Rudy Owens
Case 18, Day 1
May 16, 2011

LO: Explain arguments in favor of unrestricted access to information during outbreaks

Communicating to the public during a health crisis may not lead to a perfect marriage of interests among journalists and public health stakeholders

> "If your mother says she loves you, check it out."[1] Journalistic principle attributed to the storied Chicago City News Service and often-quoted mantra of many journalism professionals.

***Abstract**: The fields of journalism and public health share many common goals, including the sharing of information to help the public make informed decisions. However, during health crises, tensions arise between the interests of public health stakeholders to convey critical information that reduces public misunderstanding and fears and the media's often conflicting needs to both sell a compelling media product and serve the public with the best available information within tight deadlines. Healthy skepticism of public health stakeholders by the media is warranted by past and continuing problems of information sharing by all government entities, and public health actors are right to worry that media entities may not accurately convey scientific information that can have serious consequences during outbreaks and highly publicized health scares. This paper will argue the public's interest is best served with greater access to information by the media.*

If It Bleeds, It Leads: A young woman dies from a contagious, deadly infection—a kind that can be passed casually among young people in groups and arrive suddenly with lethal outcomes. The victim had just celebrated her quinceañera, an event that could have exposed many others to the infection. What's worse, prom season approaches, creating more opportunities for the infection to spread. With these facts, it would be impossible to assume any media would not only run with the story, but sensationalize it. No reporter worth his or her salt would not pursue this story, not interview friends and family, and not press public health officials *hard* for information about the infection, about the victim, and if this case was limited or represented the tip of a larger health problem.

So the problems facing our King County public health communicator are not new. Media frequently sensationalize stories about disease outbreaks, such as the H1N1 influenza outbreak in 2009, when the World Health Organization raised the influenza pandemic alert level to "phase 5." At the same time, outbreaks are of critical public interest, given past instances such as the Spanish influenza outbreak immediately after World War 1 that killed more than 100 million people globally. That outbreak was historically lethal and exacerbated in the United States by public officials who repeatedly lied about seriousness of the virus and thus fueled mistrust that led to what was called "the terror of 1918." Aiding and abetting that terror were sensationalist media accounts.[2]

In this case, there is clearly a compelling public interest by the media in covering the story of a bacterial meningitis death. The CDC notes that "bacterial meningitis can be quite severe and may result in brain damage, hearing loss, or learning disabilities." Given it can be fatal in 10% of all cases, the CDC says its appearance should be treated "as a medical emergency."[3] Persons 16-21 are among the high-risk groups identified by the CDC. Given that it can be spread through

respiratory and throat secretions, parents of children in school settings and school officials have every right to be concerned about risks posed to students if there is an outbreak that could have infected more than the one young woman who died, 3 others with possible cases, and the10 kids who received preventive antibiotics. But, how should competing interests be weighed—the media's right to inform citizens of a possible public health concern, even inaccurately, or the health department's need to convey only accurate information about bacterial meningitis and prevent public panic because of sensationalist coverage and fear? As our case gets behind the scenes, we see two developments. First, there is a clear protocol for emergency and risk communications for outbreaks that will guide a response. Second, we see the health department director showing what can be called a paternalistic attitude toward the media who are "trying to get ahead of the story." The department is also demonstrating clear self-interest that it needs to show it can act decisively "in an urgent situation."

Informing The Public: In any story involving the communication of risk, media coverage will be a determinant factor in how the public responds to a perceived health crisis. While that is changing today with social media outside of corporate control, much of what people hear regarding a health problem will be from the mass media.[4] Holmes et al. note that there is widespread belief among public health officials that the public can handle uncertainty and that trust plays a critical role when there is uncertainty.[4] The outbreak communication model of the World Health Organization (WHO) highlights five principles: trust, transparency, early information sharing, listening to the public, and never over-reassuring or misleading the public.[5] But public health official and scientists who engage the media report express concern that media will "get it wrong." Often, public health officials view the media as "either enemies or troublesome fools," and quite often media relations is at the bottom of public health's priority list.[4] What's more, though public health organizations prioritize ethical health communications, their "ultimate goal is to manipulate people into practicing healthy behaviors."[4]

Public's health's guiding ethics encourage officials to address diseases and adverse health outcomes, promote community health, and "provide communities with the information they have that is needed for decisions on policies or programs" with the community's consent. (See appendix 1.) A mandate to the "truth" is not listed as the highest priority, though being ethical, unbiased, and objective are considered essential for any health communicator or professional.[6] What's more, public health has a mandate not to divulge information if that would "bring harm to an individual or community if made public."[7] The health department must mitigate panic and also share information that can help the public and parents worried that their children may be at risk and developing symptoms.

