



NAMQUYEN VO LE

EBOLA CRISIS

A RETROSPECTIVE ON THE COVERAGE

I: ABSTRACT

The Ebola crisis serves as a particularly striking example of how an international outbreak suddenly became framed as a public health concern within the United States. This phenomenon can be best understood by examining how different news outlets framed and shifted the narrative of the crisis from one of an actual risk relevant only to healthcare workers in West Africa to a perceived risk that flooded fear into the imaginations of Americans. It was through the latter media framing that ultimately led to the West African Ebola crisis suddenly being perceived as a public health concern within the United States, a narrative phenomenon that exemplifies severe issues in public health communication regarding risk perception, actual risk, and risk management.

II: MEDIA, A BRIEF OVERVIEW

To understand how the media coverage shifted the framing of the West African Ebola outbreak into a public health concern within the United States – despite overwhelming evidence that such an outbreak was unlikely to ever occur given the existing health care infrastructure within the United States compared to that of West African countries – it is important to understand how much media saturates everyday American life, the basics of risk communication, how news editors and anchors frame and narrate a newsreel shot, and how we can infer the popularity of a topic by analyzing Google Trends.

III: DEFINING AND UNDERSTANDING MEDIA

Media is defined as “the means of delivering and receiving data or information”¹ and is a means of micro and mass communication. The two forms (branches) of communication media are analog and digital:¹

- Analog: includes the conventional radio, telephonic and television broadcasts.
- Digital: computer-mediated communication, computer networking, and telegraphy.

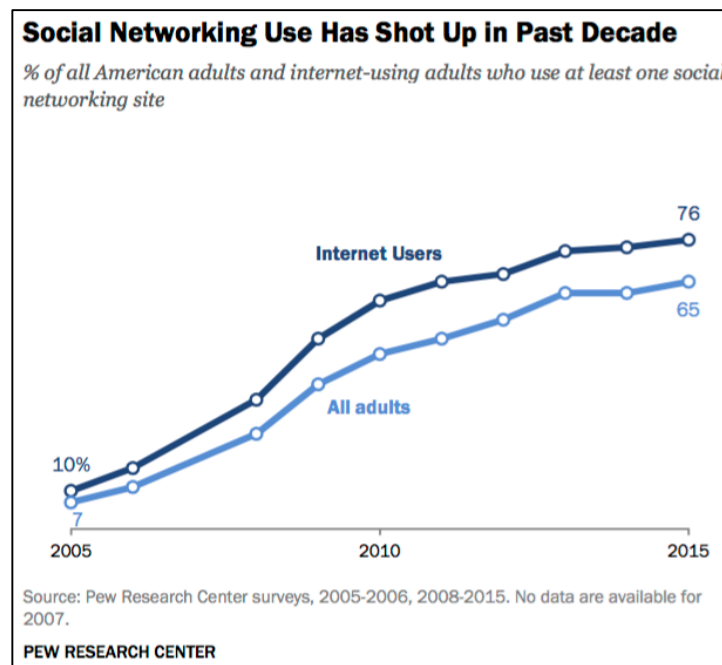
In considering the proliferation of information, is particularly important to also understand the Digital Revolution, in which there was a change from mechanical and electronic technology (analog) to digital technology, and ultimately shifting the economy to one of traditional industry to an economy based on information computerization.² The Digital Revolution also marked the beginning of the Information Age, in which the evolution of technology in daily life and social organization can be traced to modernization of information and communication processes. The Information Age is distinguished by the rise of the Internet, the global system of interconnected computer networks that includes commercial, educational, and governmental networks that utilize the same set of communication protocols.³ As a medium, the Internet revolutionized the proliferation, dissemination, and access of information, as well as interconnectivity and communication between billions of individuals at a given time.

To provide a scale of how integral analog and digital media is within everyday life, as of 2015 the media environment⁴⁻⁵ consists of:

- Television: Television ownership continues to rise. Programming is available on multiple platforms and is personalized to schedule and taste.
- Radio: Personal, portable technology is the norm; digital and satellite radio available across multiple platforms.

- Computers: The majority (73%) of households own a computer with access to broadband internet (though regions differences exist); 87% of adolescents report access to a desk/laptop computer.
- Communication: 64% of adults own a smartphone; 73% of adolescent children and teens report access to a smartphone; and text messaging increasingly normative.

In considering the Internet as a means of communication and information, it is particularly important to consider search engines like Google and social media platforms such as Facebook and Twitter. Social media platforms are particularly interesting since they become proliferous in such a short span of time.



As of 2015, it is estimated that 65% of American adults (nearly two-thirds) use at least one social networking site, which is a 7% increase from 2005.³ Considering how proliferous and far-reaching social media sites are, it is unsurprising that:⁶

- Facebook and Twitter are the two most popular social media news pathways for Americans.⁶ For example and scale, since launching in February 2004 it is estimated that Facebook has 1.1 billion monthly visitors as of April 2016; likewise, since launching in March 2006 it is estimated that Twitter has 310 million monthly visitors as of April 2016.⁷
- About half of social media users have shared news stories, images or videos, and about 46% have discussed a news issue or event.⁶
- Facebook users experience a relatively diverse array of news stories, with approximately half of Facebook users regularly seeing six different topic areas spanning from entertainment (approximately 73% of Facebook feed) to health & medicine (approximately 46% of Facebook feed) to international news (approximately 39% Facebook feed).⁶
- The core function of Twitter is the distribution of information as information about a news event breaks out and develops.⁶

While media technology has changed and is currently within the paradigm of the Digital Revolution and Information Age, television – both traditional and non-traditional format – is still the dominant form of media and the primary source of media information.⁵ In terms of positive socioeconomic impacts, these means that communication is easier, interconnectedness is greater, and there is broader exposure to information; conversely, the negative socioeconomic impacts include oversaturation of media, concerns of privacy, and deterioration of attention.⁵

For the sake of analysis, our focus is limited to mass media communications in the form journalistic and news media of the Ebola crisis.

