

usually been stripped—associating the numbers with actual victims can require lengthy research.

To balance such demands, public health reporting offers compensations. The fundamental question asked by epidemiology, “Compared to what?” is essentially the same question asked by serious journalists: “To prove significance and accuracy, what questions must we ask?” Just as every medical student is told at least once, “When you hear hoofbeats, think horses, not zebras,” every public health student learns that “Coincidence is not the same as causation.” The rigor of public health research, which makes an effort to look beyond the obvious answer, lends toughness to public health writing. And public health stories are authentic trend stories; they represent real associations extracted, by exacting analysis, from the surrounding data storm.

This argument risks forcing public health reporting into the same trap that for many years imprisoned reporting on the environment—it was considered dull but important. Public health coverage is rescued from dullness by the fascinating personalities who practice it and the extraordinary stories it reveals. To follow a public health story is to feel the classic pull of a mystery, but in this case it is the relentless detective pitted, not against

a human murderer, but against a remorseless natural force.

In pursuit of such stories, I’ve watched a scientist empty a refrigerator of a week’s worth of groceries to search for clues to a food-borne disease that was causing a rash of miscarriages while she ignored the risk to her own first-trimester pregnancy. I helped another one wrestle with a thrashing, angry heron with a wingspan longer than I am tall, because a sample of its blood might provide clues to an outbreak. I sat in a hospital room with a vibrant 51-year-old woman who had suddenly become paralyzed to her collarbone, while researchers debated whether she might be one of the first cases of West Nile virus paralysis. In India, I watched a young father who had carried his limp, feverish son on a 26-hour train journey, crumple when he realized that none of the boy’s four immunizations had adequately protected him against polio.

The personal drama of those stories, and the research and policy issues they illuminate, ought to be an argument for public health coverage in themselves. In case they are not, I offer a final consideration, based on a remark I once heard in an Atlanta public meeting. It was made by Dr. William Foege, a revered figure in American public health who was most recently

senior advisor to the Bill & Melinda Gates Foundation. “At its base,” Foege said, “the provision of public health is the search for social justice.”

Considerations of justice and equity are the foundation of the best work that news organizations do. Giving a home to the public health beat allows us another forum to explore those issues, while it gives us an additional set of complex, dramatic, human stories to tell. ■

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The Anthrax Attacks

A journalist assesses what went wrong in coverage of this story.

Following September 11th, The Century Foundation began its Homeland Security Project to help inform the public and policymakers about complex challenges related to terrorism. One facet of this project is a series of case studies examining the public’s need to know. What follows are edited excerpts from a paper in this series entitled “The Anthrax Attacks,” which explores how and why the press encountered difficulties in reporting essential public health information during the anthrax crisis.

By Patricia Thomas

Anthrax bioterrorism was the third most closely followed news story of 2001, topped only by the September 11th attacks and the war in Afghanistan. Some 24-hour news channels were “all anthrax, all the time” for several weeks; Tom Brokaw uttered the memorable phrase “in Cipro we trust” as a sign-off after the NBC newsroom was targeted, and print coverage reached blizzard proportions. For example, the Centers for Disease Control

and Prevention (CDC) was mentioned in more than 12,000 newspaper and magazine articles during the final three months of the year.

Meanwhile, a behind-the-scenes struggle was developing between government agencies, which held a near monopoly on information about the attacks, and journalists clamoring for access to what government scientists and investigators knew. This situation came to light in late October, about

three weeks into the crisis, when prominent journalists began venting their frustrations in print: Usually helpful press officers were stonewalling, government scientific experts were not being made available for interviews, and public officials were generally failing to make accurate health information available fast enough. This mismanagement of news harmed the public good, reporters said. Some writers blamed Secretary of Health and Human Services (HHS) Tommy Thompson, speculating that his devotion to the Bush administration's credo of "speaking with one voice" led him to silence experts, damage his own credibility, and wound the reputation of the CDC in the midst of a national emergency. Other critics attributed disruptions in news flow to structural deficiencies and incompetence at the CDC itself.