Trust Us, We're Experts: According to David Resnik, with medical communications, a doctrine of informed consent does not require medical experts to share "the whole truth and nothing but the truth," because some information may not be necessary for the audience (patients or a population) to make the right decisions. According to this model, the public may not understand all the details of a complex medical issue, and to successfully communicate a message, information must often be condensed for dissemination that appears in 30-second broadcast or 500-word print news stories. Lastly, this model assumes the public is also seeking expert advice and guidance, not purely information.[6]

Resnik notes paternalistic concerns are inherent to this public health communication framework. He points to research that shows most "lay people" have a poor understanding of risks and uncertainties. The public does not understand statistical concepts and makes poor judgments about risks. This can be seen in research showing more people believe they have a higher chance of dying in a plane accident than an automobile accident, despite data to the contrary.[6] The paternalistic framework also assumes that members of the media are not capable of understanding scientific or medical information, and also make frequent errors in reporting risks, significance tests, causation and association, and other statistical concepts.[6] Finally, media in reporting risks often sensationalize news stories to boost profit margins and sales. Resnik, however, notes paternalistic communication deprives the public of power and creates a "slippery slope" of bad precedents that can ultimately be harmful to promoting public health, leading to anger, resentment, and ultimately less trust of those promoting science and medicine. However, he defends the right of withholding information from the public during an outbreak scenario (anthrax scare, smallpox, Ebola, etc.) if there is a legitimate public health emergency "to avoid a panic or to promote effective emergency management."[6]

Inevitably, during crisis communications, there will be disagreements concerning the control of information. Journalists believe they are capable of telling a factual narrative for a lay audience, but using scientific experts, or in this case public health experts, as their sources only. They are only obliged to be fair to the source. What's more, they are especially cautious of any efforts to limit or censor information.[8] However, scientific experts, who can include public health officials, believe that they should control the communications, as they see themselves as the creators of any health message to be shared with the public. They see reporters as information disseminators only.[8]

The Third Estate: According to the Nieman Foundation for Journalism at Harvard, journalism's first mission is to "tell the truth." As the self-declared public watchdog that defends the interests of citizens, the profession also seeks to hold all institutions of power accountable, particularly government, which by definition includes all public health bodies.[9] Under this framework, relationships with institutions, including health departments, can be seen as constantly evolving power struggles, to shape public opinion on key issues.[10] Thus media actors view sources as agents with vested institutional interests from ideological positions in their cultural worlds, regardless of that organization's mission.[10] In short, journalists can never assume any information shared is honest or accurate—even if the source is one's mother. Information must be tested, triangulated, attributed, and, if newsworthy, shared with the public regardless of the wishes of institutions seeking to withhold information. Dick Thompson, with WHO's outbreak communications section, notes that if journalists "ever detected that you were spinning me or lying in any way—if you were covering up or protecting your organization—I'd automatically devalue what I heard."[5]

The struggle to force any government agency to release information is a constant for all media. The Association for Health Care Journalists (AHCJ) consistently reports of repeated efforts by all levels of government, from the Food and Drug Administration to local public health departments, to withhold information, many in the purported interest of "privacy."[11] Max Weber's classic analysis of bureaucracies as social organizations holds that secrecy is an inherent preoccupation of all administrative bodies and that all government and private institutions

demand secrecy to gain advantages over rival administrative bodies.[12] Yet government secrecy is frequently found to be harmful to the interests and health of the public.[13,14] What's more, journalists have justifiable reasons to question pronouncements from public health officials. For instance, the New Scientist magazine asked 60 public health officials and researchers in August 2009 about their personal preparation for the H1N1 flu pandemic, at a time when public health bodies were uniformly advising the public not to stockpile the H1N1 treatment drug Tamiflu at home. The survey found half were concerned enough to stockpile the drug in their own homes.[15]

