

incident showed, Britain is a natural locus for American attention, even when a crisis there seems relatively frivolous or insufficiently established.

The mad cow disease episode demonstrated that even if a story originates in Britain—a nation of great historical, cultural and political concern to Americans—and revolves around the eating of beef—a staple in the American as well as the British diet—it will still move quickly off the front pages when the media runs out of sensational details to tell. A threat, a catchy-named disease and liberal use of bad puns will only take a story so far.

THE DOOMSDAY DISEASE: EBOLA, ZAIRE, MAY 1995

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The funeral of Sister Dinarosa Belleri in Kikwit, Zaire, was marked by neither the gracious gestures nor the lengthy ceremony that had attended the death ten days earlier of Sister Floralba Rondi, a fellow member of the Little Sisters of the Poor order.

When Sister Floralba became ill three of her best friends, Sister Dinarosa, Sister Clarangela Ghilardi and Sister Danielangela Sorti, together with a Zairian nun, Eugenic Kabila, from the Sisters of St. Joseph order of Turin, tended to her at the same makeshift hospital where she had lived and worked for 43 of her 71 years. When her fever worsened the three Italian nursing nuns put Sister Floralba in the back of their four-wheel drive vehicle and drove her to a clinic 50 miles away. She was unconscious when they arrived, and they all took turns at her bedside, monitoring her intravenous drip and praying for her recovery. When she died on April 25, 1995, the three sisters brought her back to Kikwit to be buried.

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The hospital in Kikwit is not much, but what little there is is due to the care and work of the nuns. The nuns nursed patients in the 350-bed ward, assisted at operations, scrounged medicines, begged basic supplies, managed the hospital's administration and even kept the generator going. "Anything that is working here," said Belgian doctor Barbara Kerstëins, "was run by the nuns."⁶³

Of all the Italian nuns, Sister Floralba had lived the longest in Kikwit. Sister Clarangela, age 64, had come to Zaire 36 years before, Sister Dinarosa, age 58, had arrived almost 30 years previously, and Sister Danielangela, age 47, had arrived in 1978. As the oldest of the group, Sister Floralba was much loved and widely known. When she died of what was thought to be the endemic malarial fever, hundreds mourned her passing. Her body was carried in a procession all through the Kikwit hospital and then through the town to the cathedral, where she lay in an open coffin for two days. Her friends and those she had nursed

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over the years came to pay their respects. They stood over her coffin, wept, held her hands and caressed her face. Many followed the funeral cortege out to the graveyard as she was laid finally to rest.

By the day of the funeral the four sisters who had nursed Sister Floralba had all fallen ill. On May 6, Sister Clarangela died. On May 12, Sister Danielangela died. On May 13, Sister Eugenic died. And on Sunday, May 14, Sister Dinarosa died. By then the whole world knew of the sisters' deaths. The five nuns had not died of malaria. They had died of Ebola.

The last respects paid to Sister Dinarosa befitted her status not as the hospital's chief administrative nurse, but as an Ebola victim. Only ten hours after her death, her body was unceremoniously splashed with bleach, shrouded in a plastic body bag, and laid in a wood coffin. The coffin was placed on a hospital gurney and wheeled out of the hospital, over the potholed main road to the cemetery. Her pallbearers wore full-length green surgical gowns, heavy plastic work goggles, surgical face masks, white hard hats, thick gloves and knee-high rubber boots. But the procession was led by Bishop Edouard Mununo in his regalia, and the coffin itself was papered in a springtime print of blue and pink flowers.

Almost 200 people had come to see her grave dug, but only a small group of Jesuit missionaries and foreigners gathered close as Bishop Mununo sprinkled holy water on her coffin. The local men, women and children had scattered back to a distance they believed was safe, and there they stood solemnly watching, T-shirts, handkerchiefs or brightly colored wraps covering their noses and mouths.⁶⁴

The name Ebola, said *Newsday*, "is synonymous with terror...." The virus, said ABC News, "is frightening because it is so lethal and so unexplained." "Ebola inspires fear," said *USA Today*, "because it is mysterious and a horrible way to die."⁶⁵ The media spoke as one. You do not want to get Ebola.

