

24 AIDS News and News Cultures

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What does television news really tell us? Does it mirror reality? Does it provide a "window on the world"? Or does it display a particular version of reality? Television news has a seductive, naturalistic quality that encourages us to see it as somehow more reliable and satisfactory than news accounts in the print media. But television news does not simply report events or reflect what is happening; it actively constructs a representation of reality.

Most news is not observed by reporters. Information about events is obtained by reporters from others; news is not what happened, but what someone says happened or will happen. Therefore, the people who act as sources of information play a vital role in the news production process. What appears on television news programs is in

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the end largely the outcome of processes of negotiation between reporters and their sources.

The provocative study Williams and Miller discuss in this chapter suggests that only by understanding the process of negotiation between sources of information, within news organizations, and between sources and journalists can we make sense of how issues are reported by television news.

*Some contrasts between the United States and Britain with regard to media coverage of HIV/AIDS are worth pointing out. Public communication on the subject during the 1980s and the early 1990s in the United States has pivoted on sexual ethics, because the disease has been overwhelmingly linked in media coverage with male homosexual lovemaking. Those terrified and scandalized by this age-old behavior have often been prone to define HIV/AIDS as just punishment for it. As a consequence, it has often been hushed up as shameful. A study of obituaries carried in the media trade magazine *Variety* showed that obituaries of those whose deaths resulted from AIDS often would say they had died of pneumonia or cancer or "a lengthy illness," and would avoid mentioning the names of the deceased persons' same-sex lovers (whereas widowed spouses would always be named) (Nardi, 1990). And this in a professional community where being gay is somewhat more accepted than in many other spheres of life, and at a time (i.e., after their deaths) when the individuals involved had nothing further to fear from discrimination.*

Indeed, as U.S. news coverage has developed, HIV/AIDS has been linked in the media with what Sander L. Gilman (1988) calls "the four H's": homosexuality, hemophiliacs, heroin, and Haitians. Hemophiliacs have been considered "tragic victims" of contaminated blood transfusions, a definition that simultaneously implies that other persons with AIDS (PWAs) are getting what they deserve, and that PWAs are all marginal and pathetic members of society. The heroin connection with contaminated needles implies another appalling "lifestyle choice" by discarded members of society, but it conveniently glosses over the fact that yuppie substance abusers who have made the same choice can afford sterile needles; it also obscures the fact that the American dream does not seem to be working for either group. The "Haitian connection"—eventually found to be scientifically spuri-

ous—tapped into racist images of Haitians as sexually licentious, as unwanted refugees on U.S. shores, and as ignorant citizens of “the poorest country in the hemisphere”—an image totally belied in reality by the extraordinary pride, courage, and history of the common Haitian people. Media coverage depicted AIDS as the property of the extruded. It did not come from “us,” yet it could threaten “us.” People started panicking about “getting” HIV in ways in which it was impossible to contract the virus, such as by simply being near someone who has it.

The quality of U.S. media coverage of HIV/AIDS has not been improved by the more general puritan prudery endemic in U.S. public culture, which discourages any explicit discussion of sexual activity while at the same time permitting a vast pornography industry to flourish “under the counter.” Hypocrisy appears to rule. One result is that many AIDS activists have adopted very confrontational media-related tactics, such as disrupting a cathedral service conducted by the cardinal of New York City, who had repeatedly denounced homosexual behavior. Such alternative media activists have noted that they feel the lid of this hypocritical consensus must be forced off the pot (S. Epstein, 1991). They want to be a truly active, articulate audience, not just mute, suffering objects of pity.

Mainstream and Alternative Perspectives on HIV/AIDS

The first reported death from AIDS in Britain occurred in 1982. The government, however, took very little action to prevent the spread of the disease before 1986, when, under pressure from gay activists, scientists, and clinicians involved with the disease, it launched a public health education campaign warning of the dangers of the spread of the disease to the heterosexual population. Between 1986 and 1987 there was a period of “national wartime emergency” when AIDS was a political priority at the highest level (Berridge & Strong, 1991). From 1988 onward, there was a “normalization” of the disease. AIDS treatment became a normal part of British health service provision, with information about the disease directed at specific target groups within the British population.