Regardless of whom these influential reporters held responsible, all expressed concern that an information shortfall left the American people susceptible to panic, vulnerable to hucksters, and confused about how best to safeguard the health of their families. More than one year after the last anthrax victim died on November 21, 2001, one might expect reporters to have lost interest in these issues and moved on. But that has not happened. In fact, more recent actions of the Bush administration have made thoughtful journalists increasingly worried that tight government control of health and science news might disrupt the flow of timely, accurate information about scientific research and personal health to readers and viewers....

When the attacks began, "All the government agencies, including NIH [National Institutes of Health] and CDC, were told not to talk. They were trying to develop a model where all the information came from a central source," NBC's Robert Bazell said. He cuts the Bush administration some slack because they were newly in power, there is always a learning curve, and no one had any practice with bioterrorism. Washington Post reporter Rick Weiss is less forgiving about how the administration's "speaking with one

voice" policy hampered journalists' effort to keep the public informed about breaking science. "One department, one voice. But that one voice is busy right now, so please leave a message," he said wryly....

Calling the CDC

Every reporter covering the anthrax story called the CDC at least once, but not many actually managed to interview a CDC scientist. Understaffing was an obvious problem in the first phase of the crisis. From October 4th through 12th, the single media relations specialist assigned to bioterrorism documented 137 anthrax calls received during business hours. More calls probably came through but were not written down. At the very least, she faced 20 media requests during each working day, which public relations experts say is about the maximum that one person can handle. Outside normal business hours, however, CDC estimates that this same individual received "hundreds" of calls and pages from reporters seeking help with information or interviews. CDC press officers with other responsibilities say they pitched in but acknowledge they lacked the expertise of the woman on the anthrax beat.

Press inquiries that reached the CDC's central media relations office were tracked separately, and this tally indicates that the phones rang non-stop: 2,229 calls about anthrax and 287 concerning bioterrorism were documented between October 4th and 18th, and these are thought to be underestimates. This translates into nearly 230 incoming calls on an average day. No one in the central office appears to have been officially designated to handle these calls until 10 days had passed: Then, on October 14, five of the office's 10 media relations specialists were assigned to anthrax and bioterrorism. CDC also selected several senior scientists as official spokespersons and began setting them up with interviews.

There is no comprehensive record of how the 2,516 press inquiries that reached CDC media relations during

these two weeks were resolved. Those who got in touch with a press officer were likely to be referred elsewhere. If they asked about field investigations they were asked to call local officials in Florida, New York, New Jersey, or Washington. (There, press officers in the field sometimes bounced inquiries back to the CDC in Atlanta.) Reporters who asked about the search for the perpetrators were told to contact the FBI, which released prepared statements about the investigation but was otherwise tightlipped. If reporters called to follow up on comments made by Secretary Thompson or to ask about policy issues, they were usually referred to the public affairs office at HHS. And, although they did not realize this was happening, many reporters then had to wait while their requests were vetted by HHS officials in Washington....

So-called anthrax experts seemed to be coming out of the woodwork, and they were getting plenty of airtime on the 24-hour television news channels. One of the most notorious was a supposed authority who repeatedly referred to anthrax, which is a bacterium, as "the anthrax virus."

Two weeks after anthrax hit, HHS leadership realized that the public needed more information from credible medical experts and that many of those people worked for the CDC. In Atlanta, 10 media relations specialists from satellite press operations elsewhere on the CDC campus were brought to the central office to join forces with the five already taking anthrax calls. These 15 professionals, along with about half a dozen support staff, were divided into two teams and put on shifts that kept the press office open 10 to 12 hours daily, seven days a week. This schedule went into effect during the week of October 15th....

CDC's revamped press operations went into high gear on October 18th. Reporters got a multipurpose press release confirming that a postal worker in New Jersey definitely had cutaneous anthrax, announcing that updates on the crisis were being posted in Spanish on the agency's Web site, and promoting a video news release featuring CDC director Jeffrey Koplan. Despite

Koplan's stiff delivery and the tape's lack of pizzazz, news directors were so hungry for information from CDC that the video aired 923 times and reached an estimated 50 million viewers....

