

Pushing Contagion: How Government Agencies Shape Portrayals of Disease

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“**T**HINK HOW MUCH BETTER THE SEX WILL FEEL WHEN WE DON’T have to worry,” Oliver tells Connor, their breathing heavy, the room dimly lit, but the mood now broken. “I’ve been a good boy for so long. Now I just want to do something bad,” Connor pleads, but Oliver does not budge. Nothing will happen until they both get tested. Connor, as a promiscuous gay man—as “a drug addict who cheated on me with some stranger,” as Oliver puts it—has a sexual history that poses an understandable threat for a relatively inexperienced Oliver (“It’s All My Fault”). Connor has no choice but to trudge with Oliver to the sterile and brightly lit clinic where a nurse interrogates them about their most personal habits before drawing a blood sample. The two characters wait anxiously for the results, but one character’s anxiety turns out to be unwarranted. Surprisingly, in a dramatic reveal, it is Oliver who is HIV-positive, the victim of a sloppy one-night stand. However, even more startling than the news that the otherwise chaste partner has acquired HIV is how this plot came to exist in the first place.

Connor (Jack Falahee) and Oliver (Conrad Ricamora) are part of ABC’s ShondaLand powerhouse, and two of several openly gay characters on the television show *How to Get Away with Murder* (2014–present). While the HIV storyline is only a minor one, its presence is radical for several reasons. “It’s All My Fault”—the episode in which Oliver reveals his HIV-positive status and the final episode of the show’s first season—marks the return of HIV to network television after a three year lapse, since the HIV-positive character on ABC’s *Brothers and Sisters* (2006–2011). While HBO’s *Looking* (2014–2015) did have an HIV-positive

character, the audience for that show was much more narrow as a result of premium cable's pay wall, and so the amount of people impacted by the plotline was less pronounced. Hulu's *East Los High* (2013-present) also currently features an HIV positive character, Vanessa, who maintains a video blog about living with HIV, but *How to Get Away with Murder* is the sole current network program to explore a character's post-diagnosis sex life (Raber). This allows the show to impact a much larger audience. Approximately nine million viewers watched the "It's All My Fault" episode the same day it aired, and the Live+7 viewership surpassed thirteen million. The fact that Connor and Oliver stay together, working around the HIV-positive status, provided the show—via on-air discussions between the two men—with the opportunity to inform these thirteen million viewers about PrEP (pre-exposure prophylaxis), when persons at high-risk of HIV infection take the brand-name HIV medicine Truvada daily to prevent infection.

While many scholars and critics have written about the relationship between Hollywood and the Department of Defense (DoD), and others may know about the various state agencies (FBI, NASA, Secret Service) who have liaison offices in Hollywood, little has been written about the current relationship between the Centers for Disease Control and Prevention (CDC) and the entertainment industry. This is despite the fact that, at one point, the entertainment industry and the government were both severely criticized for a mutually beneficial relationship wherein the White House's war on drugs was used to justify the payment of tens of millions of dollars to major American television networks in order to subsidize anti-drug messaging in the scripts of primetime shows like *ER* (NBC, 1994–2009), *Chicago Hope* (CBS, 1994–2000), *Smart Guy* (ABC, 1997–1999), and *The Practice* (ABC, 1997–2004). However, *How to Get Away with Murder*'s "It's All My Fault" represents the latest kind of American entertainment-education vehicle, a creation by three distinct entities: Hollywood, the CDC, and an organization called Hollywood, Health & Society (HH&S).

The CDC knows all too well that integrating health messages into entertainment has already proved effective in other countries. For example, a study on the relationship between mass media and reproductive behavior in Africa found that, as the exposure to mass media increases in developing countries, "the potential impact of the transmission of modern ideas that can influence reproductive behavior,

even without radical social and economic changes, is considerable” (Westoff and Bankole ix). The study found, more specifically, that “there is a persistent and frequently strong association between exposure to the mass media and reproductive behavior,” with increased use of contraception, preferences for fewer children, and intention to stop childbearing (ix). Dr. Phyllis Tilson Pietrow, an expert in population science at Johns Hopkins who helps create health-related programming for developing countries, argues that the notion that television could be used to change health behavior is now irrefutable: “Many health ministries, with a bit of prodding from people like us, have come to recognize that if you want to get health messages to people on anything from immunization to tuberculosis, clean water, washing hands, you need to go via the mass media” (qtd. in Stolberg).