Under an electron microscope, Ebola doesn't look like many other human or animal viruses. It is not small and rounded, but long and snakelike, one of the very few members of a new class of viruses known as "filoviridae" (from the Latin "filum" meaning thread). Ebola works by targeting part of the host body's immune system, circulating tissue macrophages, defensive cells which roam the body in search of invaders. Ebola enters the macrophages, reproduces, and hitches a ride as the cells travel from one organ to another. The virus then infects the endothelial tissues that enclose capillaries, blood vessels and critical organs such as the kidneys and the liver. As the viral colonies

reproduce they puncture microscopic holes through the tissue walls, allowing blood to leak out internally into interstitial spaces and externally through the ears, eyes, nose, mouth, genitals and even pinprick holes in the skin. Hemorrhaging is uncontrollable. Blood loses its ability to clot. As the endothelial tissues deteriorate, internal organs lose their cohesiveness and turn into puddles. The surface of the tongue goes soft and pulpy and is spat out or swallowed. The lining of the gut sloughs off and is defecated along with massive amounts of blood. The excruciating diarrhea causes irreversible dehydration. The underlayers of the skin die, making what's left tissue-paper thin, tearing at the slightest touch. Headaches turn to madness. As the brain becomes choked with dead blood cells, generalized grand mal seizures are triggered. Death often comes after one final seizure, during which virus-laden blood is spewed over anyone and everything nearby. One blood droplet harbors more than a hundred million virus particles.⁶⁶

There is no vaccine or treatment for Ebola. Antibiotics accomplish nothing. Attempts at rehydration can cause drowning as intravenous fluids flow out of membranes made permeable. The incubation period is two to 21 days. After the first symptoms appear, death usually results within days. The only chance for survival is for the patient to stabilize long enough that the patient's own antibodies have time to react.

Ebola is considered a "Level 4" virus: a virus handled at the highest degree of laboratory containment by scientists taking extraordinary precautions and wearing the ultimate in space-suit-like protection. "Level 4" is the category reserved for viruses which are lethal to humans and do not respond to treatment.⁶⁷

Like AIDS, Ebola is spread through contact with infected bodily fluids. The chief means of transmission in its major outbreaks have been either surgery and routine lab work performed under conditions of primitive hygiene or close contact with desperately ill patients or the dead. The repeated use of disposable syringes, which by their nature cannot be resterilized (the plastic does not withstand boiling), has been the greatest culprit in the dissemination of the virus.

In many ways, however, Ebola is not like AIDS at all. AIDS is a slow virus; there is a long span of time, probably years, in which a symptomless individual can infect others. Ebola works quickly. By the time a person is contagious, he is typically very ill. Among humans, an epidemic of Ebola seems to last a finite, fairly short period of time. If a virus is too immediately deadly it has less of a chance to spread, so Ebola appears to compensate by reducing its virulence over a period of months. AIDS does not. Since the Antwerp Institute of Tropical Medicine identified the Ebola virus in 1976, fewer than 800 people have died. In that same span of time, according to the WHO, rabies, considered the most

deadly virus known, has claimed 627,000 lives. And AIDS has killed one and a quarter million people.

Still, when Ebola strikes, it is fearsome—and it will continue to be so until the elusive source of the virus has been discovered. Ebola's burnout during human epidemics implies that its natural host is not man. After the Kikwit outbreak, researchers looking for the original carrier collected 30,000 plant, insect and animal samples from the Fôret Pont Mwembe where Patient Zero contracted Ebola. But to date, there are no answers.

The Bicentennial year, 1976, was a bad one for diseases. In the middle of all the patriotic hoopla in the United States, American attention was riveted to two public health crises: the Swine Flu "epidemic" and Legionnaires' disease. There was little public interest leftover for an African outbreak of some unusual new hemorrhagic fever.

Almost simultaneously in the late summer of 1976 two independent epidemics had broken out 500 miles apart: the first, in July in N'zara, a town in southern Sudan; the second, in September in the Catholic mission village of Yambuku in north-central Zaire (now the Congo). As far as anyone knows these were the first appearances of what became known as the Ebola virus. In N'zara, 280 people contracted the disease, almost 150 died. By the time scientists were allowed into the area, the epidemic was all but over. But samples were collected and some were passed along to the CDC. Within three days, the Americans had a picture of the virus. They believed that although it appeared to be related to the Marburg virus, a mysterious virus that had erupted in Marburg, Germany, transmitted to lab workers from African green monkeys, this N'zara virus was something new.

Then came word of another epidemic, this one centered in the mission hospital of Yambuku. The hospital was the major hospital and dispensary for some 60,000 villagers living in the central Bumba Zone. It had a staff of 17 nursing sisters, most of whom had only taken a several-day-long training course. Every morning the clinic issued five syringes to its nurses. They were used again and again throughout the day. Most of the 300 to 600 patients seen daily received injections of some sort: antibiotics for infections, chloroquine for malaria, vitamin B₁₂ for pregnancy.

The virus spread to more than 50 villages in the area, finally subsiding when most of the staff at the hospital died. By the end of the Yambuku epidemic about the same number of people had become infected as in N'zara, but in Yambuku 100 more had died than in the Sudan, including 13 of the 17 nuns. As

was to be the case 19 years later in Kikwit, many of the dead in Yambuku died as a result of poor medical practices at the mission hospital.