Journalists also have expressed concern with the evolving "crisis communication" paradigm. Crisis consultants like Peter Sandman have put forth models of "outrage management,"[16] which may not fully acknowledge historic shortcomings of governments that mislead and harm the public and the importance media play in seeking and publishing information that governments withhold, distort, and intentionally misrepresent. Some reports have noted the risk response model embraced in public health agencies signals a cultural shift in those bodies to a military, law enforcement, and emergency responder top-down structure.[17] One observer characterized the change as public health officers "taking their orders from the big guys with side arms."[17] Traditionally, military and law enforcement entities have been among the most reluctant government bodies to divulge information to media organizations.

Back To The Case: At a 2009 meeting of AHCJ and the Association of State and Territorial Health Officials (ASTHO), health officials and health journalists affirmed that during public health crisis like an outbreak, openness was paramount, but information should be withheld only when there was a "clearly justified reason to keep it confidential."[18] The goal of both sides was to establish flexible guidelines on how much information to reveal about victims in a public health crisis (age, gender, residence, underlying conditions and time of death of every victim), given inconsistency in information sharing by public health agencies nationwide. However, the AHCJ's right to know committee vowed it would continue pushing for more openness in the federal government and an end to newsgathering constraints imposed by public information officers.[18] As seen in this case, the health department has every reason to be concerned that media sensationalism will harm the public's interests. Clearly the department knows collaboration with the media will be essential to inform the public of bacterial meningitis and their efforts to address the problem. What is very worrisome and less clear from the case is whether the public health officials acknowledge the value that the third estate has in sharing news to the public, however imperfectly, and in pressing them for answers, or whether these officials truly acknowledge their own shortcomings that may prevent them from serving the public during a health crisis.

1. Do public health officials, as my research found, truly have a negative view of the media and view them as irritants, even though cooperation is essential for both sets of actors to share information with the public?
2. To what degree do institutional interests steer mid- to large-size public health agencies when developing crisis communications plans; is the highest priority the needs of the institution or the public it serves? Are public health officials even cognizant of the role institutional and self-interest play in their communications decision-making?

Appendix 1: Tenets and principles of the fields of journalism and public health, as outlined by the Nieman Foundation for Journalism at Harvard[9] and the Public Health Leadership Society.[7]

Tenets of Journalism	Principles of Public Health
1. Journalism's first obligation is to tell the truth. 2. Journalism's first loyalty is to citizens. 3. The essence of journalism is a discipline of verification. 4. Journalists must maintain an independence from those they cover. 5. Journalists must serve as an independent monitor of power. 6. Journalism must provide a forum for public criticism and comment. 7. Journalists must make the significant interesting and relevant. 8. Journalists should keep the news in proportion and make it comprehensive. 9. Journalists have an obligation to personal conscience.	1. Public health should address principally the fundamental causes of disease and requirements for health, aiming to prevent adverse health outcomes. 2. Public health should achieve community health in a way that respects the rights of individuals in the community. 3. Public health policies, programs, and priorities should be developed and evaluated through processes that ensure an opportunity for input from community members. 4. Public health should advocate and work for the empowerment of disenfranchised community members, aiming to ensure that the basic resources and conditions necessary for health are accessible to all. 5. Public health should seek the information needed to implement effective policies and programs that protect and promote health. 6. Public health institutions should provide communities with the information they have that is needed for decisions on policies or programs and should obtain the community's consent for their implementation. 7. Public health institutions should act in a timely manner on the information they have within the resources and the mandate given to them by the public. 8. Public health programs and policies should incorporate a variety of approaches that anticipate and respect diverse values, beliefs, and cultures in the community. 9. Public health programs and policies should be implemented in a manner that most enhances the physical and social environment. 10. Public health institutions should protect the confidentiality of information that can bring harm to an individual or community if made public. Exceptions must be justified on the basis of the high likelihood of significant harm to the individual or others. 11. Public health institutions should ensure the professional competence of their employees. 12. Public health institutions and their employees should engage in collaborations and affiliations in ways that build the public's trust and the institution's effectiveness.

