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Beyond "Banned Words": The CDC, Trump's Anti-Science, and Anthropological Outrage

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By Charles L. Briggs

I am delighted that anthropologists joined the debate unleashed by a story published in the *Washington Post* on 15 December 2017, in which health reporter Lena Sun and politics correspondent Juliet Eilperin suggested that “The Trump administration is prohibiting officials at the nation’s top public health agency from using a list of seven words or phrases … in official documents being prepared for next year’s budget.” While the brouhaha has provided anthropologists with an opportunity to weigh in on the anti-science politics of the Trump administration, we have fallen short—I argue here—in grasping the broader and more deeply-rooted issues the story raises and its potential for challenging anthropological boundaries and analytics.

That the debate can point to new conceptual perspectives is suggested by its prominence on listservs of both the Society for Linguistic Anthropology and the Society for Medical Anthropology (and perhaps others as well). At the same time, anthropology’s subdisciplining isolated these parallel discussions: the participants did not overlap, and the issues raised were distinct. The absence of dialogue is not surprising, given that boundary-work generally confines linguistic anthropologists interested in health and medical anthropologists who write about narrative, translation, and medical registers to separate universes, blissfully unaware of the critical insights that lie just over the border.

Framing the debate as one of whether seven words—“vulnerable,” “entitlement,” “diversity,” “transgender,” “fetus,” “evidence-based” and “science-based”—were banned, discouraged, or strategically avoided at the Centers for Disease Control and Prevention (CDC) involved two key reifications. One is a core component of language ideologies of modernity since the seventeenth century: the reduction of complex issues of poetics, politics, rhetoric, and meaning to a focus on individual words. Lost in this move is broader awareness of how knowledge and ignorance are produced in medicine and public health, how some people become authoritative speakers while others are muted, their perspectives becoming unspeakable or judged to provide evidence of the ignorance that health communication must eradicate. Overlooking the complex positionality of journalists and understanding them as having simply lifted

the veil on political interference in science and medicine ignores insights emerging from the anthropology of media and journalism, which itself overlooks health and medicine as important sites of mediatization. So, rather than registering commonsense cries of indignation, let's stop for a moment, slow down, and think more deeply—as anthropologists—about what is going on here and how we might respond.

My reading of the controversy is mediated by a couple of decades of watching how discourse circulates in national, state, and local public health agencies in various countries, particularly the United States and Venezuela. Vincanne Adams (2016) has recently documented the migration of "evidence-based" modes of validating knowledge production from clinical medicine to public health. Rather than being framed as efforts to boost the health of a particular population, public health funding must be based on "evidence," especially numbers produced in what seem to be quasi-experimental interventions intent on maximizing the potential scalability (Tsing 2015) of a particular strategy. In interviews, national, state, county, and local public officials extended this logic to what are framed as issues of "communication," claiming that how they attempt "to reach the public" is based on quantitative epidemiological and communicative investigations.

Nevertheless, my ethnographic work suggests that notions of evidence fall far short of adequately explaining how discourse circulates in public health agencies. Control over discourse circulation in these agencies is quite akin to military organizations, such that only top officials and individuals they designate can issue reports or statements that might reach beyond the agency's borders. The securitization of health—which has been characterized as a shift from population management to emergency preparedness (Lakoff 2017)—has rationalized even tighter controls: "the public" might prove to be more dangerous than pathogens if it becomes "panicked" or "alarmed" in a biosecurity "crisis." Public health officials—who are generally appointed by elected officials—are extremely sensitive to their bosses' fury when a communicative misstep suggests that their agency is endangering public health or wasting state resources. Even as their professional ideologies lead public health officials to project a sharp boundary between science/medicine and politics, their struggles to maintain allocations and grants lead them to grapple daily with the precarity of their boundary-work. Indeed, the focus of the CDC meeting described in the *Post* was not on producing epidemiological reports but on what we might call econoscience, documents that would draw together public health, bureaucratic, and political networks and discourses—inviting the same move by reporters Sun and Eilperin! Projecting a chasm between the health sciences versus journalism and communication limits awareness of the extent to which "communication" is a key site in which public health hierarchies are structured and relations between what are

defined as health and political entities are constituted.

How, then, did two Post reporters learn what transpired at a closed-door CDC meeting? We might suggest that "the CDC analyst" believed that administration officials had damaged the science/politics boundary so profoundly that s/he felt justified in crossing it him/herself by violating these restrictions, speaking to reporters "on the condition of anonymity because the person was not authorized to speak publicly." Stopping here, however, would leave anthropologists in a second reductionist trap, imagining reporters as searching medical and public health sectors for "facts" that journalistic techniques empower them to turn into stories. When they draw on news stories—as much in their labor of research as in their daily reading and viewing—anthropologists often extract referential content rather than ask how making news might constitute a crucial part of making the event reported. This short-circuit forecloses valuable insights into how bodies, diseases, epidemics, cures, and forms of care get made—not simply "represented." Overlooking the power of journalism to turn a routine bureaucratic meeting into a major political event fails to explore how a really "big story"—one that generated 7,545 comments (as of 12/23/17), additional articles in the Post and other news outlets, a social media explosion, the SMA and SLA listserv flurries, and this Somatoshere post—came into being. If we step back a bit, the story might prompt us to wonder a bit more about why there is such a proliferation of health news stories in the first place, even as many other media "beats" are shrinking.

