

# AIDS and the News Media

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**D**URING THE LAST DECADE, THE *MILBANK QUARTERLY* has published many articles on acquired immunodeficiency syndrome (AIDS), reflecting David Willis's extraordinary social sensitivity to prevailing public issues. His interest in AIDS as a public health problem was evident as early as 1986 when he organized the *Quarterly's* special supplement on AIDS (Bayer, Fox, and Willis 1986). Subsequently, he edited papers that have brought attention to a broad range of AIDS-related issues, including insurance, financing of research and medical care, research problems, long-term-care perspectives, childbearing risk, and discrimination. Indeed, the *Milbank Quarterly* has become a major source of insight and information about AIDS in its manifold dimensions.

David's interest in this disease has included its broad social ramifications, and his views are reflected in the book he and I co-edited with Scott Parris, *A Disease of Society* (Nelkin, Willis, and Parris 1991). As we worked on these essays, we realized the importance of public perceptions in shaping how both individuals and social institutions respond to disease. Thus, it seems appropriate in this festschrift volume to explore some of the sources of public perceptions, and to focus in particular on the media, which is the most critical source of public information.

The news coverage of AIDS can be viewed as a genre of risk reporting. Public concerns about health risks encompassing technologies like nuclear power, food and pharmaceutical products, and, particularly, AIDS, have been reflected in extended media coverage, frequent controversies about the nature and causes of risk, and a veritable industry of risk assessment. An important and controversial dimension of this industry has been its manner of evaluating risk and communicating this information to the public (Covello, von Winterfeldt, and Slovic 1986). Evaluating risk requires interpretive judgment in the face of technical uncertainty and scientific disagreement. Communicating risk challenges the media to develop responsible reporting in the face of uncertain technical information and conflicting political goals (Nelkin 1987). What information should be conveyed to the public? What level of certainty is necessary before risks are communicated? In the context of conflicting scientific interpretations, who can be believed? These deeply divisive questions are the source of heated debate, as risk communication affects the economic interests, political beliefs, and social values of different and often competing groups.

Communicating information about AIDS has been especially divisive because there is a variety of actors—scientists, public health professionals, affected individuals, activists, lawyers, agency administrators, and journalists—each with a different agenda. They want to communicate through the media in order to change people's behavior, or to deal with emergencies, or to raise research funds, or to resolve disputes, or to convince the public about the acceptability of certain policies. Each faction operates from a different frame of reference. Economic or personal stakes, professional ideologies, administrative responsibilities, career pressures, and moral beliefs all have influenced perceptions of this disease, interpretations of evidence, and views on appropriate modes of risk communication.

This article is about how AIDS is reported in newspapers and popular magazines. I am focusing on the print media because they are a major source of news about AIDS, for television conveys mainly images, often through fictionalized accounts. As background, I will first review some general characteristics of risk reporting, suggesting how the norms and practices of journalism, the technical uncertainties of risk evaluation, and the pressures applied by various advocacy groups influence the news. I will illustrate how these pressures and constraints have af-

fecting the coverage of AIDS. Finally, using the case of AIDS, I will draw from studies of risk communication to suggest the influence of the print media on public perceptions, personal behavior, and policy agendas; that is, on the issues of concern to David Willis as he speculated on AIDS as "a disease of society."

## Reporting Risk

How risk issues are reported reflects the organizational constraints of newswriting: the intense competition, tight deadlines, limited budgets, and the need to convey complex technical subjects to lay readers in a catchy style and within limited space (Gans 1979). News is a form of entertainment. The media are organized to cover sensational or dramatic episodes. They look for so-called newspegs. Risk events that are accidents or tragedies (e.g., Bhopal, Three Mile Island, or thalidomide) are most newsworthy, especially when they involve human interest stories or personal dramas (Sandman and Paden 1979). So too are dramatic research discoveries that bear on dread disease (e.g., potential AIDS therapies or reported "cures" for cancer or Alzheimer's disease). Disputes (e.g., over the safety of birth-control pills, compulsory human immunodeficiency virus [HIV] testing, or swine flu vaccine) are also extensively reported. Less newsworthy are chronic, ongoing problems, or those considered to be routine: significant research, or an important long-term public health problem, which may be ignored until identified as a crisis, may fall into this category.