Even in the US, with its seemingly infinite options for entertainment, the power of television for conveying information is immense. The CDC and HH&S periodically conduct surveys to analyze and report on characteristics and behavior patterns of television viewers. Using data from the national HealthStyles survey, conducted by marketing firm Porter Novelli and sent to adults eighteen and older who were determined to be nationally representative, the two organizations examine the effects of televised health content. Key findings from the most recent published survey in 2005 showed that 83% of respondents reported watching televised dramas or comedies at least a few times a month, and 64% reported watching two or more times a week. Of the daytime drama viewers, 67% reported learning something new about a health issue or disease from a television show within the past six months (Centers for Disease Control and Prevention 1). In the same report, 58% of primetime viewers reported learning something new. Of these groups, 34% of daytime drama viewers and 28% of primetime viewers reported taking action after hearing about a health issue or disease (Centers for Disease Control and Prevention 2). Kate Folb, director of the HH&S, shared unpublished statistics from 2012 which detail that 64% of respondents reported watching televised dramas or comedies at least a few times a month, with 34% watching two or more times a week (personal interview). Out of the daytime drama viewers, 50% reported learning something new about a health issue or disease, while 42% of primetime viewers reported learning something new. From these more recent groups,

only 19% of daytime drama viewers and 21% of primetime viewers reported taking action. While the number of viewers taking action may have shrunk, the impact of 50% gaining new information is still significant. Entertainment-education remains a powerful tool, and one that can be used by government agencies to draw attention to whatever issues they see fit.

As defined by Arvind Singhal and Everett M. Rogers, entertainment-education (E-E) is the “process of purposely designing and implementing a media message to both entertain and educate, in order to increase audience members’ knowledge about an educational issue, create favorable attitudes, shift social norms, and change overt behavior” (5). E-E television is easiest to enact in non-Western countries, “where television is a relatively new medium, domestic entertainment productions may be rare, health issues are fundamental to life and death issues, and millions of viewers can be counted on” (Bouman 241). Singhal and Rogers outline that E-E began in developing countries with limited media options, like Mexico, India, and Africa, usually as radio and television soap operas dealing with health-related topics (8). It is best known, to this day, for its efficacy in those countries. One of the first examples was *Acompañame* (1977), a Mexican telenovela written and directed by Miguel Sabido. It was the world’s first family planning television serial drama, and it came as a direct response to a rapidly increasing Mexican population rate. A year after the show concluded, enrollments in Mexican family planning clinics had risen by 33%, and sales of over-the-counter contraceptives (like condoms and birth control pills) had increased by 23% (Poindexter 27–28). By all accounts, *Acompañame* was a success, and it inspired others like it.

E-E is based on the understanding that when emotion and narrative are effectively combined with a social or political message they can serve as “a more powerful trigger for adopting a prevention behavior than rationally structured media messages promoting condom use and other safer sex behaviors” (Singhal and Rogers 127). Emotions, especially when connected to a character with whom you empathize, can be powerful tools for triggering changes in preventative health behaviors (Singhal and Rogers 127). The tricky part, especially with culturally savvy audiences, is that, if media messages are too overt, audiences may tune out, as the messages may be too heavy-handed or echo a public service announcement. At the same time,

when done well, E-E can prove much more effective than either public service announcements or straight advertising.

One successful example was the Harvard Alcohol Project, launched in 1988. It integrated messages about the importance of designated drivers into popular television shows as well as public service announcements. The project marked the first time that a health institution (the Harvard School of Public Health's Center for Health Communication) joined forces with the entertainment industry on such a massive endeavor (all major Hollywood studios participated, along with the three major television networks). Drunk driving prevention messages were integrated into shows like *Cheers* (NBC, 1982–1993), *L.A. Law* (NBC, 1986–1994), and *The Cosby Show*. (NBC, 1984–1992) This also marked the first time the three networks sponsored the same campaign at the same time, and as a result “designated driver” became such a popular term that it was added to the *Random House Webster's Dictionary* in 1991. Four years after the project began, alcohol-related traffic fatalities declined by 24%; six years after the project began, they had declined by 30% (“Harvard Alcohol Project”).