IV: RISK COMMUNICATION

Media outlets are an important avenue for risk communication. Risk communication has several core components: perceived versus actual risk, and the dichotomy in between. The success of risk communication is based on a mutual respect and trust between both the intended audience and the communicator⁸ – which, in the case of the Ebola crisis, was both public health officials and politicians. Risk communication theory is based on four models: risk perception, mental noise, trust determination, and negative dominance.⁹⁻¹⁰ In the context of the Ebola crisis, two models of risk communication are important to note:

Factor	Increase public concern	Decrease public concern
Catastrophic potential	Fatalities and injuries grouped in time and space	Fatalities and injuries scattered and random
Controllability (personal)	Uncontrollable	Controllable
Manifestation of effects	Delayed effects	Immediate effects
Effects on children	Children specifically at risk	Children not specifically at risk
Familiarity	Unfamiliar	Familiar
Media attention	Much media attention	Little media attention
Origin	Caused by human actions or failures	Caused by ‘Acts of God’
Reversibility	Effects irreversible	Effects reversible
Trust in institutions	Lack of trust in responsible institutions	Trust in responsible institutions
Uncertainty	Risks unknown	Risks known
Understanding	Mechanisms or processes not understood	Mechanisms and processes understood
Voluntariness of exposure	Involuntary	Voluntary

- Risk Perception: How people perceive risk is often very different that the actual risk.

Contrary to what many health professionals believe, the perception of risk is not necessarily changed by quoting statistics or pointing out how the risk in question compares to more familiar, everyday risks.⁹ Perception of risk can be influenced, however, so a good understanding of how perceptions are influenced is useful. By understanding factors that influence of the public’s risk perception (as scene in the table above)⁹ risk communication can bring such a perception of the risk closer to the actual risk.¹⁰

- Negative Dominance: When people process information, negative messages have greater influence. As an example: for every 100 positive and/or scientifically accurate announcements, one negative and/or scientifically inaccurate announcement will dominate the news coverage and journalism narrative.¹¹

To properly analyze the effectiveness and intended effect of risk communication among different news outlets during the Ebola crisis, we must also consider the basics of shot-consciousness of film theory, in which we analyze how different images are framed and narrated to convey and create an intended point-of-view and effect.¹² A shot can be defined as a piece of film that has been exposed, without cuts or interruptions, in a single running of the camera.¹³ Shots may be categorized:¹³

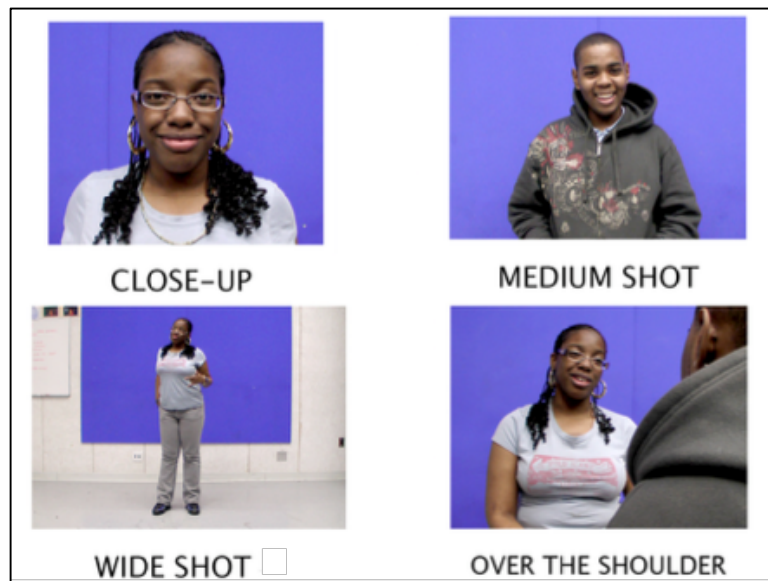
- 1) According to the apparent distance of the main subject from the camera, also known as Camera Distance.
- 2) According to the angle of the camera in relation to the subject.
- 3) According to the content, nature or subject matter of (e.g., a reaction shot or a two-shot).
- 4) According to the means accomplished physically, also known as Camera Movement.

For the sake of analyzing the Ebola news coverage, we will largely be considering the distances between the main subject and camera, aka Camera Distance.