The definition of "news" also reflects an intrinsic conservatism and caution among mainstream journalists. They are more likely to cover problems that might affect their middle-class readers than "other" groups. Thus, environmental problems, for example, win more coverage than occupational health. They also tend to avoid issues that may threaten prevailing social, moral, or economic values. There are frequently significant differences in regional coverage that reflect local interests, or the political influence of local groups. However, the content and style of reporting also reflect journalistic tradition.

The American press has been influenced by its origins as a reaction against the excesses of the so-called yellow journalism of the nineteenth

century, and early efforts to adapt the norms of scientific objectivity to journalistic practice (Schiller 1981). Links between the ideals of science and the norms of objective journalism were formed in the mid-nineteenth century, when they were perceived as necessary to enhance democratic values and to avoid factionalism in a diverse and fragmented society. Subsequently, "objective," that is, unbiased and balanced reporting, has been a journalistic ideal (Schudson 1978). Although reporters clearly understand that objectivity is not in fact possible, they are expected to approach the ideal by balancing diverse points of view. Thus they will cover risk events by quoting sources that represent opposing sides of controversial issues—the risks of dioxin, the health effects of food additives—often giving readers little guidance about the credibility of different views.

The constraints of newswork converge with the complexity of technical information about risk events to leave most journalists vulnerable to their sources of information. American journalists obtain material for their stories from press releases, conferences, interviews, and from selected journals, especially *Science* and the *New England Journal of Medicine* (NEJM). Because time is short and information complex, most reporters rely most heavily on press releases, often adopting their language as well as their content. Thus, those sources who are best organized to provide technical information to journalists in an efficiently packaged form have a great deal of control over what ultimately appears as news.

A variety of advocacy groups seeks to influence the media, and in the controversial context of risk reporting, journalists are typically swamped with conflicting information and polarized perspectives. Although such pressures influence the media, so too does the web of social and political issues that are associated with particular risks. Inevitably, journalistic interpretations will reflect social stereotypes, local values, moral or political biases, and beliefs about the credibility of the involved institutions. For example, the reporting on AIDS has reflected moral attitudes toward sexuality and homosexuality, the political muscle of the gay community in San Francisco as contrasted with New York, trust in public health and regulatory authorities, and perceptions of drug abuse. The case of AIDS illustrates how such social factors converge with the constraints of journalism and the pressure from advocates to influence the style and content of the news (Kinsella 1989).

## AIDS Reporting

To begin with, the press was extremely slow to publish reports on AIDS (Schwartz 1984). By the end of 1982 there were 800 reported cases and 350 deaths from AIDS, and the Centers for Disease Control (CDC) as well as prominent medical journals were clearly indicating that the nation was facing a serious public health problem. However, except for the gay press and the *San Francisco Chronicle*, influenced by the political clout of the gay community in that city, few articles appeared in newspapers and magazines until May 1983. It was not that reporters were unaware of the issue. Jerry Bishop, a science writer for the *Wall Street Journal*, wrote a piece on AIDS early in 1982; although he was a well-established staff reporter, his editor would not accept the article, which appeared later in *Discover* (Bishop 1982). Medical reporter Lawrence Altman wrote an article for the *New York Times* in 1981 that was not published. In contrast, the *San Francisco Chronicle* hired a full-time AIDS reporter, Randy Shilts, in 1982 (Shilts 1987).

Abruptly, in May 1983, news coverage of AIDS expanded. The *New York Times*, which is critically important for setting agendas in the media world, ran one article in April 1983. In a striking omission that month, it had *not* covered a Madison Square Garden benefit performance of the circus. The event, which was sponsored by medical leaders of the gay community, involved celebrities like Leonard Bernstein and was attended by 18,000 people (Schwartz 1984). Criticized for "the greatest blackout on earth," the *Times* increased its reporting on AIDS. In May, 21 articles were published in the *Times* and July saw the appearance of 29.

