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Covering the Plague Years:

Four Approaches to the AIDS Beat

James Kinsella

AIDS reporting has changed dramatically since 1981. But it was not until mid-1985, when Rock Hudson was diagnosed with the disease, that media outlets began playing the epidemic as a story of major proportions.

Because almost no major media institution embraced the AIDS story as an important issue, coverage of the epidemic was often the result of a reporter's initiative. Consequently, the connection the individual journalist had with the epidemic became a much stronger influence on what appeared in the news and on what Americans knew about the crisis than in any other recent major health story. This article examines how four prominent journalists covered the disease.

The reporting by the San Francisco Chronicle's Randy Shilts, a gay man aligned with a political faction in the city's homosexual community, reflected that affiliation. Jim Bunn, a heterosexual reporter for KPIX-TV in San Francisco, brought to the epidemic the fear that it would spread to the larger, heterosexual population, and worked hard to get the word out about that possibility. The New York Times's Dr. Lawrence Altman viewed the epidemic from his perspective as a traditional medical doctor — maintaining a professional distance from the tragedy. And National Public Radio's Laurie Garrett, a scientist as well as a heterosexual woman politically in touch with the gay community, took a compassionate, informed stance.

Almost all the coverage of these journalists had discernible policy impacts.

More than any other major modern story, AIDS has challenged basic journalistic methods and ethics. None of the mainstream media covered the disease as thoroughly as they had covered similar health crises, such as the swine flu scare and Legionnaires' disease in the mid-seventies. That failure was due in part to homophobia. When AIDS first appeared — identified as a disease affecting homosexual men exclusively — almost no newsroom editor considered the story worth covering. After all, it did not seem to be affecting the larger population, as swine flu threatened to, or a socially acceptable group like middle-aged war veterans, as Legionnaires' disease did. Those editors who

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gave reasons for not covering the AIDS story most often reasoned that news about homosexuals would not interest the great majority of “family newspaper” readers. Media interest did not increase when discovery was made of the next AIDS-affected group — users of nonprescription intravenous drugs.

There were, of course, other obstacles to covering the story appropriately. For instance, it is often not in the best interest of scientists to talk to journalists about their groundbreaking work, since researchers want their papers to be published first in scientific journals that can place a professional imprimatur on their findings. And, for the most part, AIDS is not a television story. Many patients do not want to be photographed, as the effects of the disease are so debilitating. Furthermore, few media outlets have journalists on staff who are specifically trained to cover the complex beats of science and medicine. But even the political stories of the epidemic got short shrift. Again, most editors — and reporters — were not interested in covering a disease affecting social outcasts. As a consequence, AIDS coverage in the early years was almost always a result of a reporter’s individual initiative.

Because the AIDS beat was considered unimportant in the journalistic institution, few of the recognized processes that were used for traditional political stories or even medical stories affecting traditional groups were available to cover the plague. And in the beginning, there was a dearth of reliable information on the disease, on how it was spreading and whether it could be stopped. So when AIDS was allowed to be covered, the individual reporter who took an interest and worked to develop an understanding of it had great influence over what was published or broadcast. The story behind the story of the AIDS epidemic, therefore, is a highly personal one.

This is made clear by analyzing the work of most of the major figures who covered the crisis from mid-1981 to mid-1985, before the story became mainstream with the AIDS diagnosis of actor Rock Hudson. Four of the best examples are the *San Francisco Chronicle*’s Randy Shilts; Jim Bunn, now working with the World Health Organization while on leave from KPIX-TV in San Francisco; the *New York Times*’s Lawrence Altman; and National Public Radio’s Laurie Garrett.¹

These journalists did more than tell the story. Their biases and backgrounds helped shape it. Their very different approaches describe the spectrum of journalistic response to the crisis: from Shilts’s politicized reporting to Bunn’s health education approach, from Garrett’s compassion for the victim to Altman’s concern for the scientist. With at least three of these four reporters, the tack they took in describing the epidemic had measurable public policy implications.