V: ANALYZING A NEWSREEL

Media often relies on video storytelling in which both the images and audio there is “a series of shots that works together to show an action unfolding. Shot sequences are ubiquitous, [and] most shots in most stories are part of a larger sequence... because they’re a foundational storytelling tool in a medium that’s not only visual but also depicts the passage of time.”¹⁴ For

most newsreel clips that we see, cameramen use the “five-shot” method popularized by the journalist, Michael Rosenbaum.¹⁵ The five shot types, described below, are: a close-up of the hands; a close-up of the face, a wide shot (also known as a long shot), over-the-shoulder (OTS), and anything unusual/alternative to traditional shot compositions.¹⁵



Adapted from The Video Club at Erasmus Hall blog¹⁶

- Close-Up shots: A shot in which the head of a person, or the entirety of a small object is shown. These shots are often used to convey emotion and information of the subject, creating a sense of storytelling via humanization.¹⁵
- Medium shot: A shot that shows a subject/character from the waist up. While this is not necessarily part of the five-shot method, it is often used to frame interview subjects in newsreels.¹⁵
- Wide shots: A shot that shows a subject/character in his or her entirety, filling most of the frame. These shots can also establish a landscape or a crowd, and is oftentimes used to establish spatial relations between subjects and objects within the frame.¹⁵

- Over-the-Shoulder shots: These shots are attune to a “hand-held” effect and creates a sense of intimacy without resorting the close-up and macrophotography-esque sensibility of close-up shots. The reporter/interviewer is typically seen in the foreground, but subject is still typically centered on the screen.¹⁵

It is also important to consider how different shots are edited together into sequences, and how sound (diegetic and non-diegetic)¹⁸ adds to the intended narrative of the sequence.¹⁷ In newsreels, editors typically deploy a montage style, in which “a series of loosely related close-up shots cut together to give a unified impression of the scene or activity happening in a certain place. The action is not necessarily continuous in this type of edit. It’s more a collection of details that together give the viewer an overall impression of the place or activity.”¹⁹ Newsreels also employ a combination of diegetic and non-diegetic sound:

- Diegetic sound: a sound source is visible on the screen or whose source is implied to be present by the action of the shot. This can include voices of the subjects, sounds made by objects, and music represented as coming from within the shot/sequence.¹⁷
- Non-diegetic sound: the sound source is neither visible on the screen nor has been implied to be present in the action or sequence of shots. This can include narrator’s commentary, sound effects that are added for dramatic effect, and mood music. We can also consider non-diegetic sound as “commentary sound.”¹⁷

When considering the effect of the Ebola media coverage, the distinction between the coverage prior to and after the first Ebola patient confirmed in the United States can be boiled down to differences in non-diegetic sound sources, and how these sources inform whether the newsreel narrative is one of objectivity or sensationalism.

VI: UTILIZING GOOGLE TRENDS

Due to the increased interconnectivity of the Digital Revolution and the Information Age, one of the easiest ways to infer the popularity of a topic is by analyzing Google Trends, is a public web facility based on Google Search. Google Trends shows how often a particular search-term is entered relative to the total search-volume across various regions of the world, and in various languages.²⁰ Google Trends displays the following results:

- **Keyword Research:** Google Trends will show a “normalized” or relative level of interest over time for a prospective keyword phrase. It also allows you to compare the level of interest among potential target phrases.²¹ This is displayed in the first and main graph, “Interest Over Time,” in which the horizontal axis of the main graph represents time, and the vertical is how often a term is searched for relative to the total number of searches. In this main graph, a line trending downward means that a search term's relative popularity is decreasing; it doesn't necessarily mean the total number of searches for that term is decreasing, but that the popularity of the search is decreasing compared to other searches.²⁰
- **Geo-Targeting:** Google Trends breaks down the search data by region.²¹ This is displayed in the “Regional Interest” diagram, in which numbers represent search volume relative to the highest point on the map, which is always 100.
- **Related Searches:** Google Trends displays what people – whose searches match the restrictions of the search-term – often searched in topics and terms related to the search-term of interest.

To utilize Google Trends, you can set four variables/parameters:²¹

- **Web Search:** includes Image, News, Product, and YouTube searches on Google

- Worldwide: you can choose a specific country
- 2004-Present: You can choose from either past 7 days, past 30 days, past 90 days, or the past 12 months. You can also choose a year.
- All Categories: You can choose from Arts & Entertainment, Autos & Vehicles, Beauty & Fitness, Books & Literature, Business & Industrial, Computers & Electronics, Finance, Food & Drinks, and Games

Additionally, you can compare up to five search terms/groupings at one time, with up to 25 search terms in each grouping. By using the + sign between search terms, the user creates search terms in Google that include findings for either search term.²¹ For example:

- Pen + Pencil = Grouping 1. Google will include searches for pen or pencil.

In analyzing the media coverage Ebola outbreak, it is important to note how Ebola peaked as a search query in October 2014 within the United States since this peak correlates with the first confirmed patient in the United States, and the subsequent reaction both in the political and public setting.

VII: EBOLA – BIOLOGY AND PREVALENCE

The Ebola virus, EBOV, is the main cause of the 2013–2015 West African Ebola Outbreak.²²⁻²³ EBOV causes Ebola virus disease (EVD), a severe and oftentimes fatal illness in humans. EVD is the disease of interest in the 2013–2015 West African Ebola crisis.