Lab work on the two epidemics demonstrated that although the two diseases are clinically the same, the Sudan strain and the Zaire strain have genetic and biologic differences. The evidence all seemed to point to the fact that lightning had struck twice. Then it largely disappeared. A few isolated Ebola cases reoccurred, striking a child in Tandala, Zaire, who died the next year. And a small outbreak infecting 34 people occurred in 1979, again in N'zara. But then complete quiet. Ten years passed and a world away, in late 1989, an epidemic erupted among a group of 100 Philippine monkeys quarantined in one large room in a facility in Reston, Virginia, a suburb of Washington, D.C. All 100 monkeys in the one room were euthanized. Then a second and a third room became infected. Then an animal technician fell sick with symptoms suggestive of Ebola. Although he later proved not to have the disease, his illness terrorized the authorities.

The Reston strain of Ebola turned out to be harmless to humans. But the presence of Ebola in the United States raised some frightening implications. What if the microbes had possessed the ability to infect humans? Individuals from the Philippine distributor to animal cargo handlers at Amsterdam and JFK airports to employees at research labs all over the United States were in the chain of possible infection. After Reston, far more stringent testing and quarantine guidelines were put in place—although to questionable effect as the Reston virus turned up again in monkeys from the same origin, once in Siena, Italy, in 1992 and twice more in the United States, both times in Alice, Texas, in 1990

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and 1996.⁶⁸ Finally, 15 years or so after the last human epidemic of Ebola, another major epidemic broke out. This time in Kikwit, Zaire. And this time, the United States was primed to give the outbreak attention. Richard Preston's book *The Hot Zone* on the Reston incident was still on *The New York Times* best-seller list after 30 weeks. Warner Bros. had a current blockbuster with their movie *Outbreak* about an apocalyptic Ebola-like virus that threatens the entire United States. And on Monday night, May 8, 1995, only two days before the Kikwit epidemic splashed across the news, NBC aired the made-for-TV thriller, *Robin Cook's Virus*, about an African virus that mysteriously stalks a series of American cities.

According to *Newsday* reporter Laurie Garrett, who won a 1996 Pulitzer Prize for her coverage of the 1995 epidemic, the index case, the first person to be infected, was a 35-year-old Kikwit farmer named Gaspard Menga. Around Christmas 1994, Menga lived for three weeks alone in the rain forest 18 miles

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from his home to make charcoal to sell as fuel in town. In early January he staggered in pain out of the forest, already feverish, already suffering from unexplained bleeding. His family took him to Kikwit General Hospital where he lay for a week before he died on January 13.

Menga's wife, Bebe, and his uncle, Philemond Nseke, collected his body and prepared it for burial, a traditional task that involves washing the body. Then Bebe and Philemond fell ill. Relatives took care of them and buried them when their time came. And so it went. By March 9, of 23 members of the extended Menga-Nseke family, 14 had died of Ebola—four in Kikwit General Hospital. In each case the family was told that the killer was shigella, an extremely contagious infection that also causes bloody diarrhea and kills thousands of Africans every year.

At some point during the doomed hospital stays of four of the members of the family, Kimfumu, a 36-year-old laboratory technician, drew blood samples from all the suspected shigella cases. By the first week in April, he too had fallen ill, his belly distended. The doctors suspected a perforated intestine caused by typhus. On April 10, they operated. Finding no perforation, they removed his inflamed appendix. When his condition didn't improve, they opened him up again. This time the reason for his agony was clear. Huge pools of blood filled his chest and stomach cavity—every organ was hemorrhaging uncontrollably.

Kimfumu died. And then one by one so did the members of the two surgical teams who had worked on him: four anesthesiologists, four doctors, two Zairian nurses and two Italian nursing sisters. And then people who they had come in contact with fell ill and died, and so on and so forth.

On May 5, Dr. Tamfu Muyembe, a leading virologist at the University of Kinshasa, in Zaire, arrived to begin his investigation. He knew immediately that the outbreak was not shigella, since as a bacterial infection it should have been cleared up by the doses of antibiotics given to the patients. Muyembe recognized the symptoms as ones he had seen 19 years before when he had been a member of the medical team that had fought the first-ever Ebola outbreak. "I dare to say," he remembered a year later, "that anyone who has seen a case of Ebola will never, never forget it."⁶⁹ On May 7, Muyembe sent word to the World Health Organization that Ebola was back in Zaire. On May 9, the story hit the American media.