REFERENCES:

1. Simon S. Chicago says so long to 'City News'. *National Public Radio*. 2005; http://www.npr.org/templates/story/story.php?storyId=5059881. Accessed May 14, 2011.
2. Barry J. *The great influenza*. New York: Penguin Books; 2004.
3. U.S. Centers for Disease Control and Prevention. *Meningitis questions & answers*. 2011; http://www.cdc.gov/meningitis/about/faq.html. Accessed May 14, 2011.
4. Holmes B, Henrich N, Hancock S, Lestou V. Communicating with the public during health crises: experts' experiences and opinions. *Journal of Risk Research.*12(6):793-807.
5. Nowak G., Thompson D. Outbreak communication: how the sources see the story. *Nieman Foundation for Journalism at Harvard*. 2009; http://www.nieman.harvard.edu/Microsites/NiemanGuideToCoveringPandemicFlu/CrisisCommunication/OutbreakCommunicationHowTheSourcesSeeTheStory.aspx. Accessed May 14, 2011.
6. Resnik DB. Ethical dilemmas in communicating medical information to the public. *Health Policy.* Vol 55. Ireland2001:129-149.
7. Public Health Leadership Society. Principles of the ethical practice of public health: *Public Health Leadership Society*. 2002; http://www.apha.org/NR/rdonlyres/1CED3CEA-287E-4185-9CBD-BD405FC60856/0/ethicsbrochure.pdf. Accessed May 14, 2011.
8. Peters H. Scientists a public experts. In: Bucchi M, Trench B, eds. *Handbook of public communication of science and technology*. New York: Routledge; 2008.
9. Nieman Foundation for Journalism at Harvard. *The elements of journalism*. 2001; http://www.nieman.harvard.edu/reports/article/101696/Refusing-to-Take-the-Easier-Route.aspx. Accessed May 14, 2011.
10. Hanitzsch T, Wahl-Jorgensen K. *The handbook of journalism studies*. New York: Routledge; 2009.
11. Association of Health Care Journalists. *Right to know*. 2011; http://www.healthjournalism.org/1stAmend-jump.php. Accessed May 14, 2011.
12. Rourke F. Secrecy in American bureaucracy. *Political Science Quarterly.* December 1957;72(4):540-564.
13. OMB Watch. *Chemical secrecy increasing risks to public*. 2010; http://www.ombwatch.org/node/10689. Accessed May 14, 2011.
14. Lustgarten A. Reporting time and resources reveal a hidden source of pollution. *Nieman Foundation for Journalism at Harvard*. 2009; http://www.nieman.harvard.edu/reports/article/101558/Reporting-Time-and-Resources-Reveal-a-Hidden-Source-of-Pollution.aspx. Accessed May 14, 2011.
15. Nieman Foundation for Journalism at Harvard. *Treatment basics: antivirals*. 2009; http://www.nieman.harvard.edu/Microsites/NiemanGuideToCoveringPandemicFlu/TheScience/TreatmentBasicsAntivirals.aspx. Accessed May 14, 2011.
16. Sandman P. Covering risk. *Nieman Foundation for Journalism at Harvard*. 2009; http://www.nieman.harvard.edu/Microsites/NiemanGuideToCoveringPandemicFlu/CrisisCommunication/CoveringRisk.aspx#sandman. Accessed May 14, 2011.
17. Shapiro B, Thomas P, Rowan F. Interaction of journalists and sources. *Nieman Foundation for Journalism at Harvard*. 2009; http://www.nieman.harvard.edu/reports/article/100263/Interaction-of-Journalists-and-Sources.aspx. Accessed May 14, 2011.
18. Association of Health Care Journalists. *Health officials, journalists agree information is key in public health crisis*. 2009; http://www.healthjournalism.org/about-news-detail.php?id=109. Accessed May 14, 2011.