Reporting on a Health Crisis

Just as a standard news story contains certain elements, there is a checklist of what people need to know about a public health threat. Basic information includes signs and symptoms of illness, how exposure or transmission occurs, how to estimate one's own degree of risk, what interventions can prevent or treat the problem, what outcomes are likely, and when and where to seek help if needed. Because no two people are alike or have exactly the same risks, it is seldom possible to make a "one size fits all" recommendation. This is why science and medical journalists lean heavily on physicians or scientists who can lay out the facts about a specific health threat and explain the pros and cons of various choices. This enables consumers to act in their own best interests, which may mean doing nothing at all.

But what if reporters cannot reach those experts and are offered political appointees and bogus scientific experts instead? According to an October 23rd article by New York Times reporter Sheryl Gay Stolberg, muddled messages from the government confused and frightened the public. She faulted the Bush administration for failing to deliver accurate information, "even if it might be scary," and criticized Secretary Thompson in particular for suggesting that the first victim might have been infected by drinking from a stream. Instead of complaining about the administration's "speaking with one voice" policy, however, Stolberg cited contradictory information emanating from local public health officials and "self-proclaimed experts" as the main source of confusion for reporters and the public....

Just as bioterrorism preparedness is part of a larger public health context, what happened between government news managers and reporters during the anthrax attacks is part of a bigger picture, in which Bush administration policies are changing the rules of engagement for reporters and their

sources. Journalists worry that when an end to the "War on Terror" is eventually declared, access to government scientists and tax-supported scientific research will still be limited.

Moving Forward From Anthrax

At the CDC, phone banks for handling inquiries from health care providers, journalists and worried citizens have been expanded since fall 2001. A facility for broadcasting televised press conferences, or for linking CDC officials with HHS leaders in Washington, also has been set up. These are important steps in the right direction.

Government agencies also must prepare accurate information about various organisms in advance: If another bioterrorism attack occurs, communication offices should have fact sheets and rosters of experts on hand in order to disseminate critical knowledge immediately. Crisis communications experts emphasize that credible doctors and scientists should be talking to the press from the start and should be available on a schedule that suits today's 24-hour news cycle so that less reliable speakers will be shut out. Although political appointees can convey important messages to the public, the CDC director, surgeon general, and other medical authorities should handle technical matters.

Experts see the anthrax attacks as an atypical form of bioterrorism and predict that if bioweapons are used again, the assault will probably unfold more slowly, in more locations, and may well involve an organism that spreads easily from person to person. Communications challenges will be greater than before, and press officers sent to site investigations will need clear guidelines for coordinating messages with those emanating from Atlanta or Washington.

Another lesson that HHS and CDC communication managers may derive from the anthrax experience is that the eye of the storm is not the place to suddenly decide that all reporters should be treated in the same way. If CDC and HHS press officers had con-

Preparing for Bioterrorism Reporting

Individual reporters and the profession are adapting to a world where bioterrorism is no longer unthinkable. Some journalism schools have instituted courses such as "Covering International Terrorism," which was taught at Boston University for the first time last year. Professional organizations have created educational offerings for working journalists.

With help from the Carnegie Corporation of New York, the Radio and Television News Directors Foundation (RTNDF) produced a two-hour bioterrorism seminar that was broadcast by satellite in late 2001. The organization also distributed a journalist's guide to covering bioterrorism to every television and radio newsroom. For

2003, the RTNDF plans another satellite forum, workshops, presentations at professional conferences, and additional publications—all aimed at preparing broadcast journalists to cope with biological warfare.