Three days after the call from Muyembe, a team of experts gathered in Kikwit, collected from the top institutions for public health in the world. Their mission—backed by the Kikwit Red Cross and other volunteers—was to stop the epidemic. Cleaning the Kikwit hospital alone was a monolithic task. When the international

team walked into the wards on May 10, there was no running water, only sporadic electricity, no bed linens, few mattresses and virtually no supplies—including no cleaning products. Many patients lay on the floor, surrounded by their families, their blood seeping into the concrete. David Heymann, an American epidemiologist trained by the CDC, described the scene: “There was blood everywhere. Blood on the mattresses, the floors, the walls. Vomit, diarrhea...wards were full of Ebola cases.”⁷⁰ The staff, all civil servants, had not been paid for four years. All worked jobs on the side.

The delegation began paying the hospital staff. They rigged up a rainwater collection and filtration system to provide water. They established a *cordons sanitaire*—a thin plastic wall sealing off the Ebola victims from other patients. They dispensed gloves and masks. They trained medical students to work in surveillance teams combing the region looking for Ebola cases and in education teams teaching the local citizens how to protect themselves against infection.

By the end of June, the work was essentially all over. The hospital had been sanitized. And the virus had burned itself out, waning in both transmissibility and virulence. The virus was most ferocious early on in the epidemic; the highest rate of death was in January and February, the lowest rate in June. Three hundred and sixteen people had contracted the Ebola virus, 245 died, a total rate of 77 percent.⁷¹

Since Kikwit, Ebola has not gone off the media’s radar. One reason is that since Ebola has come back, there have been other small African outbreaks. The second reason for Ebola’s continued presence in the news is that it has entered the public’s consciousness as “one of nature’s most fearsome killers.” Ebola, CNN reminded its audience, is “a mystery virus with a fearsome reputation as a doomsday disease...,”⁷² All the media have done special stories or series on “emerging diseases,” reminding readers and viewers of the epigraph for the movie *Outbreak*. At the beginning of the film, on a black screen, these words by Nobel laureate Joshua Lederberg come up: “The single biggest threat to man’s continued dominance on the planet is the virus.”

The Kikwit epidemic received epidemic coverage. The Ebola outbreak had everything: it was dramatic, it was dangerous, it had self-sacrificing nuns as “angels of mercy,” it had the virus hunters as “disease cowboys.”⁷³ It was gruesome, it was thrilling. Pop culture had made it incredibly current, but it was “real” news. It was a great story.

Even in the elite media, the Kikwit epidemic received more than twice the coverage that the plague or Creutzfeldt-Jakob disease had done in the same period of time. The stories themselves were longer, and there were more of

them. During the first days of the coverage of the epidemic, many daily newspapers didn't just run one story, they ran several. *USA Today*, for example, ran two stories Thursday, May 11, on "the spread of the deadly Ebola (Pronounced: EEbola)." And *The New York Times* ran two articles on May 10, one long article with a chart and map on May 11, and three articles, including an editorial, on May 12. All three newsweeklies carried lengthy articles in their first issues after the outbreak and television, too, gave it extraordinary coverage. Bernard Shaw hosted an hour-long CNN prime-time special on May 14, entitled "Apocalypse Bug." ABC News had stories on the outbreak five days out of the first week of coverage. *Nightline* had not one, but two episodes on Ebola—one on the first full day of coverage, Wednesday, May 10, and the other two weeks later on Wednesday, May 24. And ABC's magazine show *Day One* was canceled while co-anchor Forrest Sawyer was in Zaire reporting on Ebola.

Although one or two news outlets, including the *Chicago Tribune*, released a news brief about the epidemic late on Tuesday, May 9, most of the media didn't cover the story until the next day. That "first" day, May 10, both television and the newspapers covered the outbreak "straight"—inverted-pyramid style. The main points of interest in this opening day were the nearly unanimous reference to the disease—not yet officially confirmed as Ebola—as the "mystery" or "mysterious" virus and the nearly unanimous inclusion of mention of the recent films and books on the same subject. *The New York Times* even made its "mention" an entire article, "'Emerging Viruses' in Films and Best Sellers," saying: "While doctors still debate whether the new agents are homegrown ones that have acquired a special virulence or exotic agents unleashed on the world as civilization invades their forest refuges, writers and film makers have rushed in to chronicle the horrors of mystery viruses."⁷⁴

By day two, May 11, after a press conference given by the WHO and the CDC about preliminary laboratory findings, the mysterious Zairian virus was more authoritatively linked with Ebola. Medical correspondent Lawrence Altman of *The New York Times* weighed in with an article and chart on Ebola, the *Los Angeles Times* carried an infobox on Ebola to accompany its story, and *USA Today* went all out, identifying the virus as Ebola in its headlines and running a question-and-answer article on "what's known about the mysterious virus."⁷⁵

Stories on day three, May 12, still for the most part led with the who-what-where-when news: the death of a third nun, the arrival of the international medical team in Kikwit and the Zairian government's measures to contain the epidemic. But some stories also began to raise the issue of a global spread. The *Chicago Tribune* had anticipated the topic with a story on May 11 entitled