Randy Shilts: The Politicized Reporter

To walk the streets of San Francisco’s Castro district is to feel the cozy compactness of a Thornton Wilder village gone gay. The streets are peopled largely by homosexual men and lesbians, the bustling businesses are bars and trendy clothing stores, and the flags flying high from the carefully renovated Victorian buildings are the rainbow pennants of the gay liberation movement. It is to this hometown that Randy Shilts has returned a hero.

The author of *And the Band Played On*, the best-selling book about the first six years of the AIDS epidemic, has been ridiculed, reviled, even ostracized by some of his fellow homosexuals for his reporting on this community for the *San Francisco Chronicle* and other publications. Now, as he strolls these streets, he is stopped by strangers who want to let him know what a great job he has done.

Shilts, thirty-six, does deserve praise for his dogged work in uncovering the improprieties of federal policy regarding the epidemic. He gained access to the federal government's files by using the Freedom of Information Act, and he managed to discover the truth about huge funding needs and inadequate requests within the federal agencies responsible for AIDS programs.

But Shilts did most of his influential reportage on the local level, telling the tale of how gay politics and City Hall pressure molded San Francisco's public policy on AIDS. It was a story he knew intimately. Shilts had come to San Francisco in the mid-seventies, at the height of the sexual liberation movement that was attracting tens of thousands from across the country — and the world — to the sexually tolerant city. As a young, openly homosexual journalist interested in covering the issues in this community, he could not have picked a better news town. He covered the campaign and election of the nation's first openly homosexual city official, Harvey Milk; he reported on the battle over the state's Briggs Initiative, which would have reinstated part of California's abolished sodomy law; and he was on the front line when Milk and San Francisco's mayor George Moscone were gunned down by Dan White. When Shilts was hired by the *Chronicle* in 1981 to cover the city's gay community, the reporter brought his contacts and his alliances. At the top of both those lists were members of the Harvey Milk Gay Democratic Club, the organization devoted to promoting the martyred politician's vision of pragmatic politics.

In the spring of 1983, with 1,279 cases of AIDS reported in San Francisco, most of them homosexual men, the Milk Club decided the pragmatic thing to do was to convince homosexuals to stop having unsafe sex. A first step in that effort was to target meeting places where casual sex flourished, specifically, San Francisco's gay bathhouses.

Shilts's ties to San Francisco's homosexuals and the *Chronicle's* commitment to covering that financially and politically powerful community are the two reasons the newspaper has almost always been on the cutting edge of AIDS news. And the *Chronicle's* coverage served as an impetus for the other local daily, the *San Francisco Examiner*, to follow the story closely. The importance both newspapers placed on the epidemic had a clear impact on City Hall and on private citizens: San Francisco led the nation in developing and funding care facilities and educational efforts.

But because of his personal power, Shilts also influenced the policies more than a reporter should. Shilts covered the Milk Club's attempt to get safe-sex warning signs posted in the bathhouses and detailed the subsequent waffling on the issue by the city's public health director. But then he became part of the story. In a June 1983 cover story in *California* magazine, two free-lance journalists quoted Shilts as lashing out at those gay politicians — including Milk Club opponents — who, he believed, were denying the seriousness of the AIDS problem and trying to keep it under wraps. The piece drew howls of protest from many San Francisco homosexuals, who claimed Shilts's criticisms were an attempt to undermine the campaign of a candidate for supervisor whom the Milk Club was not supporting. The reporter already had been tainted by his ties to the Milk organization — a relationship solidified by writing a book on its founder and by forming friendships with the club's leadership. To defend himself against these outcries of bias, Shilts agreed to take part in a documentary on the issue, to be produced by a local television station.

By this point Shilts had personalized the story. He admitted there were certain results he wanted. Frightening his fellow homosexuals into safe sexual behavior was one of his goals. He tried throughout 1983 and 1984 to get his editors to run his stories on the dire consequences of promiscuous sex on Friday — before gay men hit the bars or baths on the weekend. He understood the risks involved for homosexuals participating in unsafe sex.

He was now witnessing some of his acquaintances facing the death sentence of an AIDS diagnosis. And he was aware that he, too, could be at risk. After all, he had been sexually promiscuous himself; indeed, he had even worked in a bathhouse during college.