When HIV/AIDS first emerged in the United States in the 1980s, television became a way for Americans to learn about it, even if the depictions were not terribly complex or favorable, and television continues to be a way for Americans to learn about it and other health-related concerns. For example, producer Norman Lear used the television show *Maude* (CBS, 1972–1978) to discuss issues of vasectomies and abortion. In the early years of the AIDS epidemic, when facts were few and far between, and terror and uncertainty ran rampant, learning about disease transmission on shows like *Designing Women* (CBS, 1986–1993) or *The Golden Girls* (NBC, 1985–1992), or made-for-TV movies like NBC's *An Early Frost* (1985), provided at least some information to mass audiences. For example, in the *Golden Girls* episode “72 Hours,” Rose (Betty White) is concerned that she may have contracted HIV from a blood transfusion. While the women wait to hear the results, Sophia (Estelle Getty) will not drink out of Rose's mug. Despite the irrational fear of that action, it spoke to what many were feeling at the time.

In “Killing All the Right People,” the twenty-sixth episode of *Designing Women*, Kendall Dobbs (Tony Goldwyn) is a young gay man dying of AIDS who wants the women to design his funeral.

The title of the episode is taken from a comment Imogene Salinger (Camilla Carr) makes about gay men like Kendall, that AIDS is killing all the right people. When Kendall appreciates the fact that Charlene (Jean Smart) takes his hand, saying that some of the nurses in the hospital do not even come near him, Suzanne (Delta Burke) makes a point to spell out what her family doctor told her: "You can't get AIDS from touching anybody. You can only get it from sex, blood products, and sharing infected needles." It is clear, both by her pronounced emphasis and the clarity of her argument, that the message is intended for everyone watching the show. Linda Bloodworth-Thomason, the creator of *Designing Women*, lost her mother to AIDS after contracting it from a blood transfusion. She explained that the inspiration for the episode came from her actual experiences:

As I wrote much of the first season, sitting beside my mom, I was witness to the incredible prejudice and prevailing ignorance inflicted not just on her, but all the homosexual men who shared her hospital floor. Incredibly, some of the medical staff refused to even touch the patients. Medicine was often placed in rubber buckets and kicked into the rooms. Many of those young men on my mother's floor died alone with a game show playing on television. One day I overheard a woman in the hall say, "If you ask me, this disease has one thing going for it. It's killing all the right people."

(Townsend)

Bloodworth-Thomason's outrage prompted her to write the episode during a time when few others were writing AIDS-related storylines for television, but CBS executives were such fans of both Bloodworth-Thomason and the show that there was no protest. The episode aired as she intended it.

Yet another example of television shaping cultural perceptions and perspectives of AIDS occurred with MTV's *Real World* television series (1992-present) and, in particular, the 1994 season, which was set in San Francisco. One of the leads, Pedro Zamora, had been one of the first openly gay people on television whose death by HIV/AIDS-related causes would become the center of national public outrage and concern. Zamora died the day after the final episode aired, and his death became the center of public interest in AIDS, including a speech given by Bill Clinton at a benefit for Zamora.

Given the success of all this media messaging, it should come as no surprise that in February 1994, as HIV was raging across the United States, public health, advocacy, and entertainment organizations came together at the CDC in Atlanta to see what they could do and, in particular, to discuss the potential of entertainment-education. At the time, the focus was primarily on HIV, but broader health concerns were also considered. As Vicki Beck, a CDC health communications specialist who would go on to develop and run this pilot project, outlines, the mission was “to provide the CDC with specific recommendations regarding the propriety, potential costs and benefits, and feasibility of engaging in proactive collaboration with entertainment industries” (214). The experts gathered at the CDC argued enthusiastically not only in favor of increased entertainment-education, but also in support of a specific CDC unit “to serve as a liaison with, and a scientific resource for, the entertainment industry” (214). The CDC Conference Summary Report from that year declared that this unit would be proactive about creating “a structured, systematic, and sustained working relationship with producers of entertainment programming” (214–15).

Following the conference, the CDC began a social marketing campaign in 1996, called the Prevention Marketing Initiative, targeted at preventing HIV transmission among people twenty-five and younger. This initiative spurred, for example, the production of an MTV special on HIV/AIDS, as well as a radio soap opera for teens in Nashville, TN, that promoted HIV prevention among African-American youth (Beck 215). As David Poindexter, from the Population Media Center, emphasizes, “the appropriate medium was network television, and the format was primarily comedy and drama. The modus operandi was to build constructive relationships with the professionals who were writing, producing, and telecasting these television programs” (26). The reason these initiatives proved so effective is precisely because of their format. Specifically, it is the combination of narrative with implicit (or even explicit) message that proves so effective because audience defenses are down; they are willing to absorb content without the critical barrier that meets most traditional advertising.