The natural reservoir of EBOV is currently unknown; however, based on evidence and the nature of similar viruses, the natural reservoir is currently believed to be bats, particularly fruit bats, and that the virus is primarily transmitted between humans and from animals to humans through body fluids.²² EBOV is zoonotic and after the initial transmission from animal

reservoirs to humans, is spread through human-to-human transmission within different human populations.²²

The length of time between exposure to the virus and the development of symptoms (incubation period) is between 2 and 21 days.²² Signs and symptoms first begin with fever, sore throat, muscular pain, and headaches, then slowly progress to vomiting, diarrhea, and rash. In some cases, internal and external bleeding may occur, and this typically begins five to seven days after the first symptoms.²²⁻²³

The Ebola virus was first described in 1976 in two simultaneous outbreaks in South Sudan and the Democratic Republic of the Congo.²²⁻²³ Since then, outbreaks have occurred sporadically throughout Africa, though prior to the 2013-2015 West African epidemic, previous outbreaks were brought under control within a few weeks, and the Ebola virus has largely been endemic to different African countries for decades.²²⁻²³

VIII: 2013-2015 WEST AFRICAN EBOLA OUTBREAK

The Ebola virus disease epidemic (commonly known as Ebola) is the most widespread, recent crisis in West Africa that has caused significant mortality and case-fatality rates in Liberia, Guinea, and Sierra Leone, with minor outbreaks elsewhere in Africa and internationally.²⁴⁻²⁸ The outbreak first began in Guinea in December 2013, eventually spreading to Liberia and Sierra Leone.²⁴⁻²⁸

While there had been previous Ebola outbreaks, the current West African Ebola outbreak is distinct and significant in that it is the first epidemic. Factors that contributed to the epidemic included, but were not exclusive to: extreme poverty; local burial customs that contributed to viral spread among villagers and eventually urban dwellers a dysfunctional healthcare system; a

mistrust of government officials after years of armed conflict, as well as residual mistrust in the context of post-European colonialism and Western-centric imperialism; and a significant delay in responding to the outbreak for several months.

As the Ebola epidemic progressed and spread, hospitals that were already short on staff and supplies became overwhelmed and eventually closed; hospital and healthcare workers, individuals who worked the closest with the highly contagious body fluids of the diseased, were the most susceptible to the disease spread.²⁴⁻²⁸ The closure of hospitals and death of hospital and healthcare workers fed into an increasingly negative feedback loop that helped proliferate the deadly virus amongst more vulnerable and susceptible West African communities.²⁴⁻²⁸

IX: EBOLA REACHES THE U.S.

The Ebola crisis reached peak media coverage and consequent widespread fear in the United States due to two cases, both of which occurred around October 2014.

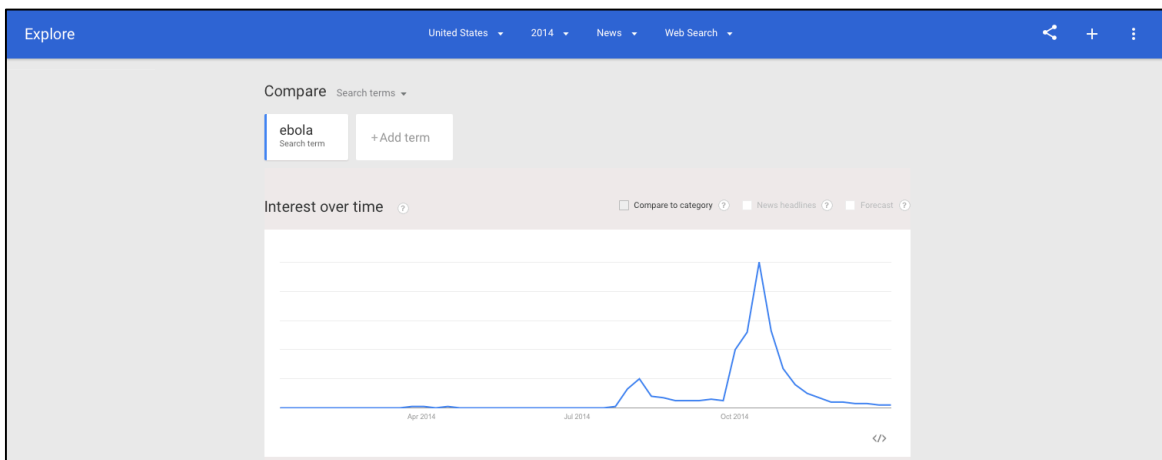
1. Thomas Eric Duncan was the first confirmed and diagnosed Ebola virus case in the United States. Duncan was a Liberian citizen and likely contracted the disease in Liberia through contact with infected individuals. However, due to the incubation period of the EBOV, Duncan fell ill after traveling from Liberia to Dallas, TX. Duncan sought medical treatment and was discharged from the hospital on September 26th; returned to the same hospital on September 28th; and died in isolation on October 8th, 2014.²⁹
2. Kaci Hickox, a nurse who had been in Sierra Leone treating Ebola patients with MSF, flew back to the United States in October 24th, 2014 through Newark International Airport in New Jersey. While en route to her home in Maine, she was quarantined under a new policy recently introduced by New Jersey Governor Christie and New York