His personal history was the most important factor propelling him to embrace the battle against the bathhouses, and his side eventually won. After a divisive municipal battle, with Public Health Director Dr. Mervyn Silverman vacillating on the issue, the bathhouses were closed in the fall of 1984.

In light of other pressing AIDS issues, such as providing adequate education and handling the increasing case loads of patients, the media concentration on the baths is a troubling example of overexposure. The issue could not, and should not, have been consciously avoided by Shilts or any other journalist, but the battle over the bathhouses drowned out any reasonable debate over the public health issue. Indeed, Dr. Silverman, a career public health official, eventually resigned under fire, partly because of a heated situation created by Shilts's coverage. The way in which Shilts personally embraced the story helped not only to define what was important but also to dictate the news.

Furthermore, focusing on the bathhouses as though *they* were the primary sources of infection tended to discount the more basic problem — changing individuals' sexual behavior. Although anonymous sex at the baths undoubtedly contributed to the epidemic, the most important factor was the mores of the gay culture, resulting from centuries of sexual oppression and denial which encouraged promiscuity and unsafe sex. Shilts and the *Chronicle* helped breed a false sense of security for those gay men who had never visited the baths and who would not. For a city that defined the appropriate response to AIDS, the bathhouse controversy was nothing but an embarrassment. And Shilts's role in that public policy debacle should give journalists pause.

Jim Bunn: Journalist as Health Educator

Since his college days at Oklahoma City University, Bunn had known he had a desire to save the world. It started when he organized a candlelight vigil following the Kent State shootings in 1970 in order to defuse the student anger and avoid violence on campus. And thirteen years later it would manifest itself in his AIDS reporting.

TV station KPIX—San Francisco had an interest in covering the epidemic years before most broadcast outlets took AIDS seriously. That was in part because the station was based in San Francisco and in part because Art Kern, KPIX's general manager, was convinced AIDS would be the story of the decade.

When Bunn came to the station in 1983, he “discovered” the epidemic for himself. He went to a press conference held by the local blood bank, which left many questions unanswered: Without a test for the disease, how could anyone be sure transfusions weren't spreading AIDS? Were San Franciscans in danger from the blood supply?

He had been able to overlook the epidemic in his previous job as assistant news manager at a Connecticut station, but as a reporter in San Francisco he could not disregard the fact that large numbers of people were dying from AIDS. Hundreds of locals already had been diagnosed, and doctors said thousands were probably harboring the disease without any signs of illness yet. Bunn had been at KPIX only a month before he was asked to do a San Francisco-based series on the disease to run in the fall “sweeps,” one of the regular periods during which the audiences of local TV news stations are measured. He scrambled to fill the huge holes in his understanding of AIDS and coaxed the budget-minded management into sending him on the road. “You can show the audience you're making a commit-

ment to the coverage," he argued. He traveled to the Centers for Disease Control in Atlanta, Georgia, to research facilities in Washington, D.C., and to hospitals in New York.

But for an audience of 5.2 million viewers, the reach of KPIX in the Bay Area, AIDS was little more than San Francisco's problem. The general suburban viewer did not care much about news that affected the city's urban homosexual men and was not likely to be impressed with a TV station's commitment to covering such stories.

Making the average viewer in the hugely diverse television audience care about AIDS became Bunn's biggest challenge. First, he had to overcome his own inhibitions about tackling a disease that was at the time affecting mostly homosexual men. Bunn is a heterosexual, married family man; he fits the bill of a Midwestern TV personality, pleasant to look at, reassuring, sincere. Yet he has an edge to him, an obsessiveness that makes him seem a little too energetic. And the threat of AIDS making its way into the heterosexual population was his current obsession.

In one of his first jobs in journalism, working for a radio station in Oklahoma, he had learned that the most gripping stories were about individuals. So he began telling the stories of individuals with AIDS: those who had lost their jobs, had lost their insurance, and were unable to get disability from the federal government. Not surprisingly, Bunn focused on gay men in the beginning. But to increase the impact of his reporting — that is, to draw the attention of a broader audience to information about the disease — he also put women and children with AIDS on the screen.