“U.S. Ebola Outbreak Unlikely, Experts Say.” Although the article, like the headline, emphasized the fact that “Ebola is relatively difficult to spread,” it didn’t completely discount the possibility of “some spread on a limited scale.” As *The New York Times* May 12 editorial mentioned, “the fragility of our defenses in the age of jet travel” means that “now, with the cold war over...we may have less to fear from rogue nations than from rogue viruses.”⁷⁶

By the weekend, stories had turned from a factual accounting of victims’ deaths to tales of the medical detectives’ successes—both in the field in Kikwit and at home at the CDC. Chronologies of the virus’ outbreak and its identification jostled with photogenic details of the “hygienic precautions” being taken, from gloves and masks to body bags and doctors’ “space suits.”

By Monday, May 15, five days into the coverage, feature-laden stories about the death of the sixth nun, about the poverty and government corruption in Zaire and about the whole host of newly discovered “emerging viruses,” including AIDS, predominated and lasted out the week: “The frightened people of this central African city,” wrote *USA Today* in a page-one story, “buried Sister Dinarosa Belleri Sunday, just hours after the Italian nun died of the mysterious Ebola virus that is terrorizing Zaire.” Conditions in Kikwit “are very much like they are in most villages and towns in Zaire,” said correspondent Gary Strieker on CNN, “they’re very impoverished, they’re not very sanitary.” “Mankind’s arrogance has been exploded by the emergence of new maladies, such as AIDS and Ebola,” reported the *Chicago Tribune*, “both of which are hard to catch but are ruthless in exploiting their opportunities once they are loose in a human body.”⁷⁷

Ebola made for a picturesque story, in words and in images. Ebola, as Laurie Garrett in *Newsday* noted, quoting a WHO doctor, “is the big one—this is what we’re always thinking about when we talk about serious, dangerous disease threats.” Even the gray newspapers, such as *The New York Times*, incorporated into their stories grisly, graphic details of the virus’ effects, sprinkled their copy with evocative metaphors and analogies and ran arresting graphics and compelling photos. Headlines in the magazines and papers seduced readers with allusions to the film and novel blockbusters: “Outbreak: From Awful Rumor to Deadly Truth” or “Horror in the Hot Zone.”⁷⁸

Hollywood and the best sellers had primed the media for language that in any other situation would have been considered well over the top. “If the word [Ebola] doesn’t make your hair stand on end, it should,” said *Newsweek*. Ebola was depicted as a reptile, insect or some feral beast—a “serpent,” a “wicked bug”—that needed to be “tracked to its secret lair.” Less lyrically, others used phrases familiar to nuclear war scenarios or natural disasters, describing Kikwit as “ground

zero” or the “epicenter.” But the most popular manner of referring to the virus was in Armageddon-like terms. *The Hot Zones* Richard Preston and even Laurie Garrett in her tome *The Coming Plague* had raised the specter of Ebola as the Andromeda Strain. So it was but a short jump for the newsmagazines, newspapers and television to refer to it as “the ultimate horror,” a “doomsday disease,” the “apocalypse bug,” a “plague,” a “nightmare” and a “biological Satan.” Even *Redbook* magazine warned its women readers in an article entitled “Deadly Viruses: Do You Know How to Protect Your Family?” that “The Ebola virus doesn’t mean the end of the world is coming, but it is a warning.”⁷⁹

After those characterizations, it was almost redundant for the media to speak about such epidemic disease standards as panic and fear. All the media mentioned the “panic [Ebola] can cause” and the “weeks...filled with fear.” Ebola “triggers terror,” said *USA Today*, “sending shock waves world wide.” Even the most prestigious newspapers got graphic. “The Ebola virus,” said the *Los Angeles Times* in one article “literally eats away at internal organs, causing a horrible death by massive bleeding out the eyes, ears and other openings.” “The virus,” said *The New York Times* in one piece, “makes the body’s internal organs bleed and rot.” “It turns internal organs to mush,” said a *New York Times* editorial.⁸⁰

But *Newsweek* and *Time*, the television specials and to some extent *USA Today* did dwell more on the sensational than the other media surveyed. Not only in their choices of metaphors, but in their verb and adjectival choices, the two pre-eminent newsmagazines hyped up the story. Their descriptions of the progression of the disease were the most graphic of the surveyed media. “When she got home,” said *Time*, describing one victim’s death, “her incision began to bleed. Then her organs began to melt. The red-black sludge wiggled out of her eyes, her nose, her mouth.” “The victim’s capillaries clog with dead blood cells, causing the skin to bruise, blister and eventually dissolve like wet paper,” *Newsweek* explained. “By the sixth day, blood flows freely from the eyes, ears and nose, and the sufferer starts vomiting the black sludge of his disintegrating internal tissues.” Or, to quote more randomly from just two pages of the same May 22 *Newsweek* story: the “gruesome mystery” virus “raged,” “possibly” through “sprawling slums” and “squalor,” government officials were “terrified,” then the “virus jocks,” “disease cowboys,” or “commandos of viral combat” “divvy up the sleuth work” a “thickness of a glove away from certain disease and possible death.”⁸¹