A less public endeavor occurred in 1999 on the popular TV show *Beverly Hills 90210* (Fox, 1990–2000). In this case, CDC officials pitched the skin cancer story to writers of the show. “We thought *90210* was a great opportunity to not only reach young adults, but

also the teens who idolize those young adults,” explained Dr. Cynthia Jorgenson (qtd. in Stolberg). Clearly the writers agreed, because in the episode “Beheading St. Valentine,” sun-lover Steve (Ian Ziering) finds a suspicious mole on his back. His girlfriend tells him that he “really should get that thing checked out.” Somber music plays as Steve panics. Similarly to the uncomfortable exchange between Connor and the nurse at the clinic, the doctor asks Steve how often he wears sunscreen and if he reapplies every two hours, cautioning him that his skin is his largest organ (“You wouldn’t put your spleen under a heat lamp, would you?”), and that overexposure may have caused a cancerous growth. When the episode was broadcast, Jorgenson said, “We were thrilled” (qtd. in Stolberg).

These CDC initiatives were not the first time the government tried to spearhead health-consciousness messages in popular broadcasting. In 1997, Congress approved financial incentives for television programmers to integrate anti-drug messages into their content. While the original premise was for media outlets to match government spending for public service announcements, this deal became another way for networks to meet the requirement. Shows like *ER*, *Beverly Hills 90210*, *Chicago Hope*, *The Drew Carey Show* (ABC, 1995–2004), and *7th Heaven* (The WB, 1996–2006, The CW, 2006–2007) all featured anti-drug pitches as part of this program, a program in which government officials and their contractors would approve and/or alter scripts in order to make sure they conformed with the desired messaging. If the networks were approved by the White House Office of National Drug Control Policy (ONDCP) as participating properly in the project, they would receive credit reducing the number of public service announcements they were required to broadcast, freeing up lucrative time for commercial advertising. “Proper participation” had a monetary equivalent. There were formulas used “to determine the cash value of these embedded messages,” writes Daniel Forbes, describing a two-episode *Beverly Hills 90210* story arc involving a character’s downward spiral into addiction. “Employing the formula based on the price of an ad on *90210*, the episodes were eventually valued at between \$500,000 and \$750,000, says one executive close to the deal” (“Prime-Time Propaganda”). Forbes goes on to list other television shows that redeemed ad time, including *ER*, which redeemed \$1.4 million worth of time in exchange for several episodes with anti-drug subplots, *The Practice*, which recouped \$500,000 worth

of time, and *Home Improvement* (ABC, 1991-1999), for \$525,000. Alan Levitt, the drug-policy official running the campaign, estimated in 2000 that the networks had benefited “to the tune of nearly \$25 million thus far” (Forbes, “Prime-Time Propaganda”).

This arrangement, once exposed, received a wave of critical backlash. For instance, former Federal Communications Commission (FCC) chief counsel Robert Corn-Revere called the campaign “pretty insidious,” and Andrew Jay Schwartzman, president of the Media Access Project, said it was “the most craven thing I’ve heard of yet. To turn over content control to the federal government for a modest price is an outrageous abandonment of the First Amendment” (Forbes, “Prime-Time Propaganda”). One example of the impact of this program comes from a 1999 episode of the WB’s television show *Smart Guy* (“Never Too Young”), which initially portrayed two substance-abusing kids as cool and popular. However, following government input, the script was significantly rewritten. The two kids were rewritten as dumb losers, dragging T.J. (Tahj Mowry), the show’s protagonist, down with them. There could also be no mention of beer brand names, and the negative consequences of drinking had to be emphasized, including the breach of trust between father and son. Writer Steve Young recalls “that the scenes in which T.J. is counseled by his father were crafted with the government consultants’ input. . . the show’s producers were ‘concerned that we didn’t say anything that diverges from’ the consultants’ paradigm” (Forbes, “Washington Script Doctors”). In response to widespread criticism, the ONDCP abandoned this controversial program in 2000.

Significantly, when the CDC established its pilot E-E project in 1998, there was no financial component. The services would be provided free of charge, and there would be no financial compensation or other incentives to shows or films that integrate specific messages. The project’s mission was purely educational, focused on supporting “the agency’s health communication campaigns targeted to diverse audiences at risk for preventable disease and injury,” as well as to coordinate a wide range of outreach efforts, describes Vicki Beck, a CDC health communications specialist who would go on to develop and run this pilot project (215). One of the project’s primary goals was to provide accurate information to Hollywood writers, producers, and actors about public health concerns. Beck explains that this happened in several different ways: “Credible health materials were provided by the

CDC, tailored to the needs of television entertainment writers. Health experts provided technical assistance when a scriptwriter asked for help; public health speakers presented at conferences attended by scriptwriters; and in 2001 the CDC established online health tip sheets that were easy for Hollywood creative personnel to access” (217).