Television was at the heart of the government's effort to educate and inform the British public of AIDS and HIV, the virus that is believed to lead to the disease. TV advertisements were used to warn of the dangers of AIDS, and in March 1987 there was an unprecedented degree of cooperation among the BBC, ITV, and the government during "AIDS Week" on British television. The main message of the campaign was that the disease poses a threat to everyone, heterosexuals as well as gay men and drug users. To prevent the transmission of the virus, the campaign promoted "safer sex," particularly the use of condoms. There was no overt message about sexual ethics or orientation, although "sticking to one partner" was recommended. Compulsory testing for the virus was rejected. This was the basis of the official British perspective on AIDS.

Alternative perspectives in other media, some more traditional in outlook, challenged this orthodoxy. Some groups argued that AIDS health education was nothing more than "propaganda" aimed at heterosexuals. They asserted that the threat to heterosexuals was a myth, and that measures should be taken to segregate people with AIDS from the general population. Others argued that the official response was "homophobic" and ignored the problems of "persons with AIDS" or PWAs—a term that avoids defining those with AIDS as either just medical objects ("AIDS victims") or somehow blameworthy (e.g., gay men and intravenous drug users).

The importance of information and education in the fight against AIDS has led to considerable commentary on news coverage of the disease, including media coverage in the United States, Western Europe, Australia, Zambia, and Zimbabwe, and to representations of AIDS in films, newsmagazines, and broadcasting. Despite cultural differences regarding the language and imagery used to describe and discuss sex, sexual health, and sexuality, media coverage has been characterized mostly by blame, denial, fear, and prejudice. As Lupton (1994) states, "AIDS reporting in western nations has involved imagery associated with homophobia, fear, violence, contamination, invasion, vilification, racism, sexism, deviance, heroicism and xenophobia" (p. 21). The relationship between news coverage and government policy about AIDS has also been questioned, because news coverage of AIDS has seemed to rise and fall in Britain, the United States, and France parallel with the development of government interest and concern in the disease.

Despite the fact that most people in Western countries identify television news as their main source of AIDS information, there has been a surprising lack of systematic research into the content of TV news coverage of AIDS. One recent study of U.S. network news was conducted by Cook and Colby (1992), who found that "the networks attempted to reassure at least as much as they played up the story." The attention paid to AIDS by TV network news did not correspond with the development of the severity of the epidemic or the growth of medical interest. According to Cook and Colby, the coverage had more to do with the institutional dynamics of journalism than with the nature of the AIDS epidemic. As the epidemic developed, the TV news organizations took their cue from "authoritative scientific sources and political officials to let them know when news on AIDS would happen" (Cook & Colby, 1992, p. 102). Thus the decline of AIDS coverage on U.S. TV news at different times in the 1980s can be largely attributed to government inactivity. Gay men "were shown more often as carriers than as victims," but as the story developed "gay spokespersons were identified occasionally as authoritative sources" alongside doctors, government officials, and research scientists.

TV News Leads the Way

In our sample of British TV News we found that the most common type of "AIDS story" concerned the government's AIDS campaign. This constituted the largest group of news stories, ranging from items on the latest phase of the advertising campaign to announcements of policy on anonymized testing. Another significant category of news story concerned the activities of nongovernment bodies. This included the British Medical Association's training video for doctors, a Birmingham City Council scheme to involve prostitutes in AIDS education, and Football Association guidelines to players for safety.

A large number of news stories were about AIDS in other countries. Half of these stories were from the United States, and a further quarter concerned African countries. Less predictable stories, such as those about a patient being infected by HIV following a skin graft and about protests over the siting of a hospice, we assigned to a category labeled "other events and happenings." However, the most striking aspect of

TV news coverage during this period was the number of stories on the situations of people living with AIDS and HIV—the second largest number of stories in our sample. These varied considerably in the ways in which they were covered, but, most important, PWAs were given the opportunity on a number of occasions to speak for themselves and their own experiences.