The Foundation for American Communications (FACS), a 25-year-old organization that conducts educational programs and develops print and online resources for journalists, has turned its attention to bioterrorism as well. In December 2001, FACS teamed up with the television news directors and the National Academy of Sciences, National Academy of Engineering, and Institute of Medicine for a workshop aimed at training reporters to cover terrorism. ■ —P.T.

tinued giving elite reporters the same degree of access they usually enjoyed, at least some of the critical articles in national newspapers might never have been written. One rationale for doing this is that such reporters are more knowledgeable and experienced than most of the press corps.

A final piece of advice for news managers was offered by former Surgeon General C. Everett Koop, who testified before a congressional subcommittee in November 2001. Koop told legislators that communicating threats to the

public was mostly a matter of common sense and laid out some rules about how to do it effectively. The final item, and most important in Koop's view, was "keep the press on your side through honesty and forthrightness."...

Everyone, of course, hopes that bioweapons will never again be deployed against Americans. But if this does happen, the timely flow of information from experts to the public via the mass media will be the nation's best protection against panic and potential disaster. ■

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Useful Lessons From Reporting the Anthrax Story

A journalist describes what happened and shares what he learned.

By Sanjay Bhatt

I was interviewing Florida's director of substance abuse services by phone when an editor stood up in the middle of the newsroom and yelled in my direction, "Anthrax! We've got anthrax!" I made sure I had heard right, then cut the phone interview short, explaining that we had a human anthrax case in Palm Beach County, and I had to go *now*. It was a few minutes before 3:30 p.m. on Thursday, October 4, 2001.

I rushed to the county health department, which had scheduled a four o'clock press conference, and then to JFK Medical Center, where Dr. Larry Bush was speaking to reporters shortly after five. Next to him was the state's top epidemiologist, Steven Wiersma, sent by pediatrician John Agwunobi, who was having an unusual first day as Florida Department of Health Secretary. Though no one wanted to believe it, Robert Stevens, a photo editor at The Sun, a supermarket tabloid published by American Media, was going to die from a disease so rare that most of our knowledge about it was derived from 1979, when dozens of Russians died after being exposed to spores cultivated in a Soviet biological weapons factory.

What, in retrospect, is obvious was

completely baffling on October 4th. Today we accept that terrorists—whether foreign or domestic—target suburban communities (illustrated again by last fall's sniper shootings), but back then pundits insisted that *real* terrorists strike power centers such as Washington or New York City. More than a few reporters still tell me that their suburban newsrooms aren't prepared to cover such an attack. And when the big story hits, it's too late to begin thinking then about which experts to tap, how to staff round-the-clock shifts, and what risks journalists in the field should and should not take.

With the necessity of preparation in mind, journalists might find some useful lessons in what my colleagues and I at The Palm Beach Post experienced on and after October 4th.

Lesson 1: Plan ahead of the event, as you would for a natural disaster. Back in 1999, I listened to military experts share doomsday scenarios with more than 200 nurses, paramedics and public health workers in a Tampa conference center. One of the scenarios involved terrorists silently dispersing anthrax spores through the air-ventilation shafts of a shopping mall and infecting thousands of people. It was so

chilling that I led my piece with it. The headline: "Florida 'Inviting' for Bioterrorism Attack, Experts Warn." My skeptical editors ran the story inside on 4A. I stuffed my notes into a jumbo envelope, tucked it away and moved on.

Two years later, a dozen other reporters and I, who were attending the Association of Health Care Journalists' National Conference, were standing outside a maximum containment laboratory at the Centers for Disease Control and Prevention (CDC). Only government labs in Atlanta and Moscow are known to possess old strains of the virus that causes smallpox, which the World Health Organization declared eradicated in 1980. Someone asked how the laboratory received shipments of lethal viruses, such as Ebola, during the 2000 outbreak in Uganda. "We use Fed-Ex," the tour guide said. Jaws dropped.

After I returned to West Palm Beach, I pursued a story on how specific lethal germs, or so-called "select agents," like anthrax are transported between laboratories. Private couriers had never lost a package since the program began two decades ago, CDC officials said. The Department of Energy's Inspector General, however, had faulted CDC for