As sensationalized as *Time* and *Newsweek* were, it was CNN’s special “The Apocalypse Bug” and ABC’s *Nightline* which lost all restraint in handling the story. Consider this opening statement from the CNN special on May 14: “It is an ancient prophecy—the ruling powers of evil will be destroyed by god in one

chaotic cataclysm, an apocalypse. Have we reached that moment in the form of mysterious viruses? From HIV to Ebola, microscopic killers are on the loose, and we are increasingly powerless to stop them. Welcome to CNN Presents. I'm Bernard Shaw." But even that characterization of Ebola didn't flout as many journalistic standards as did *Nightline's* show on May 10, the first day of ABC's coverage of the epidemic. As an article in *The Washington Post* criticized, "The national obsession with Ebola and the potential for similar diseases to appear has led to a sort of Cuisinart effect. Ideas and images from sensationalistic films such as the televised *Robin Cook's Virus* are blended with information from more authoritative works such as writer Laurie Garrett's *The Coming Plague*. ABC's *Nightline* and other news programs even used scenes from the fictional movie *Outbreak* to sharpen reports on the Zairian Ebola outbreak last week."⁸²

Nightline opened its Wednesday, May 10 evening report with a clip from *Outbreak*: "There will be panic the likes of which we've never seen." Then said Ted Koppel in a voice-over, "In this country, it's still the stuff of fiction." After lead actor Dustin Hoffman intoned, "We can't stop it," Koppel's voice-over continued, "In Zaire today, it's only too real"—implying that the Zairian outbreak mirrored the movie's version. A moment later in his opening monologue, Koppel admitted to the use of the fictionalized scenario:

Just to keep things in perspective, the Ebola virus, on which we're focusing our attention this evening, only exists in this country in our fevered imaginations. We have watched Dustin Hoffman pretend to deal with a pretend outbreak in a pretend movie, and that has made us more receptive than we might otherwise be to a genuine outbreak that is killing people, horribly and very quickly, in Zaire. It is an important story, and we're not above using a couple of movie clips to engage your interest in it, but what is most important, as John Donovan now reports, is to keep what's happening in perspective.

From that statement, it appeared as if Koppel "got" it, as if he understood that the movie was just a hook to lure in viewers to a substantive discussion of this new, "emerging virus."

But what happened next in the program demonstrated that despite its protestations, *Nightline* didn't keep "what's happening in perspective." John Donovan's report began, once again, with Hoffman's line: "We can't stop it." And Donovan continued to use clips from the movie throughout his piece (the first third of the program), to say that the public was in danger of conflating the fictional with the factual. Fine, but what was his contribution toward putting

the virus in perspective? He said that “half” of the “virus nightmare was coming true.” He didn’t say which half. Instead he said that “Ebola is, without question, a biological Satan, a serpent of a virus....” He then showed the clip of actor Donald Sutherland’s projection of the *Outbreak* virus destroying the United States within 48 hours. “In the Hollywood version,” said Donovan, “what would happen next is inevitable.” And although he showed two medical experts stating that “the virus is not very transmissible,” he closed the issue by speaking to author Richard Preston who said that Ebola, like AIDS, is “attempting...to break into the human species and to spread widely.”⁸³

For many in the media, referring to AIDS was an easy means of characterizing Ebola. Media outlets piggybacked on the public’s horror of AIDS, but often represented Ebola as the more fearsome of the two viruses. Ebola, said U.S. *News* is “a virus more terrifying than AIDS.” “If you stick a needle into yourself that has been in an AIDS patient’s blood, there’s a 1 in 2,000 chance you’ll get infected,” the *L.A. Times* quoted an infectious-disease specialist as saying. “If you do the same with Ebola, you’ve got a 90% chance of dying.”⁸⁴

AIDS was also a way of bringing the fear home. “Like AIDS,” said the *Chicago Tribune*, “Ebola is thought to be an infection of monkeys that sometimes can cross species lines and infect humans.” And Ebola, like AIDS, had come “out of Africa” to threaten the United States. An undercurrent in much of the coverage was that this outbreak could have only happened in Africa, that the outbreak was almost to be expected. “The Ebola virus could hardly have chosen a more vulnerable country to strike than Zaire,” read the lead of an article in *USA Today*. “That a medical crisis of this kind would occur in Zaire is ‘not surprising.’” “And now, from a remote Africa, more bad news,” read the lead of an opinion piece in the *Los Angeles Times*. “Must we care about this one?” “We must,” the article said. Why? Because “Zaire is a very big country, as far spread even as one-third of the United States. Another reason is that Zaire borders on other big countries.... There can be no way to isolate Zaire or its epidemics. Elsewhere, AIDS has already shown us this.”⁸⁵ Why should we care? Why should we not “turn the page”? Not because we should care about people dying in Africa, but because we ourselves could get sick. We should care because of our own self-interest.

