

THE CONVERSATION

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A tale of two epidemics: media reporting on Ebola

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Along with governments, doctors, and infectious disease experts, the media have a duty to help halt the spread of Ebola with responsible reporting. EPA/OLIVIER HOSLET

Time magazine has named health workers caring for Ebola victims in West Africa as its “Person of the Year 2014” and compared them to “military special forces who volunteered to fight the epidemic when governments were unprepared.”

While this award acknowledges and applauds medical workers for their vital frontline role in containing the spread of Ebola, the media itself also has an important role to play in reporting epidemics.

First, it needs to inform the public with evidence-based facts about the disease. And second, to lessen fear and stigma by accurate and timely coverage. Research shows this approach leads to a better understanding of and response to infectious diseases.

But is this how the media have reported Ebola? A revealing way to consider this question is to look at similarities between media coverage of Ebola in 2014 and the way HIV was first reported in the 1980s. Both infections were first identified in Africa and both developed into

epidemics in a short period of time. And the media influenced early public perception of both the diseases.

A very slow start

We know the media were slow to report on HIV when it came to the fore in the early 1980s. That was until the disease was linked with heterosexuality. Until then, HIV was predominantly framed as a disease of gay people and drug addicts. While this distortion was eventually corrected, early coverage left a lasting impression and even today, some people still believe HIV doesn't affect heterosexuals.

While there have been 33 Ebola outbreaks since 1976 (and no outbreaks between 1979 and 1994), the 2014 outbreak in West Africa is definitely the largest. Still, the Western media were slow to report consistently on Ebola until it came closer to home.

Consider reporting about the epidemic in the United States, where the media started to pay close attention after the death of Thomas Duncan, on October 8, 2014. He had arrived in Texas from Liberia to visit his family and his case showed Ebola could spread to and within that country.

The US was not unique in this regard; coverage across the developed world surged when Westerners returned from West Africa with the disease. Consider, for instance, the widespread reporting about the Spanish nurse who was the first person to catch Ebola outside Africa. Now Spain was at risk; Ebola was on Europe's doorstep and the media went into overdrive.

It seems Ebola was seen as a disease of the developing world until it hit the United States and Europe. As former UN chief, Kofi Annan pointed out to the BBC when he lamented the international community's slow response to the outbreak:

If the crisis had hit some other region it probably would have been handled very differently. In fact when you look at the evolution of the crisis, the international community really woke up when the disease got to America and Europe.

The media's initial response was somewhat similar.

Geographical and cultural proximity play an important role in the selection of news stories, and it's understandable that the media focus on stories closer to home. Where you live can determine what stories are reported, omitted or just briefly mentioned. And editors react according to news they think their readers and audiences prefer.

It's just rather unfortunate that, in 2014, West Africa was too far away for mainstream media coverage. Just as gay people and drugs addicts were in the early 1980s.

Room for deviations

But there are also differences in the coverage of HIV and Ebola. HIV was frequently framed as a war with the use of military metaphors such as fight, killer, disaster and holocaust. So

far, the media have avoided these terms and headlines are significantly restrained compared to early HIV headlines. The focus is on what's happening on the ground and there's no apparent desire to stir up fear and panic.

Another difference lies in the response from governments. There was strong bipartisan agreement early on about how to respond to HIV both internationally and within Australia. Not so with Ebola in 2014. Within Australia there was a noticeable division between the Coalition government and the opposition party on how best to respond to the epidemic. And, for a few weeks, media coverage in Australia was stuck on policy and politics.

The good news is that now we know far more about Ebola than anyone knew about HIV in the 1980s. Unlike HIV, Ebola is curable and the epidemic can be more easily halted.

While governments, doctors and infectious disease experts have a duty to work towards this, the media also has a role – and a responsibility. Indeed, this is a story where the media can definitely be part of the solution rather than the problem.