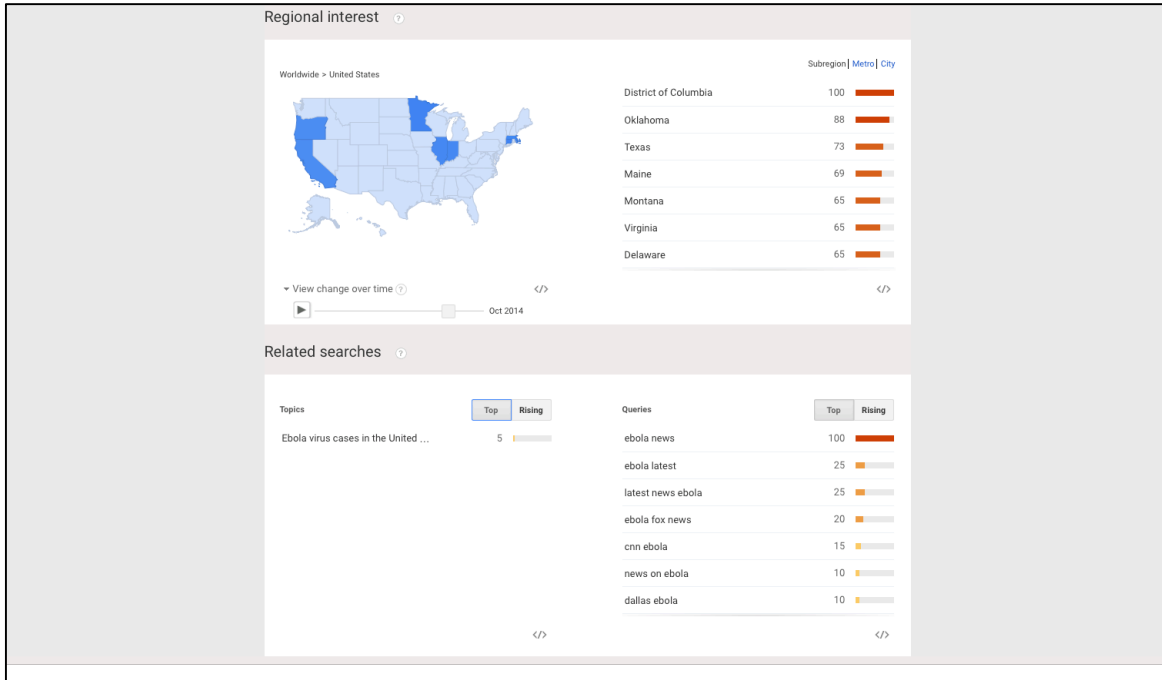
Governor Andrew Cuomo. The plan required that all arriving air travelers who had been in contact with Ebola patients in West Africa must be quarantined for 21 days. Hickox, despite testing negative for Ebola, was forced to remain in a quarantine tent in New Jersey for a little over three days (approximately 80 hours) before she was finally released and allowed to return to Maine.³⁰⁻³²

Duncan's diagnosis and death in Texas and Hickox's wrongful quarantine in New Jersey stemmed sparked a media frenzy of fear mongering that consequently shifted the public health focus of the Ebola crisis from one of actual risk primarily pertaining to healthcare workers in West Africa to one of perceived risk of contracting the disease within the United States.

X: EBOLA INTERNET ANALYSIS THROUGH GOOGLE TRENDS

To properly analyze the confluence of the media coverage in relation to the Ebola outbreak in West Africa to the Ebola panic within the United States, perhaps the best place to begin is by analyzing Google Trends search query for Ebola.





To generate the Google Trend result seen above, the term “Ebola” was used as a search term, and the search query was restricted to the following parameters and categories:

- Worldwide: United States
- 2004-Present: 2014
- All Categories: News

In analyzing the Google Trend under the described search term and parameters, we can see that October 2014 marked the peak of Ebola search queries within the United States, and arguably when the media coverage was at its peak in frenzy. This peak in the Google Trend result correlates to around the time when Duncan died and when Governor Christie forced an unnecessary quarantine on Hickox. Regionally, the top Google searches for “Ebola” was in the District of Columbia, which makes sense given that widespread fear due to media coverage meant that the United States federal government had to research and respond to public concerns like White House releases³³ and press conferences.³⁴ It is also unsurprising that, in relation to the search term “Ebola,” the most related search terms were “Ebola+News” since as seen in the Pew

Report on Social Media, online viewership retention is higher from direct visitors,⁶ and it is very likely that these Google queries were informed by both a national fear and consciousness of Ebola as informed by both news media and government officials.

Given how prolific social media websites like Facebook and Twitter are in aggregating popular news sources on a topic and disseminating both breaking news respectively, we can also infer that in addition to the October 2014 spike in Google queries for Ebola, there was a widespread, national awareness of Ebola once Duncan was hospitalized for Ebola. Arguably, it was this national awareness fed into the fear mongering that resulted in Hickox's unnecessary quarantine a few weeks later.

XI: EBOLA NEWSREELS ANALYSIS

This distinction between how Ebola was covered in media can be analyzed by how shots were sequenced together in newsreels prior and post-October 2014 as it corresponds to the diagnosis and death of Duncan and the unnecessary quarantine of Hickox. Pre-October 2014 newsreels were typically calm and objective, and the montages of sequences seldom contained exploitatively graphic images of health care workers, Ebola patients, and victims.