Some of the television shows that integrated assistance from the CDC between 1998 and 2001 were *ER* (NBC, 1994-2009) (hepatitis C, antibiotic resistance, and vaccine-preventable disease), *Chicago Hope* (HIV, anthrax, and tuberculosis), *Beverly Hills 90210* (STDS and skin cancer), *One Life to Live* (ABC, 1968-2012, Hulu, 2013) (breast cancer), and *Sex and the City* (HBO, 1998-2004) (chlamydia) (Beck 217). One of Vicki Beck’s primary objectives was to coordinate these kinds of television stories, when possible, with CDC public information campaigns. For example, “when the agency wanted to teach Americans about hepatitis C, Ms. Beck met with writers for three shows, including *ER*, and all three ran story lines about that disease. So by the time the campaign began, many Americans were already familiar with the disease” (Stolberg). These initial years were so successful, and indicated such a demand for this kind of assistance, that a separate E-E program was created in 2001, Hollywood, Health & Society (HH&S).

A non-profit organization based out of the Norman Lear Center at the University of Southern California’s Annenberg School for Communication and Journalism, and funded by the CDC as well as several other agencies and foundations, HH&S serves as a free resource to television and film writers, providing information and access to key experts. This USC-based program has taken advantage of its Los Angeles location in order to establish “a key alliance with the Writers Guild of America (WGA) to host expert panel discussions on public health topics,” such as bioterrorism, climate change, breast cancer, heart disease, antibiotic resistance, or sexually transmitted diseases (Beck 218). Claudia Parvanta, the CDC’s director of health communication in 2002, emphasized that there was no specific agenda that they were trying to push. “We’re just really hopeful that whatever’s portrayed on the little screen or the big screen is as accurate as possible,” she explains (qtd. in Sutliff).

Vicki Beck describes a collaboration between a producer from the television show *ER* and HH&S a few months after 9/11 and the anthrax attacks of 2001. The initial request was for a CDC expert who could advise on a smallpox storyline. In the episode “Lockdown,”

two children fall ill with smallpox, and the family and any emergency room staff that came near them are all quarantined, while the emergency room itself is locked down. Panic and hysteria spread throughout the hospital, especially among those locked down or quarantined. The CDC consultant urged the producer to include accurate public health procedure in the episode. Background information on smallpox and a list of media spokespersons were also distributed to news media to encourage stories about smallpox to be linked to the episode's broadcast. As a result of this coordination, at least eighty-seven news stories about smallpox aired following the broadcast. In fact, a Harvard School of Public Health survey demonstrated that almost twenty percent more people (57% versus 39% of viewers) knew about the importance of the smallpox vaccine following the episode (Beck 218–19).

A similar experience occurred in 2001, when one of the executive producers of the soap opera *The Bold and the Beautiful* (CBS, 1987–present) wanted to integrate an AIDS storyline into the show. CDC personnel provided assistance with the storyline, tip sheets, and briefed the producer on material that could assist with possible character and story development. Vicki Beck mentions, in particular, two behavioral scientists who were brought in to consult on the storyline, focusing on issues related to “HIV testing, partner notification, stigma, and living with HIV/AIDS,” all topics that were also being addressed by the CDC in national campaigns (208–09). Much as with the smallpox episode, the CDC's involvement transcended the actual confines of the show, encouraging the accompaniment of a public service announcement where the actor who played the HIV positive character (Paulo Benedeti as Antonio Dominguez) told viewers to call the CDC hotline to get more information on the disease. Beck writes that the result was so overwhelmingly successful that phone lines were jammed, and the second airing of the PSA resulted in the CDC's largest spike of callers for that year.

Demonstrating that the entertainment-education strategy continues to evolve, the night that “It's All My Fault” aired, HH&S gave *How to Get Away with Murder* cast members links to webpages to disseminate via Twitter during and after the broadcast. These links would take people to the CDC's Web site, where they could find out more information about HIV and where to get tested. Armine Kourouyan, project manager at HH&S, recounted a Twitter conversation about a viewer who had gone to get tested the morning after the

episode aired. The nurse at the clinic had told him that five people alone, in the first hour they were open, had credited the airing of the episode the night before for inspiring them to get tested, as well.

