinking about and working on it, so I can't let myself influence the story's balance.

One wonders, then whether journalistic "integrity" may result in pandemic flu stories that either are overly reserved or omitted altogether. If this happens, then readers have little reason to worry about pandemic flu. And if citizens are not worried, then their political leaders can easily turn their attention to more politically rewarding topics.

4 Barriers To Preparedness—"This Isn't 1918"

Our respondents say the 1918 flu epidemic serves as a useful, if not always accurate, guide to writing about pandemic flu in the 21st century. In some ways, 1918 helps provide an *American* human face to what is otherwise a story taking place thousands of miles away involving (for the most part) poultry, migratory birds, and virus mutation. The idea that flu could kill 675,000 Americans brings the threat of a new outbreak home loud and clear.

But 2006 is not 1918, a fact that our respondents are quick to point out. This fact has significant consequences for preparedness today, both promising and grave. Regarding the former, respondents mention the recent SARS episode as an example of how today's communication and monitoring capabilities can provide critical data to help track and potentially contain the disease. These same capabilities will also provide information to aid in decision-making and resource distribution. Perhaps most importantly, today's health care is unquestionably

better than what was available in 1918, both in terms of the medical knowledge and tools able to confront the disease.

On the other hand, present-day preparedness may suffer for the lack of certain realities inherent in 1918 life. For one, there was a “healthy” fear of flu, a fear that is largely absent today. More than one respondent notes the “disrespect” ascribed to flu today, with one citing the oft-combined term “cold and flu” as a prime example. “You tend to hear, ‘cold and flu season,’ as if flu is just a really bad cold. People fail to take it seriously.”

Another significant difference between 1918 and today is our expectations for government. Numerous journalists note that people then chiefly took care of themselves in the face of adversity, and this expectation coupled with a more rural existence resulted in far more independence when it came to health care. Similarly, rural living meant both more social isolation as well as a propensity to stockpile supplies. Neither exists to a large degree today, and many respondents estimate that our “on demand” economic supply chain will collapse within weeks with the interruption of transportation and distribution infrastructures.

5 Facilitating Preparedness—What Can Be Done?

As this report underscores, our respondents present a pessimistic view of America’s predicament in the face of a pandemic flu. And while they recognize that avian flu may not be the perfect pandemic candidate, they know that an outbreak at some point in the future is inevitable. So what can be done to encourage more effective preparedness?

Perhaps one of the most critical tasks—one that both heeds the lessons of Hurricane Katrina *and* requires no new financial resources—will be to ask more from ordinary citizens. In the end, even the most prepared public health system will be incapable of being everywhere at once. Instead, the vast majority of critical decisions will inevitably rely on regular people doing the best they can. But the only way to ensure Americans make good decisions is to provide them with realistic expectations and the information they need. Of course, realistic expectations will require that people know exactly how well (or not) our public health infrastructure is prepared, knowledge that necessitates a frequently lacking transparency from government officials.

It is the media’s job, according to one journalist, to “be accurate and tell people what they need to know.” “But,” she argues, “[people also have] a responsibility to read the paper and seek to be informed.” Another journalist, who has covered this story for nearly a decade, concurs.

Our readers are interested and engaged. But they don’t have a good sense of how to calculate their personal risk. Our readership took part in a town hall meeting [on the topic] and I was amazed at the sophistication of their questions. They were engaged with the real-world, hard questions, and not distracted by the sensationalism. We underestimate the public. We think they’ll be sheep. But they are more rational than we give them credit for, and they won’t simply melt in crisis.

Peter D. Hart Research Associates, Inc.

Still, we cannot be naïve enough to think that people will prepare on their own. Indeed, one respondent compares pandemic flu to “fire insurance,” in that it requires people to prepare for a potentially unlikely disaster. Nevertheless, through a combination of public knowledge, incentives, and imperatives, most people see an inherent value in a fire insurance policy.

Adequate public preparation for pandemic flu requires a motivated public, and as Donald McNeil’s *New York Times* article notes, a key motivating factor is “fear.”³ As such, journalists who attempt to downplay fear in their pandemic flu coverage do so at their own (or perhaps society’s?) peril.

The current centennial of the San Francisco earthquake reminds us that the constant harping about “the big one”—harping that many might describe as “fear-mongering”—has, at minimum, encouraged a sizable number of Bay Area residents to retrofit their homes and stash away supplies. There is a lesson here for governance as well, as progress on frequently lumbering public works retrofits have moved along thanks largely to the momentum provided by the rumbling threat of future quakes. Also, while this “harping” may have led some to consider moving from the Golden State, it has *not* resulted in widespread panic. Does San Francisco’s experience provide a replicable lesson? This summary of journalistic views would suggest that it does indeed.

³ Donald G. McNeil, Jr., “When A Disease Loses Its Most Potent Ally, Fear,” *New York Times*, March 26, 2006.