After the benefit performance, several other events occurred. In an editorial on May 6 in the *Journal of the American Medical Association* (*JAMA*), Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, raised the possibility that AIDS might be transmissible to the entire population through "routine close contact," suggesting that everyone was at risk (Fauci 1983). Around the same time studies began to suggest that heterosexual transmission could take place through prostitutes. Defined as a homosexual disease, AIDS attracted little public attention; as soon as it seemed that AIDS might extend beyond the gay community, coverage expanded. Following reassurance from scientists, coverage declined by the end of the summer

except in the *San Francisco Chronicle*. In September 1983 the *New York Times* ran only six articles, and over the next few years reports clustered around spectacular events; between them were periods with no AIDS coverage. Indeed, during this period, one might have concluded from the lack of media interest that AIDS was not a very important issue.

Although the mid-1980s was a period of major scientific advances in the understanding of the disease, and growing awareness of the dilemmas facing the medical care system, coverage only picked up again in the summer of 1985 with the illness of Rock Hudson. During the same summer, epidemiological studies were indicating the exponential spread of the disease. Whereas in June 1985, the *New York Times* only carried four articles on AIDS, there were 16 in July, 46 in August, and 72 in September.

Comparison of the AIDS coverage over five years in the *Times* and the *Chronicle* suggests the remarkable effect of local political clout on the interest of the press (table 1).

Since 1986, all the major newspapers have extensively reported on AIDS and many have provided solid and accurate technical information. In fact, AIDS reporting, assigned to the most experienced medical journalists, has been more technically detailed than most risk reporting despite the many scientific uncertainties about the nature of the disease. Yet, shaped by sexual conservatism, and reflecting the moralistic stance of many governmental authorities, news reports have very often conveyed an unrealistic and even counterproductive social message — abstain.

TABLE 1  
Comparison of AIDS Coverage by the *New York Times*  
and the *San Francisco Chronicle*

Year	<i>New York Times</i>	<i>San Francisco Chronicle</i>
1982	6	16
1983	126	155
1984	70	189
1985	375	414
1986	356	440

The sexual conservatism of the media reflects its efforts to avoid alienating its broad readership. True, things have changed. Jack Paar, the TV host of a nighttime program, was once suspended for mentioning a “water closet” in his talk show. In the early 1980s, the *New York Times* refused to print the word “gay” except in a quoted passage. By 1986, Surgeon General Koop and columnist Jane Brody appeared on television to give instructions on the use of condoms. Yet moral judgments about homosexuality continued to shape AIDS coverage.

The press labeled AIDS, not a viral disease like hepatitis, but a “sexually transmitted disease” like syphilis. This concept of STD lumped together unrelated and quite different problems, but clearly laid the blame on immorality. A stream of articles appeared on homosexual promiscuity, emphasizing the number of daily contacts and behavior in bath houses. The only solution to the spread of the disease, often referred to as the plague, seemed to be monogamy or abstention. The STD label helped to stigmatize those with AIDS and implied that all sexual contact was immoral and dangerous. Such views, of course, did not originate with the press, which usually tends to mirror official views. Public health departments and the CDC were also equating AIDS with STDs, and even the gay press was linking the “fast track” lifestyle to the disease. Yet journalists, ideally an independent voice, a so-called fourth estate, provided rather little critical analysis that might have called early attention to the growing number of intravenous drug users and women with AIDS.

A pervasive theme in the media coverage of AIDS has been the placing of blame (Nelkin and Gilman 1988). Searching for a cause—an explanation—of the disease, the media lapsed into language of reprobation, censure, and rebuke. Blame for the disease was attributed to dangerous lifestyles, immoral behavior, illegal drug use, or “poppers.” Posters appeared throughout New York blaming AIDS on the CIA, on dioxin and Agent Orange, on government policies. In the early 1980s, when public authorities described Haitians as a major source of AIDS in the United States, the media quickly labeled AIDS an African or Haitian disease.