Who Got on TV News

The range and frequency of interviews presented on television news provides one crude but important indicator of the sources used in the presentation of news events. In our sample of TV news coverage of AIDS we identified a total of 363 people who appeared in 611 interviews. The majority of these people, 70%, appeared only once and exclusively on one TV news channel. Only a small group of interviewees appeared regularly on all channels and in the contexts of a number of different stories.

The most common types of interviewees were medical and scientific experts. Other experts and professionals were also well represented: nursing staff, lawyers, counselors, caregivers, and spokespersons of organizations for people with AIDS and HIV, such as the Terrence Higgins Trust (THT), Britain's biggest AIDS charity, Body Positive, and Frontliners. However, few of these appeared more than once; the overwhelming majority (92%) appeared just once. The main exception was the leading spokesperson for the THT.

There were relatively large numbers of interviews with PWAs, but the people who appeared most regularly across the whole range of AIDS stories in our sample were government ministers. Nearly 50% of the interviews were conducted with the different ministers of health in this period. These were the central figures in the AIDS story on TV news. Most of their appearances were in news events such as press conferences. The regularity of appearance of government ministers indicates the orientation of TV news to the rhythms of political life and government activity. It is not simply a question of who gets on, however; it is also a question of how they are used in TV news stories.

Supporting the Official Line?

In the period 1986-1987, the British government's response to HIV/AIDS created a sense of national emergency that was reflected in the TV news coverage. Television news programs stressed official concern about the spread of AIDS.

The government is setting up a top-level committee to warn that there is a danger of an AIDS epidemic sweeping the country. . . . There have been warnings from health experts for some time that the deadly disease could get out of hand. It is the speed with which it can spread that is so worrying. . . . effectively the government is declaring war on AIDS. (BBC1, 9:00 p.m. newscast, November 3, 1986)

TV news bulletins closely identified themselves with the government perspective and explicitly endorsed the view of the Department of Health and Social Security. Clear and unequivocal support was given by TV news to official warnings about the spread of the disease to the heterosexual population. Although there was much debate in sections of the British print media about the threat AIDS poses to heterosexuals (Beharrell, 1993), TV news dismissed such doubts and embraced the scientific and medical consensus that was established between 1987 and 1990. Expert opinion was used to support the official line. As TV news stated in 1986: "The experts agree that everyone is at risk and it is vital to find out about AIDS and how to protect ourselves from it" (ITN, 10:00 p.m. newscast, December 1, 1986). TV news bulletins were organized around the official perspective on AIDS, and medical, scientific, and expert opinion was used in support. Standard phrases such as "doctors say" or "experts now believe" were used to legitimate statements.

The close ties between TV news and medical/scientific opinion on AIDS were apparent in the early days of news coverage of the disease. Medical and science correspondents shared their main sources' concerns about the government's initial reluctance to address the disease. The correspondents often endorsed the pressure on government to act; the BBC's science correspondent commented on the announcement of the establishment of the government's AIDS Committee in 1986:

AIDS first appeared in Britain in 1979. Since the early 1980s specialists in the disease have been pleading for more to be done to stop it from spreading. Now it seems at last they are being listened to. (BBC1, 6:00 p.m. newscast, November 10, 1986)

TV news supported the government's campaign when it was launched and agreed with the official contention that there was the potential of an epidemic among heterosexuals. However, criticisms of the campaign centered on its lack of explicitness. As an ITN reporter stated at the outset of TV advertisements in 1986:

The ads on television, however, will not be explicit, for example, about the use of condoms and the help some people think they will give in preventing the spread of AIDS . . . and that will, perhaps, raise questions in some people's minds about how effective the whole campaign is going to be. . . . Previous government advertising has been criticized as being too bland when compared with some private campaigns containing very explicit advice run, for example, by one of the main charities involved, the Terrence Higgins Trust. (ITN, 10:00 p.m. newscast, November 11, 1986)

TV news marginalized other kinds of criticisms of the campaign. Voluntary organizations questioned the government's information-giving approach, but little notice was paid to them. There was no coherent strand of opposition to the campaign on moral grounds in the TV news. Even when spokespersons for this perspective were interviewed, the context was usually critical of their claims. TV news coverage was firmly wedded to the medical/scientific orthodoxy, and the criticisms of the details of the government's campaign reflected concerns that the campaign failed to live up to the expectations of this group.