Employing such dramatic methods is an understandable urge for broadcasters, who are probably more concerned about demographics than their newspaper reporter counterparts. But in this case, the ploy led to a distorted perception of AIDS sufferers. According to the Center for Media and Public Affairs, in recent depictions across the country of those with the disease, heterosexuals were eight times more likely to be shown than homosexuals, although there are about eight times more homosexual AIDS sufferers than heterosexual. Similarly, females make up about 14 percent of the recent televised depictions of AIDS patients but represent only 7 percent of the national total AIDS cases.² But for Bunn, who felt driven to warn his viewers about the coming onslaught, such distortions hardly seemed worth considering. Instead, he put his attention to institutionalizing KPIX's AIDS coverage.

The idea was hatched over lunch between a KPIX producer and a volunteer at the San Francisco AIDS Foundation. It grew into "AIDS Lifeline," the most impressive public education campaign produced by any single news outlet — and perhaps the most successful. Bunn argued to the station's management that such an investment would pay off in larger audiences, since Bay Area viewers would know they could turn to KPIX for information on the epidemic as it grew. The station's current general manager, Caroline Wean, claims that this was not the impetus for agreeing to push ahead with the project. And in the beginning, extra resources were not devoted to "AIDS Lifeline"; money was simply rerouted from other areas of the station. Looking back, it is clear to Wean and others on the money side of the station that the effort made sense, if just in terms of prestige for KPIX.

"AIDS Lifeline" incorporated Bunn's daily reporting and the station's special series on the disease. It also included educational pamphlets, produced in conjunction with the AIDS Foundation and sent across the country. "AIDS Lifeline" broadcasts have appeared on stations throughout the United States and have been picked up by universities as well.

In 1986, Bunn and his colleagues at KPIX won the prestigious Peabody Award for their

public service effort in creating "AIDS Lifeline." So strong is Bunn's commitment to educating the masses about the threat of the disease that he has since moved to Geneva, to work with the World Health Organization's AIDS information campaign. The reporter intends to return to KPIX. Indeed, the station is paying his salary at WHO, as its contribution to the international effort to stop the epidemic.

The impact of the work done by Bunn and KPIX is not entirely clear. The station undoubtedly influenced City Hall, as did the *Examiner* and the *Chronicle*, and it can take some of the credit for the politicians' quick and compassionate response. KPIX's educational campaign, in coordination with the San Francisco AIDS Foundation, also helped change unsafe sexual behavior among the city's gay male community. Surveys from mid-1983 to 1987 show significant shifts in the sexual habits of San Francisco's homosexual men, the population that some researchers believe has made the most dramatic change in lifestyle since the onset of AIDS.³

The effect "AIDS Lifeline" has had on the heterosexual population is much less apparent. As in most other parts of the country, sexually transmitted disease among heterosexuals is on the rise in the Bay Area. But only in San Francisco does AIDS remain almost exclusively a gay male problem. Some 97 percent of those with AIDS in the city are homosexual men; in most parts of the country, they make up only 60 to 70 percent of those with the disease.⁴

From a public health educator's perspective, those data pose some tricky questions. Should education efforts be aimed at the general heterosexual population? Or should the target be the heterosexual minority population, the next group expected to be affected? And shouldn't the majority of local resources continue to go toward influencing homosexual behavior, since homosexual men are still the largest risk group in San Francisco? These are questions KPIX has to consider, now that it is in the business of health education. Such issues put constraints on journalists, whose primary responsibility is to report what is new rather than to target their reporting toward specific ends.

Just as Shilts played a political role in AIDS coverage, Bunn assumed a public health authority's role. In so doing, he had the opportunity to mold the news to fit a policy goal: making every viewer aware of the threat the epidemic posed. In itself, that role has positive effects. San Franciscans are better informed because of Bunn's efforts. But his emphasis on getting the information out to all people by showing a disproportionately large number of women and children could very well have a negative backlash. It is now known that AIDS is far less of a threat to the non-drug-using heterosexual population than first believed. Some listeners might feel that KPIX has misled them and that any AIDS prevention is unnecessary or that KPIX information cannot be trusted.

