

By Dr Hsu Li Yang, Editorial Board Member



Interview with Laurie Garrett

Dr Laurie Garrett has won the highest awards in journalism for her medical and science writing. These include the George Foster Peabody award for “Science Story” in 1977, the Pulitzer Prize for Explanatory Journalism for “Ebola” in 1996 – where she covered the 1995 Ebola outbreak in Zaire (now Kikwit, Democratic Republic of Congo), and two George C. Polk Awards in 1998 and 2000 for “Crumbled Empire, Shattered Health” (collapse of the healthcare system along with the fall of the Soviet Union) and “Betrayal of Trust” (decline of global public health) respectively.

In 2005, disillusioned with the changes in news organisations across USA – where snappy, catchy and celebrity news trump complex, lengthy analyses in the competition for readership; where staff and cost-trimming (with lower quality products) increase company stock value – she publicly resigned from *Newsday* where she had worked since 1988 and blasted its parent company (Tribune) for placing profit over quality journalism with a stinging memo. She went on to join the Council of Foreign Relations – a powerful nonpartisan foreign policy membership organisation and think tank with the stated mission of promoting understanding of foreign policy and America’s role in the world – as the Senior Fellow for Global Health, and remains prolific in her writing.

Dr Garrett is the author of numerous influential articles and books, and has lectured on public health issues and emerging health threats throughout the world. An article in the Jan/Feb 2007 issue of the *Foreign Affairs* journal, “The Challenge of Global Health” (<http://www.foreignaffairs.org/20070101faessay86103/laurie-garrett/the-challenge-of-global-health.html>) describes the issues and risks in global public health despite escalating funding, and is virtually required reading in international health courses in most schools of public health (including Johns Hopkins and Harvard).

We are very fortunate and grateful that Dr Garrett agreed to take some time off her busy schedule to participate in an email interview with the *SMA News* in June 2008.

SMA: You are one of the most decorated journalists in the world. What do you make of journalism in the Asia Pacific, and in particular, Singapore?

Laurie Garrett (LG): I haven’t spent enough time reading the Singapore papers or watching television to pass a fair judgment. I can say that during the SARS epidemic, when I was in Hong Kong and Beijing for months, I very much admired the courage and reporting skills of journalists from



Dr Hsu Li Yang is currently based at the older medical school in Singapore, where his preoccupation with drug-proof bugs prevents a closer acquaintance with worms and other fields of interest.

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the *Straits Times*, *South China Morning News* and most of the Hong Kong media. Given the arrests that these individuals faced – threats that I, as an American, did not face, their aggressive work was all the more admirable.

Covering news inside Singapore has to be tough because everybody knows everybody else, and dissent is not well tolerated. I would liken it to being a reporter for a small, rural paper – people take things very personally and they know you. If they don't like what you write, you'll get phone calls, threats and anger coming your way. It's harder to, as we say, "speak truth to power" in such an atmosphere.

SMA: The world is inundated with media reports of new and often conflicting scientific discoveries, and this often leads to great public confusion about what to do and what not to do with regards to health. What are your thoughts on how the media and the reader should manage this?

LG: This is the oldest story in health reporting. As long as I have been in the field (far longer than I'd like to admit), people have complained that every week seems to bring a different health risk or cure story, often contradicting the one that headlined the news a month ago. I think journalists have a responsibility to put "Cure!" or "Danger!" health news in context, interviewing dissenting or sceptical voices as well as the proponents, and taking the reader through an encapsulated version of the history of medical debate in the area.

For example, if a scientist tells people that his research shows daily ingestion of cranberries can prevent eight types of cancer; it is irresponsible to simply publish that news as if it were truth. The reporter should do a Medline search on cranberries to see if similar claims were made in the past, and interview other cancer specialists to see if they agree. Sure, it might turn out that cranberries are terrific for your health. It might also turn out that the New Hampshire Cranberry Growers' Association funded the scientist's work.

SMA: In 2005, you quit *Newsday* because you felt that quality journalism had taken a backseat to profitability, and this was a process that was taking place all over America. Do you feel that things are different now or has it just degenerated further?

LG: Yes. Newspapers in America are literally, physically shrinking, cutting down on the sizes of pages to decrease paper purchase costs and reducing

the numbers of pages. Every paper has had rounds of lay-offs, including the famous ones like the *Wall Street Journal* and *New York Times*. The biggest complaint I hear from top journalists today in the USA is that there is no place to publish or air their work anymore.

Similar trends are underway all over North America, Western Europe and Australia. The booming news markets are India and China – booming along with everything else (of course, booming markets does not necessarily mean quality...).

The internet is a key problem: now that people can get news for free, they see no reason to pay for it. Journalists can detect the differences in quality and reliability of the information, but I find that young adults who have been diving into the internet for years really have no filter through which they view information: lies, sensationalism, fabrications and half-assed blogged opinions are viewed with equal merit to carefully fact-checked eyewitness news accounts on established newspaper websites. So who can blame corporate news organisation owners for deciding that if the public doesn't care about quality and reliability, why bother to pay to produce it?

The key victims of this trend are international reporting and specialty beats like Science, Health, Music and Arts Criticism, Books and Literary Reviews, and Economics (but not Business – big difference). You can see it clearly. Some newspapers and local TV news have on their staff sports and weather reporters, gossip and social news, and staff covering the mayor and local politicians. But they use only wire services for foreign news, national news, film reviews, and feature stories. It's awful.