Certain of the images familiar from other epidemics resurfaced during the Ebola outbreak: electron micrographs of the neon-colored virus, photographs of family members at the bedside of dying victims and pictures of faces masked against infection.⁸⁶ Other images spoke more directly to the specifics of the Ebola epidemic, especially photographs of scientists in bubble suits and pictures of the dead being

buried in body bags or attended by pallbearers in almost combatlike protective gear. Used or viewed individually, most of the photographs spoke to the question of contagion; in different ways the different types of pictures communicated to their audiences that this is a disease to be feared. The electron micrograph blobs of virus were not just cold scientific evidence, they were framed in captions as “gruesome” killers that meant “trouble.” The images of the dead and dying were not the cozy, if antiseptic images of hospital vigils familiar from the flesh-eating bacteria or mad cow disease epidemics. The photographs depicted the dying and the dead as solitary, “cursed” victims, left alone with the virus. While bedside pictures typically show family or physicians interacting with patients—even if the interaction is contrived—many of the images of Ebola victims showed them by themselves, or showed the family members looking plaintively into the camera rather than anxiously at the victim—the victim’s fate, their look implied was a foregone conclusion. “You get it and you die,” read one caption.

One genre of images, those of masked civilians, was reminiscent of those pictures common during the coverage of the plague in India. The Ebola images, like the plague photographs, were confrontational; many of those who had their faces covered stared directly into the camera—directly into the eyes of you, the reader. “What are you going to do?” their eyes—and the picture—questioned. Yet, there were some distinctions between the photographs of the two epidemics: Almost uniformly, the Ebola “masked” images were of children, and the photographs featured just one or sometimes two masked children—not a whole crowd. If there was one iconic photograph from the epidemic it was an image of this sort, a picture of two young boys, T-shirts pulled up over their noses and mouths, standing amidst shoulder-high grasses, staring not at the camera but at something off in the middle distance. The lush greenery hinted of a tropical locale, the impromptu masks implied some fear of infection, the concerned, fixed gazes suggested that something to worry about was out there, somewhere. The open, childish faces arrested viewers; they could not be complicitous with the diffusion of this plague—their role was as potential victims. These were children at risk. “These boys,” said one caption, “waiting for the body of a relative to be taken out of a Kikwit hospital, don’t understand how Ebola is transmitted.”⁸⁷ These were the children the international medical team was trying to save.

At the other end of the emotional spectrum as the images of children were the photographs of the lab technicians dressed up like astronauts. These pictures screamed contagion—this virus is so deadly it can only be approached with the utmost caution and protection. The second *Nightline* on May 24, for example, aired footage of doctors “dressing like an astronaut: all seams sealed, two pairs of gloves, and a personal respirator.”⁸⁸

Photos of scientists at the CDC doing mysterious experiments with vials and vats all surrounded by a swirling fog were often aired following or laid out next to or after the images from Zaire: space-age technology and primitive hygiene. *Newsweek*, for example, began its May 22 eight-page spread with a heavy, black, three-word headline “Outbreak of Fear” next to a two-page photo of the two young masked boys. This first layout was followed on the next two pages by a “straight” photo, about half the size of the first image, of a CDC “disease cowboy” suited up, isolating viruses for analysis. Two pages later *Newsweek* ran a movie still of Dustin Hoffman in his protective helmet, in an unwittingly self-confessed attempt, as the caption recorded, to heighten “public tension about emerging viruses.” *Newsweek* did not take a subtle approach at covering the epidemic. At every turn, it confronted readers with images and headlines geared toward stoking “laymen’s fears that new, exotic microbes are getting the upper hand,” as the blurb in the table of contents said. The large photograph in the table of contents showed two CDC researchers in full suits, handling viral samples, as the headline below them shouted “An Outbreak in Africa Spreads Global Fear.” And the cover, by photographer Brian Wolff, was a close-up of a heavily gloved researcher’s hands holding a vial of Ebola virus in a biosafety Level 4 lab at the U.S. Army Medical Research Institute of Infectious Diseases. The photograph was a simulation. The bold headline read: “Killer Virus. Beyond the Ebola Scare. What Else Is Out There?” Of the six photographs in the Ebola issue (not counting a half dozen electron micrographs of various viruses), four were of space-suited scientists, one was of the two masked children, and the sixth was of an American medical team rehearsing airlifting a victim in an isolation stretcher—in effect a stretcher in a bubble of plastic.