In trying to push a media message, the journalist runs the risk of distorting the news. Bunn's aim was certainly not mischievous — indeed, his work is highly laudable. But the approach raises questions about the role of the journalist in a crisis.

Lawrence Altman: The Detached M.D.

He is one of the most educated science reporters in the nation: Harvard undergraduate, Tufts Medical School, a fellowship in epidemiology at the Centers for Disease Control in Atlanta, residency at the University of Washington. His comprehensive reporting of the Legionnaires' disease outbreak in Philadelphia a decade ago has been cited as one of the reasons the cause was found so quickly. The scientists working on the case knew they were under severe scrutiny by the *New York Times*, which meant the rest of the press was

soon to follow. Altman, fifty, did write one of the first articles on AIDS that appeared in the major media, following the *San Francisco Chronicle* and the *Los Angeles Times*. But he was extremely slow to follow up on the news. More than most journalists, Altman reflects the institution for which he works. An eighteen-year *Times* veteran, his paper has inculcated most of its traditional journalistic standards in him. For the most part, the news that's fit to print happens in centralized places, such as state capitals and government institutions; and it happens to white, middle-aged males. The pressure against covering minority groups in a sophisticated and comprehensive way is best exemplified by the *Times's* style book. Only in the summer of 1987 did the paper's editors finally drop the prohibition against the word *gay* to describe homosexuals, years after the *Los Angeles Times* and the *Washington Post*, the *Times's* chief news rivals, had accepted the term.

But Altman's reporting is not only influenced by the *Times's* institutional norms; his perspective is also a product of his medical training and his connections to the Centers for Disease Control. Thus it is not surprising that when in late June 1981 scores of doctors in New York City were concerned about the rapidly spreading Kaposi's sarcoma and *Pneumocystis carinii* pneumonia, Altman did not come to the story until the CDC put out its *Morbidity and Mortality Weekly Report* on the subject in the first week of July.⁵ "Rare Cancer Seen in 41 Homosexuals" was placed on page A20 in the July 3, 1981, edition. Altman described the new infections as far from a frightening phenomenon: it was an outbreak, he wrote, with "as much scientific as public health importance because of what it may teach about determining the causes of more common types of cancer."⁶

As the epidemic rampaged through Manhattan's gay male communities, Altman continued to look to the CDC for his leads: the first 41 cases reported, next the first 107 cases, and then 335 cases. In all, the *Times* ran seven stories in the first nineteen months of the epidemic, none of them on the front page. While reporters covering AIDS for the *San Francisco Chronicle*, the *Boston Globe*, and on National Public Radio were describing the impact AIDS was having on the lives of individual sufferers, most of them homosexual men, Altman took a different tack in his column, "The Doctor's World." The January 3, 1984, article largely by-passed the patients at the hospital Altman visited and focused on the issues physicians were struggling with:

If, despite the odds, one of the physicians or others on the staff did come down with AIDS, he or she could inadvertently become a martyr to medicine, possibly offering the vehicle by which the cause of AIDS would be determined.⁷

What he omitted — any mention that the hundreds of patients who already had passed away might have contributed to medical knowledge — says more about his bias than what he included. Altman's connection to the CDC also seems to have had an effect on his reportage. The best example is his coverage of the international scramble to gain credit for discovery of the AIDS virus. The Pasteur Institute in Paris had come up with a possibility named lymphadenopathy-associated virus months before Dr. Robert Gallo at the U.S. National Institutes of Health began preparing his findings on human T-cell lymphotropic virus type III. But the French had gotten almost no U.S. press. At home Gallo had been battling with the CDC over issues of research control — and the CDC itself had been working with the Pasteur Institute on discovering the cause of AIDS.

Perhaps because of that tangled web, the CDC's Dr. James Mason gave Altman, a CDC alumnus, what seemed to be a scoop: "Federal Official Says He Believes Cause of AIDS Has Been Found." The April 22, 1984, story heralded the French finding, thus undermining Gallo's work, which had yet to be made public.⁸ Altman's coverage is professional

overall and indicative of the high-quality newspaper for which he works. Yet his own background — a *Times* man, a doctor — defines his connection to the AIDS story. Specifically, he chose largely to ignore the crisis in the gay male community for the first critical months.