Sarah Thompson, a researcher for *How to Get Away with Murder*, explains that the HIV storyline was a priority for Pete Nowalk, the show's showrunner, primarily because "people do not realize how much of an epidemic [HIV] still is" (personal interview). Because Nowalk wanted the show to be as progressive as possible, and the message communicated as useful as possible, he chose to target the storyline around the biggest message HH&S and the CDC wanted to communicate. Thompson recounts that Kourouyan set up a phone call with Dr. John Brooks at the CDC, a medical epidemiologist in the division of HIV/AIDS prevention. Brooks advocated for the promotion of pre-exposure prophylaxis, otherwise known as PrEP. A lot of people have still not heard of PrEP, and "the CDC want it to be more of a household name," explains Thompson.

Since clinical trials have indicated that Truvada can reduce the risk of contracting HIV by more than ninety percent, as well as suppressing the virus in people who already have it, why is the drug not a household name? Why would the CDC need to insert it into primetime television? Part of the problem, as Christopher Glazek writes in an article for *The New Yorker*, is both the medical community's reluctance to prescribe Truvada, as well as patients' reluctance to request it. This reluctance can be linked to questions surrounding PrEP's safety, efficacy, and cost. There have also been accusations that the government is colluding with the drug manufacturer at the expense of public health:

Regan Hofmann, the former editor-in-chief of *Poz*, a magazine for people living with AIDS, called PrEP a "profit-driven sex toy for rich Westerners." Michael Weinstein, the head of the AIDS Healthcare Foundation (AHF), the world's largest AIDS organization and the primary-care provider for more than two hundred thousand patients around the world, predicted a public-health catastrophe. . . . When I interviewed Weinstein, he claimed the studies were "rigged" and that PrEP was essentially a plot by Gilead to force young people into buying unnecessary medication, and that it was going badly because AHF wasn't letting the company get away with it.

(Glazek)

AHF, in particular, did not appreciate the promotion of situational use of Truvada, misleading potential users into believing that it is effective with intermittent (rather than daily) use. Daily use is essential for efficacy, whereas intermittent use sets up vulnerability for exposure. Weinstein says that a large percentage of participants failed to take it once daily as prescribed. “It’s giving people a false sense of security,” he says (Murphy). There are also reports that use of the drug exposes some patients to liver problems and can cause severe complications for those with hepatitis C or those who are taking it to suppress the virus. While Glazek acknowledges that data from Truvada studies contradicts some of the claims made about the drug, the claims are still out there, potentially dissuading future patients. And there is no debate that Truvada is expensive. A bottle of thirty pills costs \$1,539.90 for anyone without insurance, making it available only for a certain class of people. Nonetheless, Folb, current director of HH&S, confirms that “the CDC [has] made HIV awareness and prevention a renewed priority,” and clearly PrEP is part of that priority (personal interview). Not only did the CDC suggest the integration of PrEP into the storyline and consult on how it would be integrated, but they also sent posters from their newest testing campaign to be included in the background at the testing clinic.

Another recent show that had initial consultations with HH&S, before building their own direct relationship with the CDC, is the CW’s *Containment* (2016). Melinda Burns, a researcher for the show, explains, “The CDC has been involved from pretty early on, even in the pilot stage. We interviewed some specialists there (in Epidemiology and Virology) to get a general understanding of how viruses work and what the CDC protocol is during an emergency outbreak situation” (personal interview). The show even hired a CDC consultant to read all the scripts, provide advice, and flag things that warranted further discussion. Accuracy, Burns says, is very important to the show, down to the smallest elements.

Claudia Black, who plays Dr. Sabine Lommer on *Containment*, recounted that when Executive Producer Julie Plec was acquiring the original series (the Belgian show *Cordon*), she was told that the Belgian equivalent of the CDC had told the original show’s executives, “the more accurate you are, the more of a public service you are doing for us. You’re basically helping us do our jobs more effectively” (personal interview). Julie Plec took on the same model. This emphasis

on accuracy pervades the show to such an extent that not only does *Containment* film at the actual CDC offices in Atlanta, but, as Black describes, one time when she showed up to film, she almost walked in to an actual briefing, assuming it was her scene:

I went to open the door, to walk in, and thank god I stopped the impulse, it was a real meeting in progress! We were shooting in and around those rooms and those people and intersecting with them, and I could not tell the difference. And here's what's really amazing, if I had walked in and said the speech that I say in the pilot, they would have assumed I was real.

Martin Kaplan, founding director of The Norman Lear Center and Principal Investigator of HH&S since its inception, emphasizes that "It's not only good drama to be realistic, it's also responsible to be realistic" (qtd. in Sutliff).