As AIDS appeared in other countries, national tensions were expressed through attributions of blame. The French labeled AIDS an American disease, observing the influence of American cultural models of homosexuality in France. Jacques Liebowitz, a physician working in Paris, reported the prevailing belief that AIDS was caused by the im-

portation from the United States of contaminated “poppers” (amyl nitrite), a chemical inhaled to heighten sexual experiences and strongly associated with the homosexual lifestyle. The French press described poppers as “an American pollutant consumed here” and warned the Franco-American gay jet set that they were at risk because of their “American connection” (Liebowitz 1985).

During the freeze on American–Soviet relations in the summer of 1985, the Soviet press represented AIDS as a reflection of capitalism. A *Pravda* cartoon showed an American general paying for a test tube of AIDS virus supplied to him by a venal-looking scientist. Swimming about in the test tube, representing the power of the AIDS virus, are a multitude of tiny swastikas; the dead victims of AIDS appear in the cartoon as concentration-camp corpses, their stacked bare feet echoing the death-camp photographs of bodies piled up like cordwood. In one powerful image, the *Pravda* cartoonist managed to link American imperialism, Nazi fascism, and dread disease (Seale 1986).

A further dimension of AIDS coverage has been a remarkable polarization in its content. On the one hand sensational stories and headlines warn of everyone’s vulnerability, causing Fauci to regret his early speculation in *JAMA*. A *Life* story announces, “AIDS breaks out of high risk groups. . . . No one is safe from AIDS.” A *Time* magazine headline reads, “A scourge spreads panic.” Metaphors comparing AIDS to leprosy, the plague, a time bomb appear repeatedly. Headlines call attention to the “deadly new epidemic” and “the public health threat of the century.” They ask, “Is there death after sex?” and state, “Even you can become infected.”

On the other hand, many reports reassure the public by framing AIDS in terms of “high risk groups.” AIDS is a disease for others: gays, drug users, Africans, Haitians, those who are somehow immoral. The mainstream press in effect has ghettoized and individualized the disease by defining it only as a problem of those engaged in particular lifestyles. It is *their* problem, perhaps affecting their spouses and children, but not a disease of society (Nelkin, Willis, and Parris 1991). The profound impact of AIDS on American culture and institutions—health care, social services, prisons, the concept of the family, the role of government—has been underplayed. Analysis of the critical social aspects of AIDS has been largely left to professional journals like the *Milbank Quarterly*.

The sources of information must share responsibility with health and



science journalists for this polarized reporting on AIDS. Public officials and spokespeople for private agencies have tried to downplay AIDS risk in order to avoid panic. Advocates from the gay community, on the other hand, seek dramatic media coverage of the dangers of an epidemic and its broad implications as a means of gaining much needed resources for research and medical care. Conservatives have encouraged the tone of reprobation as a way to further their moral agendas. Attracted by extreme positions, the press reiterated Jerry Falwell's comments that AIDS was God's will, that "a man reaps as he sows," and William Buckley's proposal to tattoo seropositive men on their forearms or buttocks.

Media messages have, of course, changed over time. Once issues like appropriations and expenditures for medical care became routine, they got limited coverage despite their continuing importance. Articles on AIDS activism have proliferated in 1990, reflecting the media appeal of protest events. Whenever disputes occur, they become a source of news. The press has extensively covered the repeated conflicts over condom distribution, sex education, free needles, and HIV testing and partner notification, in each case presenting the issues as polarized. Testing of physicians, for example, is portrayed as a conflict—an unresolvable one—between the supposedly irreconcilable values of public health and civil liberties, physician autonomy and patients rights.

Disputes among scientists are also newsworthy. A great deal of space is given to the continuing French-American dispute over priority in identifying the HIV virus. Focusing on such controversies, seen as appealing to readers, the press has ignored the considerable scientific collaboration. It has also conveyed a cynical message, that scientists are simply using the disease to advance their personal careers. However, the press pays little attention to the deep social tensions revealed by AIDS that surround issues like society's commitment to individual autonomy when community values are at stake, the roles and responsibilities of government in managing disease, tradeoffs between scientific research and other costly programs, and the appropriate organization of a humane health care system.