The public policy consequences of Altman's news choices cannot be minimized. The *New York Times*, arguably the United States' paper of record as well as a news leader for media outlets across the country, can move bureaucratic mountains in both Washington, D.C., and New York. Conversely, it can chill almost any issue simply by ignoring it. The feeble response of New York and Washington in the early years of the epidemic gives witness to that power.

But the *New York Times*'s poor early coverage since has been replaced with particularly strong reporting. From the social to the political, the medical, and the scientific, the newspaper has perhaps the single best coverage of any print medium in the United States. The *Times* cannot take all the credit for the new concern shown by the federal government, but the paper's intense recent reporting on the issue has focused national debate more than the coverage of any other media institution.

Laurie Garrett: Compassion and Science

Garrett, thirty-seven, is no political ingénue. She got her first experience when she dropped out of the University of California, Santa Cruz, to work full-time for the antiwar movement in the spring of 1970. The United States had invaded Cambodia, escalating the conflict in Southeast Asia. Shortly after came the Kent State shootings. If the Johnson administration's deceit about Vietnam made cynics of even the most traditional reporters, the nation's young became downright hostile. The youth of that period who went on to become journalists themselves, like Laurie Garrett, often have been those most suspicious of government policy. But suspicion was not the only thing Garrett garnered from her activism. In the 1970s, to be a political organizer, and to be successful at it, meant understanding coalition building. In northern California, that meant being plugged in to the gay community, a burgeoning power in San Francisco politics. Garrett came to rely on those connections a decade later in her post as West Coast correspondent for National Public Radio. Her impressive science credentials — she was pursuing a Ph.D. in immunology at the University of California, Berkeley, before devoting herself to journalism — and her political background made her the best-informed journalist covering AIDS in the early years.

NPR was one of only a few media outlets that broke the story on Kaposi's sarcoma among gay men, on July 3, 1981.⁹ It was the best medium for separating reality from the fiction of overblown optimism in the first drug trials for treating AIDS. And Garrett was one of the few journalists who knew enough about politics and science to question the official government line in 1983 that adequate funding was being provided for the fight against the epidemic. But no amount of sophistication or experience could prepare Garrett for every aspect of AIDS reporting.

She had confronted death before — first her mother's lingering struggle with cancer and then her brother's losing battle with diabetes. Now the list of deaths she had to deal with — of both friends and acquaintances — was expanding as the epidemic rolled through San Francisco. By 1987, when she covered the epidemic in Newark, New Jersey, and met Sylvia in a local hospital, Garrett felt death-weary. A petite Puerto Rican woman in her early thirties, Sylvia was facing not only her own impending death from AIDS, but that of

her daughters, aged five and seven, both of whom had contracted the disease. Garrett's coverage of the crisis in Newark, including segments on Sylvia's family, is powerful and effective. Garrett's sensitive questioning and her emotion-filled pauses speak volumes about this reporter, who has become extraordinarily affected by the human aspect of the epidemic.¹⁰

The impact of her first-rate coverage is difficult to discern. NPR's audience is very diffuse, though the network does count among its listeners a large number of powerful political leaders. Perhaps more important is the model of journalist that Garrett offers to her colleagues and to younger professionals. She is, like Shilts, a reporter who has a connection to the community in which AIDS news first broke; who has the strong technical underpinnings to understand the science involved, as Altman does; and who, like Bunn, has a very strong commitment to educating the public.

Although she clearly has compassion for those she is covering, she maintains a distance from the politics involved. That separation suggests something more than the vaunted objectivity that U.S. journalists claim to prize so much; it indicates instead a certain independent perspective on the issue. This is not to say that Garrett is completely unbiased — she is too politically aware for that. But she does not actively play a role in the news, which is one reason her reporting on the epidemic has been so effective.

What We've Learned

Looking back over the last seven years, it is obvious that the media in the United States came too late and gave too little to covering the AIDS crisis. As a result of the media's failure to warn the public and government about the epidemic, thousands who might otherwise have avoided infection have died or are suffering from the disease.