Ebola Crisis: A Retrospective on the Coverage



Al Jazeera English was one of the main media outlets that covered the Ebola outbreak beginning in March 2014, and the newsreels typically only used wide shots with nearly no non-diegetic sounds beyond journalistic narrating. Headlines are kept at a minimum and subjective adverbs or adjectives are rarely if seldom used (as seen in stills 1 and 2). As seen in the ten stills from an Al Jazeera newsreel broadcasted back in March 23rd 2014³⁵, the newsreel consists mostly of wide shots (stills 1, 4, 5, 6, and 7) to establish the Guinean environment, some medium shots of Guinean authorities and locals (stills 2, 8, and 10), and a few close shots that serve to focus on the microbiological aspects of laboratory research and clinical care (stills 3 and 9). The resultant

montage of pre-October 2014 newsreels was distinctly non-emotional, thus conveying a sense of crisis that seemed almost abstract and inconsequential to the stability of the United States.



In contrast, CNN was one of the main new media entities that covered Ebola from October 2014 onwards, and the newsreels relied heavily on non-diegetic sounds – especially sound effects and mood music – to convey a particularly dramatic and (arguably) exaggerated effect. As seen in the ten stills from a CNN newsreel broadcasted back in October 6th 2014³⁶, newsreels were shot and heavily edited in a way to convey a visual sense of urgency. Headlines with catchy and alerting titles were often kept on screen the whole time (as seen in stills 1 through 10). Quick cuts

between medium shots of subjects and objects (such as a quick fade between two shots as seen in still 7) were used gratuitously to create a sense of urgency and intimacy, as well as to convey a level of emotion in lieu of perceived risk and widespread fear. Additionally, graphic images (as seen in stills 4, 7, 9 and 10) were heavily relied upon to visualize information, and editing and filtering/coloration techniques (as seen in stills 2, 3, 6, and 8) made otherwise stagnant wide or medium shots seem more visually alerting. The resultant montages of post-October 2014 newsreels were distinctly fear-mongering, relying on the narrative thread of a foreign virus with an equally foreign-sounding name threatening the safety and sanctity of American society and stability. The images conjured up by commentary that focused on the signs and symptoms of Ebola captured the imagination of viewers and created a distinct public health narrative based on fear instead of fact.

XII: TWO NARRATIVES AND AN INCREASED RESPONSE

The U.S.-centric coverage of the Ebola crisis shifted the narrative focus away from the West African Ebola outbreak – which was the actual risk – to the perceived risk of Ebola becoming a similar outbreak in the United States.

To better understand the two public health narratives at play – one of managing actual risk and one of managing perceived risk – it is important to consider the respective stakeholders of both public health practitioners and news media outlets during the Ebola crisis:

- For public health practitioners, the stakeholder is risk reduction.
- For news media, the stakeholder is market driven.

The difference in stakeholders is what ultimately resulted in two public health narratives being broadcasted simultaneously. For risk reduction, the goal is to manage actual risks and to mitigate

potential risks that may arise, all while properly communicating risks to a larger public. *For* market drivers, the goal is to pull in as many consumers/customers as possible while maintaining some kind of branding and consistency.

In parsing out the respective stakeholders of public health practitioners and news media, it is no surprise that, once there was a confirmed case of Ebola diagnosed in the United States, the resultant news media coverage – which is market driven and, per the direction of editors and producers, aims to inform as many consumers as possible – relied on the effect of negative dominance (and consequently fear mongering) to attract readers/viewers by framing Ebola as a terrifying, potentially uncontrollable disease. The fear mongering narrative within the U.S. news media consequently increased the gap between the actual and perceived risk of Ebola in America, and it was through this fear-mongering that Americans drastically and politically reacted to dealing with the actual Ebola crisis in West Africa (actual risk) from a U.S.-centric perspective and incentive.

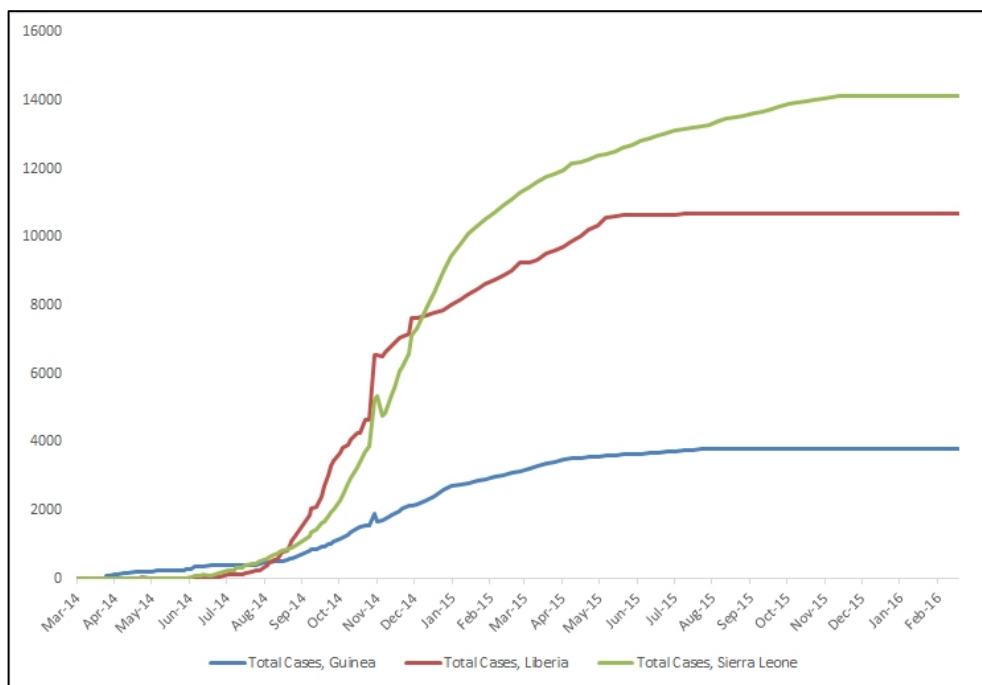
In a sense, the fear mongering narrative of U.S.-centric sensationalist news coverage paired with the risk reduction narrative of West Africa-centric news coverage helped elicit a remarkably drastic and quicker-than-expected response from the United States government. While the United States government had already deployed aid to West Africa since the start of the outbreak,³⁷ the urgency of managing fear from a domestic public health perspective arguably doubled the efforts of the U.S. government to both contain the Ebola outbreak internationally and to manage the fear of an Ebola outbreak domestically.³⁴ Consequently, by October 2014, the U.S. government had:

- Constructed 15 Ebola treatment units in the affected West African regions.³⁴
- Provided more than 400 metric tons of personal protective equipment and other medical

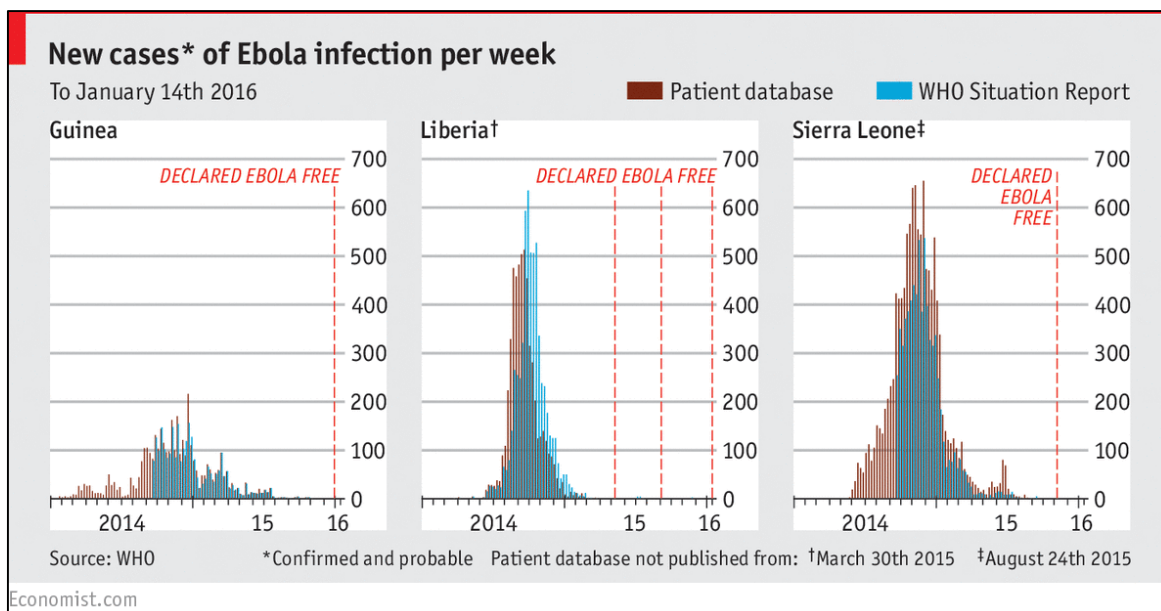
and relief supplies, and operated more than 190 burial teams in the region.³⁴

- Conducted aggressive contact tracing to identify chains of transmission.³⁴
- Trained health care workers and conducted community outreach, and educated more than 150,000 health care workers on how to identify, isolate, diagnose, and care for patients under investigation for Ebola.³⁴
- Worked with international partners to identify travelers who may have Ebola before they leave the region.³⁴
- Prior to October 2014, there were only three facilities that were officially able to contain and treat Ebola: Emory University Hospital, University of Nebraska Medical Center, and the National Institutes of Health (NIH) Clinical Center. Beginning in October 2014, a network of 51 Ebola treatment centers in 16 states and D.C., with 72 available beds was established.³⁴
- Helped state and local public health systems accelerate and improve their operational readiness and preparedness for Ebola or other infectious diseases.³⁴
- Committed more than \$921 million toward fighting Ebola in West Africa and convened a special U.N. Security Council on the epidemic.^{34,37}

Ebola Crisis: A Retrospective on the Coverage



Graph 1 shows the total reported suspected, probable, and confirmed cases in Guinea, Liberia, and Sierra Leone provided in *WHO situation reports* beginning on March 25, 2014 through the most recent situation report on February 17, 2016.³⁸



Epidemiologic outbreak curve of new cases of Ebola infection per week, generated by The Economist using data from WHO.³⁴

Consequently, the increased effort the United States government combined with that of other countries resulted in a sharp decline in the number of new Ebola cases emerging, as seen in the graph above.³⁴