The TV news reporting of AIDS conformed to the ways other diseases have been covered. On health matters, doctors and scientists have a higher credibility for journalists than do other sources of information. However, within the official perspective on AIDS there were differences, and these were reflected in the TV news coverage. Thus in the TV news coverage of HIV/AIDS there were criticisms of the government campaign, but they tended to be within the bounds of the official perspective on the disease. TV news thus did report differences of opinion on the AIDS campaign, but the disagreements aired were in general within the boundaries of "appropriate and

responsible" debate, always defined in practice on TV as debate between official sources.

Medical/Scientific Sources and TV News

Access to TV news coverage of AIDS was dominated by medical and scientific experts. Of the 80 different scientists and doctors who appeared on TV news, 52 appeared on one occasion only. There were, however, a small number to whom the reporters returned regularly. In particular, the stories on medical and scientific research on AIDS were dominated by a small number of sources. The relationship between TV news and one of these scientific sources shows the problems inherent in such relationships.

Medical and scientific sources have a high degree of credibility in the eyes of television news personnel. Karpf (1988) points out that "being part of the scientifico-medical establishment is in itself sufficient in the media's eyes to make you a medical expert, even on an issue on which you have no specialist knowledge" (pp. 111-112). However, it is not a simple task for reporters to verify what scientific or medical sources tell them. Some journalists do not have the inclination or the knowledge to assess the quality of such information. In the absence of an objective standard by which to verify what they are told, journalists often value status and authority over other criteria in assessing the reliability of information. Eminent scientists and doctors can be excellent publicists whose opinions the media all too readily accept (Check, 1987). TV news has its own criteria for a source's worth. The visual and verbal requirements of the medium often outweigh concerns about the nature of what is said.

For example, the most interviewed scientist in our sample was described by the BBC's science correspondent as "one of Britain's leading experts on AIDS research" (BBC1, 6:00 p.m. newscast, September 10, 1987). In the same news story, it was reported that "a new vaccine against AIDS which is being developed in Britain may be tried out on humans within the next year." This was the same story that ITN had carried the previous February, when it reported on the work of this scientist in developing an AIDS vaccine. "Medical scientists . . . say they are hoping to start testing a vaccine on patients within 1 to 2 months" (ITN, 10:00 p.m. newscast, February 19, 1987). Yet up to

the end of the 1980s this scientist had never even begun testing a vaccine, and had never published a single scientific paper on HIV or AIDS (Campbell, 1992).

Alternative Sources

Despite the dominance of official sources in the form of government ministers and doctors and scientists in the TV coverage of HIV/AIDS, other nonofficial sources did gain some access to the airwaves. The best example of such source coverage was the Terrence Higgins Trust, a charity set up to represent the interests of PWAs. The main spokesperson of the THT was interviewed on 16 news broadcasts in our sample. This was second only to the minister who held the health portfolio for the longest time during our sample, Norman Fowler. The THT established itself as a source of expert information about AIDS for the media.

The Terrence Higgins Trust, set up in memory of the first British man to die of AIDS, pioneered public awareness of the threat. (ITN, 10:00 p.m. newscast, December 4, 1986)

By 1989, TV news had accepted the expert status of the THT to the extent that it no longer introduced or described the organization on screen other than by name caption.

The ability of the THT to overcome the lack of authoritativeness of other sources outside the medical establishment came in part because of the quality of information it provided, but also because of the image it promoted. Crucial to this image was the fact that its main spokesperson conformed to the needs and perceptions of TV news organizations. As the spokesperson told us:

I am not threatening. I am 35. I am middle class. I speak BBC-type English. I am very acceptable. I am the kind of homosexual you can take home to your mother and it is a great relief to them.