It is not the job of journalists to act as public policy manipulators, but it is their responsibility to cover the news in a sophisticated and modern manner. To do so requires understanding that the news — the events that affect our lives — happens not just in the mainstream communities or those pockets of cities on which newspapers and broadcast outlets focus their coverage. News happens in gay ghettos, black communities, Hispanic barrios.

AIDS is increasingly becoming not a disease of white, middle-class homosexual men. It is now making its way into Third World America. Major metropolitan dailies throughout the nation have reached out to cover their outlying communities in a more sophisticated manner, but they also need to cover other communities within their cities. This coverage is not approached with traditional journalistic techniques: attending the Tuesday board meeting, quoting the titular leader. Instead, it requires a much more astute sense of trends as well as a feel for community.

The four models of coverage discussed here suggest the kind of reporter who will successfully cover the AIDS crisis. Such reporters will not only be in tune with the diverse communities that the disease affects, but also will be equipped with a basic knowledge of science to understand the nature of the viral beast, a sense of duty to those people they report on, *and* compassion.

The media institution itself will have to change to accommodate a broader range of techniques in disseminating information. The reporter is only one conduit. Members of the editorial page should recognize their responsibility to educate readers not only on the political and moral issues of the day, but also on the health realities that increasingly face communities. Family papers and broadcast outlets will have to avoid the squeamishness that has resulted in their creating phrases such as "exchange of bodily fluids" to mask

perfectly appropriate words such as *semen*, *ejaculation*, *penis*, *vagina*, and *intercourse*. Some progress has been made in this area, especially at major media institutions, but U.S. editors have a long way to go. None of these suggestions require a radical departure from the current mission of many broadcast and print outlets: serving as a community record and providing news in the public interest. The recommendations, however, do necessitate that publishers, owners, editors, and reporters take another look at just how they are fulfilling that mandate.

As the world's geopolitical dimensions shrink, those groups which used to be considered "fringe" will play increasingly larger roles. AIDS has made Americans aware that there is more to the world than they had imagined. From Africa's jungles to Europe's cities, from prostitutes to the wives of middle-class businessmen, from the veins of junkies to the bodies of our children, we are all more intimately connected than we may care to admit. 🐾

Robin Nagle, a graduate student at Columbia University, provided research for this article.

Notes

1. The profiles of Shilts, Bunn, Altman, and Garrett are a result of intensive analysis of their work as well as extensive interviews with reporters, editors, and producers familiar with their coverage. I have also interviewed Shilts, Bunn, and Garrett, at length, by phone and in person.
2. Center for Media and Public Affairs, "The AIDS Story: Science, Politics, Sex and Death," *Media Monitor* (December 1987), Washington, D.C.
3. Several published and unpublished studies indicate this change: "Designing an Effective AIDS Prevention Campaign Strategy: Results from the First and Second Probability Sample of an Urban Gay Male Community," published by the San Francisco AIDS Foundation, 3 December 1984 and 28 June 1985; and Leon McKusick et al., "Reported Changes in Sexual Behavior of Men at Risk for AIDS," *Public Health Reports* 100, no. 6: 622, 628.
4. Interview with Centers for Disease Control, Atlanta, Georgia.
5. "Kaposi's Sarcoma and Pneumocystis Pneumonia Among Homosexual Men — New York City and California," *Morbidity and Mortality Weekly Report*, July 4, 1981.
6. Dr. Lawrence Altman, "Rare Cancer Seen in 41 Homosexuals," *New York Times*, 3 July 1981.
7. Dr. Lawrence Altman, "Making Rounds: AIDS Rooms," *New York Times*, 3 January 1984.
8. Dr. Lawrence Altman, "Federal Official Says He Believes Cause of AIDS Has Been Found," *New York Times*, 22 April 1984.
9. Laurie Garrett for National Public Radio, "High Incidence of Cancer in Homosexuals," San Francisco, 3 July 1981.
10. Laurie Garrett for National Public Radio, "Newark AIDS Cases Getting Out of Control," Newark, New Jersey, 7 May 1987.