Even with the expansion of coverage after 1986, the gaps in reporting have been significant. Political activism among gays has attracted more coverage than the problem of AIDS among women, especially women of color (Treichler 1987). Although intravenous drug use is a major and growing source of infection, it has limited media appeal, for

drug users are not an effective pressure group. Whereas the debates about needle exchange have captured attention because of their broader implications for the "war on drugs," the shortage of methadone clinics and detoxification facilities has not been considered newsworthy. There is limited coverage of the very serious chronic problems of medical care, the dilemmas of nurses working with dying patients of their own age, the shortfall of residents in city hospitals, and the ethical dilemmas involved in extending the life of AIDS patients. These routine ongoing problems are less newsworthy than personal vignettes of persons with AIDS and disputes over resources or compulsory testing.

### The Influence of Risk Communication

For the American consumer, newspapers and popular magazines, filled with health advisory columns, as well as news about risk events, dominate the avenues of public information. The media can move issues to center stage or keep them out of public view. They serve as filters through which people receive news and interpretations of events. The information they convey, their visual and verbal images, and the tone of their presentation can define the significance of events, shape public attitudes, and legitimate—or call into question—public policies (Gans 1979; McQuail 1979).

Communication studies indicate that the influence of media information on individual attitudes and behavior is complex in ways that are important if we are to understand the effect of AIDS reporting. People are influenced more by their peers and social contacts than by their knowledge of technical details (Kuhliniski, Metlay, and Kay 1982). One study of the coverage of nuclear power found little evidence of media influence. Although the nuclear power industry has blamed the press for public controversy over nuclear power, the study concluded that "the press . . . is honored more as a talking point than an action force; and judged more puissant by those it criticizes than would be merited by its action" (Eisendruth and Broder 1979). Another study suggests that the quantity of coverage of a risk event may have more influence on public perceptions than the actual content of the coverage (Mazur 1987).

The general thrust of communications research suggests that the media are not the primary source of public attitudes and ideas, but they

may have significant influence depending on a number of contextual factors. The effect of risk information is likely to vary with the selective interest and personal experience of the receiver. In esoteric areas, that is, in areas where newspaper readers or television viewers have little direct information or preexisting knowledge to guide an independent evaluation—as was the case of AIDS in the early 1980s—the media were the major, and often the only, sources of information. A public opinion survey found that the public learned about AIDS largely by way of the media (Singer and Rogers 1986). In effect, the media defined the reality of the situation and played a critical role in shaping perceptions of the risk, a fact suggesting the critical importance of accurate and complete coverage. In contrast, where readers already have an established set of biases, or long-term exposure to press coverage, as in the case of AIDS reporting today, media reports tend to justify and reinforce existing views.

A more general effect of media coverage is to establish a framework of expectations, so that isolated events take on meaning as public issues (Tuchman 1978). The media, in effect, make problems such as AIDS visible and define a “frame” or context within which related events can be interpreted and understood. In this way, by simply publicizing an issue, media reports can set the policy agenda and significantly influence political decisions.

By their selection of newsworthy events, journalists identify pressing social or policy issues (Lang and Lang 1983). The metaphors and images used to describe a situation can point the finger of blame and imply responsibility. Is AIDS a crisis or a problem? A plague or a disease? Is it a gay disease or a disease related to certain behaviors? Is it an STD or a viral disease? Are those with AIDS victims or people with an illness? Is testing an intrusion on civil liberties or a protection of public health? Is fear of AIDS a phobia or simply a concern? Selective use of language can trivialize an event or render it important; marginalize some groups, empower others; define an issue as an urgent problem or reduce it to a routine.

The choice of language, a reflection of values, is strategic, for language carries implications for the formulation of policy. For example, if the problems of AIDS are defined in terms of insufficient technical knowledge, this implies that the effort to control risk must be centered on research. If behavior is emphasized as the problem, educational measures become the first priority. If the problems are defined in the

moral context of blame, then compulsory constraints are demanded. In this way, the media discourse helps to create the biases that underlie public policy and influence personal behavior.