I used to be president of the National Association of Science Writers, and its biggest problem now is that most science and health writers are freelancers – which is a polite way of saying they are unemployed and working hard to sell their stories in a shrinking marketplace.

SMA: What do you see as the greatest threats to international public health currently?

LG: Emerging infectious diseases (for example SARS, Avian Influenza, Nipah Virus, Enterovirus 71 and so on), widening antibiotic resistance and the eventual end of the bacteria-cure era, the health transition in middle and low income countries (wherein populations have developed to the point where large numbers face chronic illnesses seen in the high income countries, but



insufficient development means they still face “poor country” infectious diseases threats like schistosomiasis, malaria or tuberculosis, making for a double whammy to the health effort), food scarcity (especially protein), water scarcity and contamination, climate change.

SMA: We had a great (but sobering) time reading your article "The Challenge of Global Health" and the robust rebuttals by Sachs, Farmer and de Waal. Do you think the world is moving in the right direction finally?

LG: The article and other similar critiques have shaken up the UN system, and WHO and other allied agencies are moving in good directions, trying to resolve some of the issues. But the rest of the global health environment hasn't substantially changed at all. In some cases, it's much worse now.

SMA: What do you think is the role of the media (both positive and negative) in the ongoing campaign against antimicrobial resistance and inappropriate prescribing and usage of antibiotics?

LG: To educate. But also to investigate. Hospitals for obvious reasons do not like people to know that MRSA and other dangerous microbes are spreading in their halls. The livestock industry (including aquiculture) does not like people to know that they use far, far more antibiotics than humans do for disease issues – and it's to stimulate livestock

growth, not to cure the animals of infections. Dig for the truth.

SMA: You have often argued in your writing that the WHO is the natural agency to take the lead in global health emergencies. Yet the WHO remains critically under-funded and has limited authority and manpower – perhaps intentionally so. The unprecedented success of the WHO mechanism during the SARS outbreak has not been replicated since, and it looks particularly ineffectual in the current Avian Influenza epidemic. How can this be addressed? How can governments balance the 'discomfort' of granting extra funding and powers to WHO and other UN agencies against retention of their own sovereign rights?

LG: The passage two years ago of the International Health Regulations (IHR) was a great leap forward. Now WHO has a real instrument to use, forcing nations to be transparent about disease outbreaks, and to share viral and other microbial samples. Unfortunately, Indonesia is flaunting the IHR and refusing to be a global citizen. Indonesia's stance on not sharing H5N1 samples directly threatens the strength of WHO, and the survival of human beings. It is reprehensible.

SMA: On the topic of Avian Influenza, many governments have stockpiled Tamiflu – and the virus appears to be gradually developing resistance to it while not mutating rapidly enough to be a truly pandemic influenza virus before the expiry dates of current stockpiles are reached. Is there a better way forward at this point in time?

LG: I was never a big supporter of Tamiflu stockpiling, not only because of the limited shelf life of the drugs, but also due to limits on its strategic applicability in a serious outbreak. The top side effect of tamiflu is “flu-like symptoms”. If a country doesn't have rapid diagnostic kits to tell who has the flu, Tamiflu will only confuse matters.

I think the pool of people that ought to be prophylactically treated with Tamiflu is very small – far smaller than most countries' flu plans envisage. Unfortunately, all role-playing scenarios show that everybody demands Tamiflu once a crisis hits, from the cops to schoolteachers. It will be extremely difficult for governments to limit access to the drug once distribution commences.

SMA: Why should China and Indonesia donate specimens to western vaccine companies to make mega-profits?

LG: See my answer with regards to the IHR. Vaccines, by the way, are not highly profitable – certainly not when compared to drugs. For example, in the year 2000, profits of all vaccines made by all companies in the entire world did not, in total, match the profits from a single drug – Viagra.

This argument has been highly distorted by misinformation. Good journalism would dig for the real numbers, but I haven't seem much of that published lately, anywhere.

SMA: What is the role of a school of public health in dealing with the global health problems that you have described?

LG: The biggest failure I see in schools of public health all over the world is that they aren't training students for the real-life problems they will face.

Most public health experts are employed by governments, and that means they have to be extremely astute politically, trained to push strategies upstream against dangerous political waters. Policies that are based on empirical evidence do not always win votes – religion, economics

and wild cultural issues always trump cold, hard scientific facts. It shocks me, frankly, that students can earn an Master or PhD in public health without having the slightest idea how the UN system works, how bills get passed by their national legislatures, how to convene a press conference in a crisis or even what language in their national constitution may affect execution of public health policies.

SMA: Your own journey in journalism was quite unique. What would you advise to aspiring medical and science writers?

LG: The obvious things: learn to write, don't fight with editors all the time and study science. But equally important – learn from your colleagues on other beats. Watch how they do their interviews, what databases they use, how they cover disasters or murders. Most science or health writers couldn't cover a simple story like a fire in an apartment building that might be arson. They just don't have the skill-set to dig facts from cops, firefighters, city records and so on. I think all science writers should rotate through other beats and learn the toughness and skills.

SMA: Thank you very much for your illuminating and forthright answers. ■