Thus through its information strategy the THT was able to influence TV news coverage of HIV/AIDS. One of the organization's achievements was the replacement of the typical two-sided TV news discuss-

sion between a doctor and an interviewer with three-way discussions that included someone affected by HIV/AIDS.

Covering People With AIDS

People living with HIV or AIDS were featured prominently on TV news. Issues such as discrimination, prejudice, ignorance, and fear as well as medical and financial problems were reported. In very sharp contrast to the coverage in the British print media, many of the TV news reports attempted to inform and educate about the situation of PWAs.

The largest group of TV news interviewees was made up of PWAs, whose sources of HIV transmission or sexual orientation were nowhere specified. Only 4 interviews in our sample were with PWAs who were introduced as gay, in contrast with 16 hemophiliacs, a dramatic reversal of the actual proportion of gay men and hemophiliacs with HIV or AIDS. Interviews were also broadcast with the children, partners, families, and friends of PWAs. However, in the three and a half years studied, TV news never once carried an interview with the partner or lover of a gay man or with any members of a gay man's family. Such domestic settings were used only for heterosexuals, giving a quite erroneous representation that gay men do not have long-term committed relationships.

TV news did make distinctions between "guilty" and "innocent" victims. This surfaced explicitly in the coverage of HIV and hemophiliacs. One ITN headline referred to this group as the "innocent victims of AIDS" (ITN, 5:45 p.m. newscast, October 12, 1987). Meanwhile, the BBC reported on a "plea from people who got the AIDS virus by accident." The news reader explained that hemophiliacs face the threat of AIDS "through no fault of their own" (BBC1, 6:00 p.m. newscast, October 12, 1987). The obvious implication of such reporting is that gay men and drug users are to blame if they contract the virus, and are thus unworthy of our concern.

Such reporting became less apparent as groups such as the THT managed to put pressure on the TV news organizations. The labeling of "innocent" and "guilty" victims was even taken up as a news story. For instance, one ITN report began with the comment that "some believe it is wrong to discriminate between different categories of

victim" (ITN, 10:00 p.m. newscast, November 16, 1987). The story included an interview with a member of the THT who stated that "immaterial of how a person contracted the disease, once they've got full-blown AIDS their needs are all very much the same and they [the government] should be catering now towards those needs."

In the coverage of PWAs, television news often made comparisons between people's physical appearance before and after they contracted the disease. The image of AIDS was one of decline, decay, and wasting.

A self-portrait on the wall constantly reminds 37-year-old Gerry of how he used to be before he was infected with AIDS. Now this talented and trained artist is living in a hospice for dying AIDS patients in Kansas City. He used to be a body builder. (ITN *Channel Four News*, 7:00 p.m., November 12, 1986)

The painfully thin, haggard young man lying alone in a hospital bed came to represent the image of AIDS in the West in the early years of the disease.

However, TV news later came to carry reports that presented a different image of PWAs. A BBC report on the activities of the London Lighthouse Hospice, an organization that cares for people with AIDS, is illustrative of the attempts made to redefine the familiar image of PWAs. The news story was structured around the perspective of those living with AIDS. As one of the interviewees said in the story, "It sets a wonderful example, to see the smiling faces here and realize that AIDS in the end is not about death, it's about life and the liveliness of people here, people who have AIDS and the people who are helping them" (BBC1, 6:00 p.m. newscast, September 22, 1988).

TV news coverage of PWAs varied, sometimes in coverage of the same event by different channels. For example, the BBC reported on a visit by the British minister of health to a San Francisco hospital that included, according to the BBC, "his first-ever meeting with a hospitalized AIDS patient" (BBC1, 9:00 p.m. newscast, January 21, 1987). The patient was described as "a homosexual and a former drug user," and the report went on to say that "many of his friends have died of the disease. He now has it himself." The patient talked of his earlier life, saying, "It was a good time and we thought nothing of having casual sex or using recreational drugs." The story concluded with the stark comment, "By statistical averages of these cases, he has about one year to live." The narrative of this news story was con-

structured solely around the use of a PWA to warn others, with no concern for the subject of the report.

