Approaching the Quarter-Century Mark: AIDS Coverage and Research Decline as Infection Spreads

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As we approach the 25th anniversary of the outbreak of the AIDS epidemic, the disease continues to be the most devastating that humankind has ever faced, with the potential to kill more people than all prior wars and diseases combined. Worldwide, at least 40 million people have been infected, and AIDS has emerged as the globe’s fourth-biggest killer (UNAIDS, 2004). In developing countries, 90% of people living with HIV/AIDS do not receive any medications (United Press International, 2005).

Much of society’s understanding of the disease, including who it affects and its future possibilities, comes from the media. But the media’s coverage of AIDS has been erratic. In the early 1980s, after scientists grouped a steady accumulation of cases under the term “AIDS,” the media aired conflicting hypotheses about its cause. Scientists eventually reached the consensus that the HIV virus causes AIDS (Epstein, 1996). AIDS activists fought hard to convince mainstream journalists to start covering the epidemic in the early 1980s (Tomes, 2000).

Everett Rogers and colleagues later identified four eras of U.S. AIDS coverage: initial, science, human, and political; and identified five agendas: real-world indicators, media agenda, policy agenda, science agenda, and polling agenda. Initial coverage was characterized by confusion, denial, and uncertainty about how to handle the unknown (Rogers, Dearing, & Chang, 1991).

The 1980s saw spates of media coverage. Triggering events during the 1980s included fears about the “gay plague” and casual transmission, debate about San Francisco bathhouses, immigration policy concerns, Rock Hudson’s infection, and the advent of AZT. Randy Shilts’ And the Band Played On (1988) chronicles the media coverage, federal and state decision-making, and public health responses to AIDS during this turbulent era.

AIDS was then positioned at the intersection of a “germ panic.” Lack of security against fatal infection caused by a superbug coexisted with a moral panic about forms of social deviance including homosexuality, promiscuity, and intravenous drug use.
Journalists typically framed the epidemic as an emergency rather than a lasting concern. The media gave voice to activists who created a sense of urgency by emphasizing dreaded, hyperbolic scenarios. Susan Sontag (1988) argued that the absence of an effective "magic bullet" against AIDS made the disease seem even more fearsome.

During most of the epidemic, the AIDS story was driven by attention-grabbing events. After each major event occurred, the amount of coverage declined until another event refreshed media interest and possibly added different angles to the story. Intense bursts of coverage, skipping from one crisis point to another, often lacked follow-up and evaluation of progress between those points or explanation of how one crisis might have led to the next (Emke, 2000).

Over time, this episodic framing promoted the notion that those who have AIDS were responsible for their own illness. Systematic bias and failure to highlight greater social causes may have led to less effective AIDS policies, such as the abstinence-only approach to AIDS prevention. News analysis often failed to recognize socioeconomic contexts that made it more difficult for some to avoid infection such as poverty, disempowerment, and inequalities.

By the 1990s, AIDS had become an ongoing and routinized news story. After a decade of hysteria, it became apparent that the epidemic was a systemic, decades-long problem. Media triggering events during the 1990s included public announcements from Arthur Ashe and Magic Johnson about their infections, subsequent anxieties among heterosexuals, discovery of protease inhibitors that staved off death for many people, and the AIDS devastation in Africa.

The moral panic faded and a few media accounts began to project AIDS as a global phenomenon. Articles hyping advances in AIDS treatments raised hopes while failing to explain adequately the limitations of these pharmaceutical "cocktails," including drug resistance, toxicity, and the lack of efficacy in treating established infections.

In this new century, news coverage has taken a different, perhaps more dangerous, turn. Coverage often creates the false impression that AIDS is now all but cured, which has led to widespread complacency and eventually could lead to a public backlash against medical science (Cohen, 1997).

In sum, AIDS coverage has decreased since the late 1980s. The issue of AIDS has competed with many issues for a place in a shrinking news hole in the elite press. In recent years, traditional newsgathering routines and standards failed to justify AIDS as newsworthy, and journalists have faced great difficulty persuading their editors to run HIV/AIDS stories (Brodie, Hamel, Kates, Altman, & Drew, 2004). Interestingly, AIDS coverage has continued to decline in recent years, even while socioeconomic, public policy, and human rights themes have gained ground (Bardhan, 2001). The sharpest decline coincided with the reframing of HIV infection from absolute death sentence to chronic disease. This decline also occurred during a time when there were few major new developments in vaccines and treatments and when African Americans were increasingly infected. African Americans account for half of all new infections each year in the U.S., and AIDS is the leading cause of death among...
African Americans aged 25–44, yet only 2% of AIDS coverage has focused on this population (Kaiser Family Foundation, 2004).