Kourouyan agrees that the reality of the industry is that writers and producers do not want to be part of a show that people do not take seriously: "People notice if a show seems fake. Viewers are more engaged when a storyline is accurate; the shows know that, so they try to be as accurate as they can," which is why many of them turn to HH&S for help navigating their storylines. During the Ebola outbreak, for example, she recounts that people were very curious about how infectious diseases worked, if they could be weaponized, how transmission would take place, and how best to protect oneself. Terry Matalas, creator and showrunner of the Syfy show *12 Monkeys* (2015–2016) was one of the people who asked: "The advice we got from the CDC was about the nature of viruses, how they mutate, looking at what, realistically, would be happening to the world if there was an outbreak."

Season three of the FOX television show *24* (2003–2004) also dealt specifically with the threat of bioterrorism. In the original storyline, terrorists release a biological agent in a hotel air conditioning system, making people sick in a matter of minutes and killing roughly 2,000 people within a few hours. While this does happen in the actual aired episode, ("3:00 A.M. – 4:00 A.M."), the original premise include an electronic device that government officials could wave to "instantly detect the virus in the air." HH&S connected the show's writers with CDC officials who told the writers that there are

no such devices, and that it would be more accurate to isolate the sick in order to reduce the contagion's impact, recounts Dr. Mitchell Cohen, director of CDC's Coordinating Center for Infectious Diseases. "We saved 1,200 virtual people" (Gearon). Anne Cofell, the show's researcher, also added that Dr. Cohen helped the writers shape the response to the viral outbreak: "He was very key in helping us understand on a national level what the United States' response would be, and he also helped us keep our virus consistent and believable" ("Bio-threat: Beyond the Series").

And here is the double-edged sword. Organizations like HH&S provide a valuable service, to be sure, promoting accuracy about health issues, as well as spreading information about lifesaving drugs like PrEP (even if they are only available to the portion of the population who can afford them), but they also enable sensationalist shows like *Containment* to maintain an illusion of accuracy amongst the hyperbole, perhaps exacerbating an unnecessary sense of fear about viral outbreaks and contagion. After all, the more believable the melodrama, the more we are inclined to believe it. The fault here may not lie with Hollywood, which merely aims to make a buck off spinning our fears and desires into consumable entertainment, but with the way we consume this entertainment.

A Common Sense Media research study from 2012 found that American children between the ages of eight and eighteen spend more than seven and a half hours a day, seven days a week, using media. This dwarfs the amount of time children spend in school—an average of six and a half hours a day, one hundred eighty days a year. Most alarmingly, 42% of the teachers surveyed believe that their students' critical thinking skills are suffering as a result of this media consumption, stating that the students have more access to information, but less idea of what to do with it (5, 15). This can create a treacherous situation, as information is consumed without the proper tools with which to digest it. After all, the combination of emotion and narrative with a social or political message can serve as a powerful trigger.

To give a sense of the scope of what HH&S does, between 2009 and 2014, they worked on consultations resulting in over seven hundred aired storylines, across over thirty-five networks and cable channels (and online shows). Kourouyan says, "In any given year we have over 250 inquiries." In 2012, HH&S expanded, with joint projects in

India and Nigeria funded by the Gates Foundation. The Third Eye in India and Nollywood Workshops' Gist program in Nigeria conduct outreach also focused on increasing "the accuracy and frequency of health and socially related topics in TV, film, and new media" (Hollywood, Health & Society). The HH&S Advisory Board is also a force to be reckoned with, featuring a long list of powerful and successful Hollywood establishment, including Dr. Zoanne Clack, executive producer, *Grey's Anatomy*; Howard Rodman, President, Writers Guild of America, West; Michelle Alban, Vice President, Corporate Communications and Public Affairs; and Bruce Evans, Senior Vice President, Drama Programming, NBC Entertainment; as well as many powerful actors, producers, and executives. Clearly, HH&S is deeply integrated into the Hollywood infrastructure.

Bioterrorism and HIV are two of many topics addressed by the CDC and HH&S. Kourouyan explains that, while the CDC is concerned with a wide array of health issues, they do have priority topics, even if they insist they never advocate for a certain storyline or push a certain agenda: "Naturally when major events happen, the shows want to write about them. When a pandemic flu outbreak occurs, we may have an influx of infectious disease questions." She also explains that other HH&S funders have their own areas of focus. The Bill and Melinda Gates Foundation, for instance, is focused on global health, and funded HH&S to provide services to the entertainment industries in India (Bollywood) and Nigeria (Nollywood). HH&S aims to inform writers and producers about current issues, like global health, with the hope that these writers and producers will then be informed and inspired enough to incorporate the information into their shows.