By creating public issues out of events, the press can force regulatory agencies to action simply out of concern for their public image. It is difficult to make definitive correlations between media coverage of AIDS and subsequent policy changes. However, in 1986, pressure from media reports contributed to the release of zidovudine, popularly known as AZT, as a therapy for AIDS before the completion of clinical trials. In 1987, the growing press coverage was also an important factor in President Reagan's decision to appoint a commission on AIDS; later media criticism contributed to its reorganization. The sensational news coverage of the dentist who infected his patients with AIDS is supportive of policies requiring the testing of physicians.

The influence of risk information on personal behavior depends on a number of variables. Reports about risk are most likely to affect behavior if alternatives are available. News coverage of toxic shock syndrome adversely affected the sales of some brands of tampons, for others could be purchased. However, deliberate efforts to use the press in order to influence behavior has not necessarily had the effect anticipated. Despite extensive news coverage of the Salk polio vaccine when it became available in the late 1950s, relatively few individuals agreed to be vaccinated at that time. Similarly, media coverage of the 1964 surgeon general's report on smoking and cancer had little apparent direct effect on smoking habits until many years later. Although people seek risk information from the media to guide even the most personal decisions, they actually use such information mainly when it corresponds to their prior inclinations. In this context, messages urging abstinence as a way to avoid infection are less likely to influence behavior than information about safe or "safer" sex.

Although media warnings are unlikely to change behavior, they can contribute to stereotypes. The moral tone of the news coverage and its focus on high-risk groups have helped to stigmatize those with AIDS. Following the 1983 news reports on Haitians with AIDS, many Haitian residents of the United States were subject to discrimination and sometimes fired from jobs. Haiti's ambassador to the United States complained that "the volume of media stories relating Haitians and AIDS has cast a pall of gloom over the country, deterring potential business investors and tourists from venturing too near" (quoted in Schwartz 1984).

The promulgation of moral associations has even stigmatized children—usually innocents in our pantheon of cultural images. Infants born with AIDS evoke sympathy as “innocent victims.” Older children with AIDS, on the other hand, have often been ostracized. In the 1985 Queens school board case over the admission of a seven-year-old child with AIDS-related complex, the rhetoric of community activists mirrored the language in press reports (Nelkin and Hilgartner 1986). The child inherited the unclean image of a sexually transmitted disease. Although there was no evidence of actual antisocial behavior, he was suspected of biting, or drawing blood. During the hearing, children with AIDS were described as coming from families who were “not as responsible as we would like them to be. Not from the best family settings.” The stigmatization of children was captured by a bizarre typographical error in the caption of a photograph of Ryan White, the child from Indiana with AIDS. He was described as a “homophilic” (*Ithaca Journal* 1986).

Finally, press coverage can also influence the financial support given to research, a fact well understood by scientists and their institutions. In the 1940s the proliferation of cancer stories in the press helped to convince Congress to give research support to the National Cancer Institute. In the 1950s the media dramatization of infantile paralysis attracted millions of dollars to the support of research in this area. Similarly, dramatic news stories about AIDS have generated public funds for AIDS research.

## Conclusion

The coverage of AIDS in part reflects the real difficulties of risk reporting. Writing about this disease requires journalists to make interpretations in the face of technical uncertainties and scientific disagreements, and especially to accept uncertainty and admit to gaps in our knowledge. It requires editors to avoid the appeal of sensationalism, and to take a stance on controversial issues that may lose readers. It requires those scientists, physicians, public officials, and activists who are the major sources of information for the media to assume a great deal of the burden of AIDS communication.

Timely and responsible reporting on AIDS is critically important to the management of this disease. Media coverage may exaggerate the problem of risks, but, by increasing public awareness, it may also elicit

the support that is essential to bring risks under control. It may play on bias and prejudice, or create the enlightened responses necessary to deal with a dread disease. It may contribute to fear and discrimination, or influence the support given to research and to medical care. As I learned from David Willis, when he edited my articles and those of others who have written about AIDS in the *Quarterly*, both the tone and substance of public communication are critical, for they will ultimately affect our ability to respond to this disease with dignity, insight, and compassion.

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