The editorial decision to minimize AIDS coverage has also been tied to waning public concern about AIDS in general, gatekeeper ethnocentrism, and weariness of stereotypical images such as wasting bodies. By 1994, 70% of stories mentioned AIDS in the process of reporting on something else. Over time, AIDS stories have become shorter and more celebrity driven. The volume of AIDS coverage often depends on the presence or absence of a breaking news story related to AIDS (Kaiser Family Foundation, 2004).

Over time, AIDS coverage both reflected and led to the phenomenon of “compassion fatigue,” a desensitization or emotional burnout response to social problems that receive extensive attention (Kinnick, Krugman, & Cameron, 1996). The press devoted more attention to AIDS when it was labeled an acute disease than later when it was considered a chronic condition.

In the context of declining coverage over the last five years, the press has devoted increased attention to the worldwide epidemic by emphasizing the emerging story of AIDS in Africa, the global epidemic in general, and debates over prescription drug prices and access. Nevertheless, this coverage still accounts for only 3% of all AIDS coverage (Brodie et al., 2004), and the countries with the highest HIV/AIDS statistics do not necessarily receive greater AIDS coverage. Much of the global coverage has focused on international AIDS conferences, where many experts are within easy access. Many critics have accused the mainstream Western press of remaining silent about conditions that fuel the spread of HIV in the hardest-hit regions of the world. AIDS flourishes in and reinforces conditions of poverty, oppression, urban migration, and social violence (Gellman, 2000).

**Communication Research**

The decline of AIDS coverage has coincided with a decline in research into AIDS media representations (Bardhan, 2001). Do communication researchers also suffer from AIDS fatigue? AIDS coverage during this period of increasing fatigue should be examined, not only to provide constructive press criticism but also to develop practical models for improved public service journalism about this issue.

Public opinion research could examine the effects of media neglect or over-emphasis on emerging concerns about the epidemic. There also is a need to examine how the media hold leaders accountable, in terms of how they spend donated and taxpayer funds on scientific research and prevention and treatment programs, and whether they allocate sufficient resources to address the greatest needs. Analysis could reveal whether and how coverage evaluates the quality of AIDS science and the effectiveness and safety of AIDS medicines, and compares the pricing of these drugs with affordability among those who desperately need them.

Scholars could explore how AIDS coverage could create a framework for public deliberation, highlight grassroots problems and solutions in minority communities, and illuminate other underlying causes and social factors in the epidemic. There has
been little analysis of newswork constraints and linkages between news framing and agenda setting in AIDS coverage research. Future research could also examine how metaphors in AIDS coverage function in different types of stories, interact with other metaphors, create common ground or division, and are labeled as credible in various situations.

More research is also needed to explore the global dimensions of AIDS coverage. Future studies might examine the role of international news flow factors, media texts in different cultures, how news media in less-developed countries cover the disease, how elite media use scale in representing the geographic and political dimensions of AIDS, and the effects of global AIDS coverage on policymaking and diplomacy about biosecurity and the world economy. Important questions also remain about how media coverage affects the allocation of scarce resources and how journalists can rise above the epidemic of complacency, stigma, and denial to uncover solutions for slowing HIV infection in the most devastated areas of the world.

In 1993, Scott Ratzan wrote:

In an era celebrated by the promise of disappearing differences and a world opting for democracy, our shared nightmare is no longer nuclear destruction, but fear of a death more heinous than any humankind has witnessed since the advent of modern medicine. An age marked by international communication, negotiation, and cooperation must put such precepts to the test in a unified global effort to arrest the spread of the disease and to meet the ubiquitous challenges of the AIDS crisis…. Effective health communication is our primary and most potent weapon in preventing the spread of AIDS. Until a vaccine or cure for HIV infection is discovered, communication is all we have. (Ratzan, 1993, pp. 1, 257)

The AIDS epidemic is not just destroying individual lives; it is destroying economic achievement and undermining global stability. The elite media of the world’s hyperpowers have an obligation to provide leadership in stopping the spread of disease and death. Some journalists accept responsibility for informing the public about AIDS, but most do not see public education as part of their role. However, the media have enormous potential to help stop the spread of AIDS if they could inform the public continuously and accurately about the true nature and scope of HIV risks around the world.

In entering the next quarter-century of the pandemic, media scholars have an unprecedented opportunity to hold up a mirror for society and the media, to provide much-needed insight and guidance in this grave endeavor.

References


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