A radically different view of the minister's visit appeared on ITN that same night. The ITN news report was structured around the indifference shown to PWAs. The TV reporter commented that the patient "is angered by people who say it is just a homosexual disease and AIDS isn't their concern" (ITN, 10:00 p.m. newscast, January 21, 1987). The patient stated: "I wish I could tell all the straight people that, look, it's a virus, it's not running around checking sexual preference or race or class or anything, you know. It is just making people sick."

These two news accounts show that once an event is defined as newsworthy it can still be covered in very different ways. A number of factors can shape the coverage, including the information available, the reporter's own views, the journalistic strategies used to gain information, the journalist's sense of news values, and the influence of sources. The TV news coverage of PWAs shows the key role that sources can play in the construction of news accounts.

Conclusion

British TV news coverage of HIV/AIDS in the period discussed above was openly supportive of the government campaign and its key message about the threat of the virus to heterosexuals. Criticisms that were broadcast focused on the details of the campaign, in particular the lack of clarity and explicit language surrounding the campaign. Such criticisms reflected the view of the medical/scientific consensus established around the disease in the 1980s. Government and medical/scientific sources dominated TV news output on HIV/AIDS. Critical coverage of the government campaign reflected the concerns of the British medical/scientific orthodoxy, and the debate about HIV/AIDS on TV news primarily took place between official sources.

However, alternative sources were able to gain some access to TV news. An example is that the THT was able to establish itself as an "expert source" on problems of AIDS policy. TV news organizations, like the rest of the British media, initially went through a period of denial and victim blaming in their reporting on PWAs. In our sample there were examples of the "guilty victims" labeling that was very frequent in British print media reporting. But as the story progressed,

TV news began to challenge preconceptions of PWAs and to broadcast stories that portrayed the positive struggle of PWAs, as well as to endorse efforts to combat discrimination and increase funding for care. This was the result of the activities of alternative sources such as the THT and other gay and AIDS activist groups. The other important factors in shaping coverage of AIDS over this period were (a) the medical/scientific consensus concerning the adoption of a medical rather than a moral approach to the disease—often at odds with the government's pronouncements—and (b) broadcasters' notion of "social responsibility," embodied in the noncommercial culture that historically molded the development of British broadcasting, whether public service or advertising based (see McQuail, Chapter 9, and Jakubowicz, Chapter 10).

TV news coverage of AIDS in Britain has not, therefore, been neutral or objective. It has followed particular ways of understanding the disease and its consequences. Like news accounts elsewhere, these ways of understanding have been shaped by the official perspective on HIV/AIDS. However, TV news has not been uniform in the reporting of the disease, and as the AIDS story developed other sources of information were able to gain access to TV news and influence the coverage. Alternative sources of information on HIV and AIDS have been able to gain much more access to TV news in Britain than in the United States. This can be explained by the ability of AIDS organizations in Britain to build alliances with other sources and to influence the news media. Only by understanding the process of negotiation that takes place between sources of information, within news media organizations, and between sources and journalists can we make sense of how issues are reported by the news media.

Further Questions

1. How would you link up the perspective on news in this chapter with the chapters by Herman, Robinson, and Rodríguez in Part II? Do the views of these authors conflict at certain points? If you think they do—or if they don't—what do you think is the most accurate way to understand how news media put "reality" together (Schlesinger, 1988)?

2. This chapter notes in passing how different British TV coverage of AIDS has been from British print media coverage of the topic, which has fed much more on stereotypes about homosexuality and on public

fears. The authors argue that the difference may be explained especially by the "public service" operating philosophy of British broadcast news, as opposed to the much more commercial impulse of the print press (compare McQuail, Chapter 9). Can you think of any other possible explanations?

3. Monitor news coverage of other controversial issues, such as juvenile crime, environmental pollution, violence on the screen, immigration, or labor strikes, and try to find some alternative news source on that topic that is contrary to your present viewpoint. Then ask yourself how your understanding of the issue has been shaped by its news coverage.