A final genre of images emerged during the second week of coverage, following the funeral of Sister Dinarosa. Photographs from her funeral displayed in single images the dichotomy achieved through the pairing of the Zairian civilian pictures with the high-tech researcher pictures. In the funeral shots the cheerfully papered, flimsy coffin tied shut by three white ribbons contrasted with the pallbearers outfitted in serious green drab, head-to-toe protective garb.⁸⁹

By the year’s end, images and details about the Ebola epidemic had come to be conflated with images and details from the pop cultural appearances of the virus. The *Zairian* epidemic had served to legitimate the terrifying premise of *Outbreak*. Which had made more of an impact on Americans? Well, as *U.S. News* reported in its special New Year’s issue, “Cases of the Ebola hemorrhagic fever during this year’s outbreak in Zaire: 315; number who had died as of June 1995:244.... Amount the movie *Outbreak* reaped in box office receipts during

its opening weekend in the United States: \$13.4 million.”⁹⁰ Ebola’s celebrity status was due less to Kikwit than to Warner Bros.

Certainly Ebola’s entrance into metaphor superstardom had a lot to do with the pop status of the disease. By the summer of 1995, every trendy writer, from *The Nation* to *The Weekly Standard*, was tossing an Ebola simile into his article. Ebola had become a news icon: elected officials were fleeing the Democratic party as if it were a “nest of Ebola”; academics were taking joy in releasing the “Ebola virus of deconstruction” on the literature of the past; sex is like some “hot form of Ebola” spreading uncontrollably through every type of media; people talk about discounting in the cruise industry “as if it is the Ebola virus”; lawyers may be as popular as “houseguests with Ebola.” Ebola became such a ubiquitous news icon that *Newsweek* ranked it in its column of “overexposed noisemakers,” together with Martha Stewart, John F. Kennedy, Jr., Brady Bunch nostalgia and beach volleyball.⁹¹

A more serious cost of Ebola becoming a celebrity was the association yet again of Africa with “savage African diseases ready to break out anywhere at any moment,” as Britain’s *Sunday Telegraph* put it. Africa’s heart-of-darkness stereotype grew even darker. Good news abounded in Africa, but it was Ebola that had captured the world’s attention for weeks. More prosaic bad news abounded, too, like the news that 250 people had been stricken with polio not far from the region of Ebola outbreak, or that 30,000 people in Angola were infected with sleeping sickness, or that cholera was raging in Mali, or that thousands from across West Africa had died of meningitis. But all these diseases were treatable, known quantities, no longer considered—by the West, at least—to be “savage.”⁹² These epidemics were not newsworthy epidemics to Americans. “Let’s face it,” said a U.N. official, “the world’s threshold for suffering is just higher in Africa than it is for other places.” As Howard French in *The New York Times* wrote: “death by the thousands in annual measles outbreaks or a toll of millions from malaria, are non-events for an outside world that has already moved on to associating Africa with endemic HIV infection and has found an even more spectacularly grim image of a diseased continent: Ebola.”⁹²

And so a new standard of disease crisis was created: the Ebola Standard, the standard against which all other epidemic diseases are now measured.

Compassion fatigue is a consequence of dwelling on such an extreme example. The most insidious compassion fatigue effect is not that people will follow a story and then drop it out of boredom or apathy or overload, but is that there will be no story to follow in the first place because the media didn’t think the news was arresting enough to tell. When the admittedly sensational Ebola is

represented in such a sensationalized fashion by the media and by Hollywood, other diseases pale in comparison. So stories of more prosaic illnesses barely register; they're ignored, underreported. The gauge of news values shifts: The assessment of "proximity," "prominence" and "significance," as well, of course, of "controversy," "novelty" and "emotional appeal" are all affected by the Ebola Standard.

The Ebola Standard will no doubt survive, until some Andromeda Strain virus is found that is communicated not through an exchange of bodily fluids—a fairly rare and controllable occurrence—but by airborne droplets. Perhaps a virus, like the fictional "Ebola" in *Outbreak* that can be spread to an entire city by one sneeze in a crowded movie theater, will emerge. Surely that outbreak would circumvent compassion fatigue. And just as surely, it would recalibrate the measure of news values.



GIANNI GIANSAINTI, SYGMA

“Landscape of Death,” *Time*, 14 December 1992

“Beyond Hope, Beyond Life: A child, its eyes covered with flies, tries to take milk from its mother’s shriveled breast.”