While the lack of monetary compensation for pushing a certain message may be reassuring, and the lack of audiences' abilities to consume information critically is concerning, perhaps the bottom line is that much-needed information is still out there. As Dr. John Brooks, the CDC doctor who consulted on *How To Get Away with Murder*, puts it: "there's an apathy that I see in the greater public. One of my goals is to counter that apathy." Even more unsettling than the fact that 50,000 Americans a year become infected with HIV, and that 14% do not know they have it, is the fact that no more than 40% are effectively treated. Medication and treatment only work if people know about it, Brooks says, "So if we have an opportunity to get it into media, we'll take it." However, who

decides which pharmaceuticals will get the exposure? And who profits from this exposure?

Much as the CDC jumps to seize media opportunities, pharmaceutical companies may soon follow. Drug companies currently spend several billion dollars a year on direct-to-consumer advertising, writes Austin Frakt for *The New York Times*, often with as many as eighty drug ads an hour. Frakt observes that spending on drug ads has grown, with Gilead Sciences, for example, the world's largest producer of branded HIV drugs, spending \$100 million on an ad campaign for its hepatitis C drug, Harvoni. Gilead Sciences is also the company behind Truvada.

Research on the consequences of these drug ads demonstrates that not only does advertising increase drug sales, but doctors benefit from the advertising, as well: "One-third of adults said that drug advertising prompted a discussion with their physician. Collectively, every \$28 spent by drug companies per year on ads resulted in one more visit to a doctor that led to a prescription" (Frakt). Julie Donohue, a professor of public health at the University of Pittsburgh, told NPR that out of those consumers who see a drug ad and then talk to their doctor about it, two-thirds ask for a prescription (qtd. in Moyer). Not only do the ads fuel profits for pharmaceutical companies and the medical industry, but this kind of advertising also "inflates demand for new and more expensive drugs, even when these drugs may not be appropriate," explains Patrice A. Harris, AMA board chair-elect (qtd. in Moyer). Unfortunately for the pharmaceutical companies, the American Medical Association recently called for a ban of these drugs ads.

What does this have to do with Hollywood and the HH&S? Well, if the American Medical Association has its way, pharmaceutical companies may have to rely on what appears to be advertising's most popular response to the fact that no one watches commercials anymore: product placement. And their best way to get placed? Assistance by the CDC. Because, after all, the CDC's involvement in storylines adds an element of authenticity and necessity to a drug's brand.

Unlike collaborations between the military and Hollywood, where the DoD may use access to billions of dollars worth of military equipment and personnel as leverage to control messaging in order to target potential recruits and shape public opinion, the CDC and HH&S

seem to have one primary agenda: to promote the spread of valuable and potentially life-saving information. However, while the CDC may appear benevolent on the surface, questions linger about its ties to big business and the pharmacology industries. While the CDC and big pharma have two different agendas—one aims to promote public health while the other aims to sell drugs—the two use each other in what can be a mutually beneficial relationship. As Big Pharma pursues big profits, the CDC can act as an intermediary between them and the potentially vulnerable public. After all, reports revealed that scientists who had drawn up swine flu guidelines for the World Health Organization advising governments to stockpile drugs had been paid by these same drug companies. As reported by *The Guardian* in 2010, Roche and GlaxoSmithKline paid off policymakers in multiple countries, including the United States. Pharmaceutical companies banked more than seven billion dollars, even though the predicted swine flu pandemic never occurred. Paul Flynn, the Labour MP who sits on the European Council's health committee, declared: "The tentacles of drug company influence are in all levels in the decision-making process. . . there has been distortions of priorities of public health services all over Europe, waste of huge sums of public money and provocation of unjustified fear" (Ramesh).

The notion of unjustified fear brings up another issue: how Hollywood uses the information they receive from HH&S. Does Hollywood, like in *How to Get Away with Murder*, use the opportunity to promote supposedly well-meaning messages about beneficial pharmaceuticals, integrating little more than an ad for Truvada into its HIV narrative? Or does it, like in *Containment*, use real-life CDC locations and consultants in order to boost ratings and promote fear? At the end of the day, a free public health campaign courtesy of Hollywood writers still seems worthwhile, but it is imperative that we question the CDC and other similar institutions that could be furthering alternative (undisclosed) agendas, penetrating into that where we choose to escape: the television screen.

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