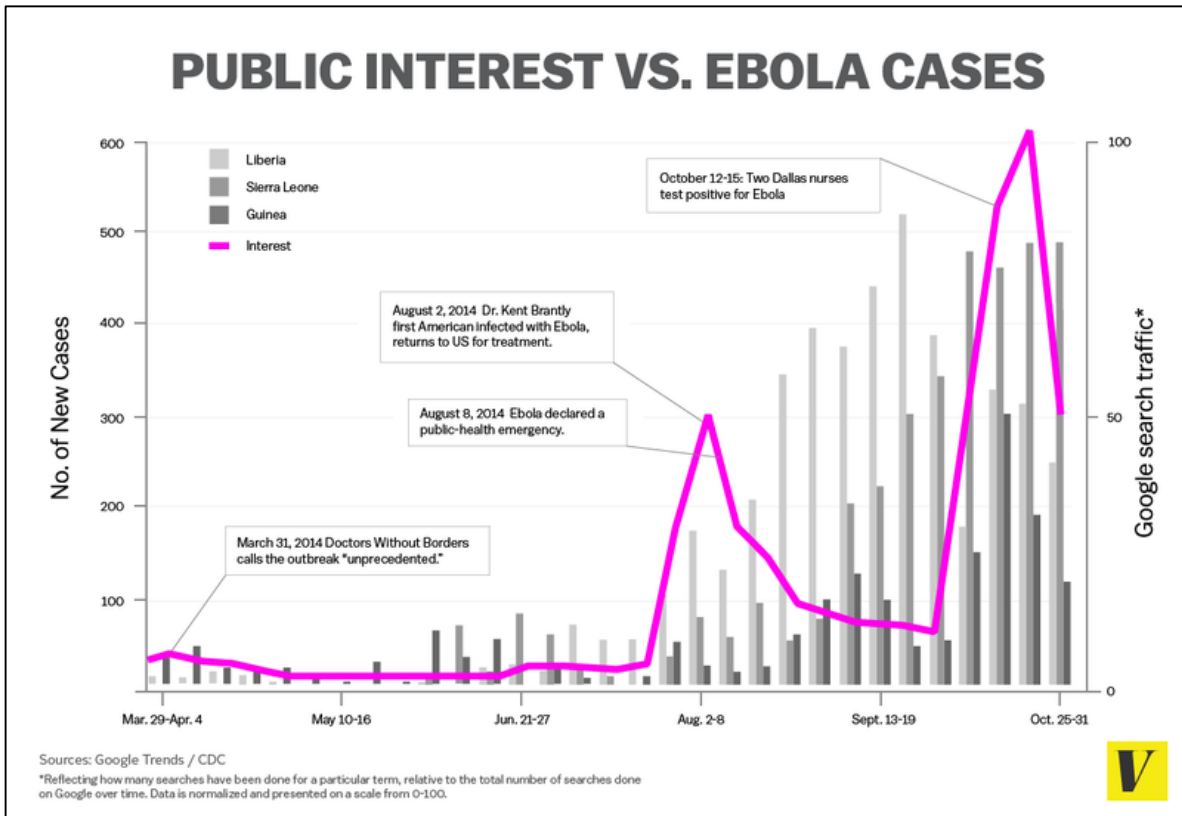
Once the actual risk of Ebola was contained and the outbreak in West Africa was well-contained, the stakeholders for both public health practitioners and news media were met: risk reduction was confirmed for the former, and the market driver for breaking news and development was subsequently inapplicable for the latter. Without the market driver to incentivize fear mongering techniques, U.S. news media outlets stopped perpetuating coverage on the perceived risk of Ebola in the United States.

XIII: CONCLUDING REMARKS

The media coverage of the Ebola crisis reflects how a narrative shift of an international crisis can suddenly transition from being a non-U.S. public health issue to a U.S.-centric public health issue, and how that narrative and perceived risk informs the public and political reaction and action on both a domestic and international level. While public health response to crisis like the Ebola is multifaceted and multileveled, understanding the media coverage provides an important and necessary lens in both enacting proper risk communication, and subsequently creating an accurate public health narrative based on fact as opposed to inaccurate one based on fear and misinformation.

In the case of the Ebola crisis, the resultant response from the United States government was arguably a convergence of two media narratives being simultaneously telecasted: one media narrative in West Africa that correctly identified the actual risk of Ebola, and one media narrative in the United States that sensationalized the perceived risk of Ebola out of proportion. Both

narratives elicited a response from the United States, but unlike the humanitarian aid appeal of the former narrative, the latter narrative appealed to the American fears of the unknown.



Public Interest in Ebola cases versus Number of New Ebola Cases in West Africa. Graphic generated by Vox using Google Trends data and CDC data.³⁹

Given the advent and connectivity of the Internet, understanding the trajectory and effect of media coverage on public risk perception compared to actual risk is even more important since news media outlets are market driven; that is, news media outlets will continue to do what is necessary to maintain their own journalistic brand and appeal in lieu of an all-access, ever expanding world wide web of information that threatens such a market drive. If public health practitioners are to be better communicators of evidence and facts, then we must also be better at navigating the ecosystem that informs and incentives news media to sensationalize evidence and facts into a compelling, journalistic story.

In understanding the differences in stakeholders and narrative framing of the Ebola crisis, we can perhaps not only progress and improve upon public health risk communication methods for future crises, but also work towards collaborating in the private-public capacity by working with producers and editors to bridge the gap between the journalistic appeal and narrative pull of news media and the evidence-based authority of public health practitioners. Such an endeavor has already been undertaken by organizations like the Dart Center for Journalism & Trauma at the Columbia Graduate School of Journalism since 1999⁴⁰, so it is not unrealistic to aspire for such within the current paradigm of public health risk communication and management.

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