Here we need to question our own assimilation of another form of boundary-work, one that springs from journalists' professional ideologies and their self-construction as standing outside of the arenas they report. Even as journalists and health professionals constantly project a boundary between them, health is now just as mediatized as health reporting is medicalized. US medical and public health organizations—from small clinics and public health offices to the CDC with its vast Office of the Associate Director for Communication—employ individuals trained as journalists and outsource media consultation. "Messaging" (Lempert and Silverstein 2012) is as much a part of the daily labor of health officials as of politicians. Many health journalists have scientific training, and all U.S. national news networks and CNN employ physician-journalists who speak as reporter, doctor, and public health commentator, often in the same broadcast. In larger venues like the Post, health issues are split between political reporters like Eilperin, who generally write stories on governmental policies and political battles, like efforts to repeal the Affordable Care Act. They draw largely on the reporting conventions used for partisan political battles and on their networks of politicians and officials. Health reporters get deeply entangled in networks consisting of leading clinicians, researchers, health officials, scientific bloggers, and pharmaceutical and biotech companies. The Post article is a rare hybrid in which journalists

from both “beats” combined their networks and reporting conventions.

The illusion of distinct media and medical arenas is sustained by the content of stories—like the one on banned words—which projects journalists as boundary-workers whose watchdog role enables them to expose illegal crossings. Such stories emerged from a broader process that I have referred to in work with media studies scholar Daniel Hallin as biomediatization (Briggs and Hallin 2016). Carried out in laboratories, clinics, public health offices, and living rooms as much as newsrooms, biomediatization involves the co-production of medical subjects and objects through collaborations that entangle what are envisioned as distinct professional ideologies and practices. Two examples must suffice. Along with marketers (Dumit 2012), media consultants for biotech and pharmaceutical corporations do not simply issue press releases when new products are announced but rather collaborate with scientists and clinicians from the start in constructing a new disease, identifying target molecules, designing and carrying out clinical trials, recruiting medical writers, placing articles in professional journals, and building dialogues between biotech journalists and scientists throughout the process. Thus, new drugs and devices are mediatized from the start.

Similarly, if preparedness is, as Lakoff suggests, a new episteme, then it is largely the constant barrage of stories about possible pandemics that transforms health into a security issue and creates infectious affective economies outside the walls of medical and public health organizations. Extensive ethnographic and textual research on the emergence of H1N1 (“swine flu”) suggests how securitization and biomediatization converged in recent decades. On 23 April 2009, NBC Nightly News presented a short segment and the *New York Times* published a pithy article on its website about seven cases of an unusual strain of H1N1 in California and Texas. Just 24 hours later, “the swine flu epidemic” had become the lead story. How did journalists construct a narrative that sustained most of its dominant elements over months, worried laypersons as much as health professionals, and diverted public health funds on the basis of virtually no clinical or epidemiological evidence? Starting long before 9/11, the CDC played a leading role in disseminating techniques of “emergency risk communication.” The CDC (2002) published a Crisis and Emergency Risk Communication manual, as well as one adapted specifically for pandemic influenza, and offered public health officials and others an associated online course that standardized ways of speaking to “the public.” The CDC has spent millions on “exercises” or “scenarios” in which first-responders, security and health officials, journalists employed by media outlets and state agencies, politicians, and others simulate biosecurity “events” sparked by bioterrorism or novel pathogens. Constituting one of the most massively funded and widely dispersed rehearsal processes on the planet—perhaps only surpassed by “civil

defense" preparations for nuclear war (Gusterson 1996; Masco 2006)—these "exercises" socialize health and media professionals and politicians in standardized biosecurity discursive practices and create biomediatization networks. The news stories covering these faux "events" enable them to shape everyday lay affects and discourse, particularly as they replay visual and auditory tropes from germ thrillers like *Outbreak* and *Contagion*. In short, the 24 April 2009 stories had already been devised in countless encounters between media, health, and Homeland Security professionals and audiences and then assembled—details modified to fit "pig flu" rather than the expected "bird flu" virus—in 24 hours.

Please don't get me wrong: Trump's attacks on science are deeply troubling. But I hope that scrutinizing the commonsense reifications that generally shape how anthropologists read and respond to science and health news stories can foster greater awareness of the context in which such attempts to regulate scientific discourse emerge. The production of knowledge about health in the CDC and other public health organizations was deeply enmeshed in the politics of communication long before January 2017; attempting to regulate the use of particular words thus forms a tiny canary in the mineshaft of highly regimented and hierarchicalized discursive practices. The boundary-work that sustains it renders us reliant on complex processes of biomediatization whose surface form is news articles: we seldom learn about what goes on inside the CDC except when journalists outside its walls "break" stories or those inside launch "media campaigns."

More adequate identification of political stakes and issues involves going beyond repeating the referential content of a particular story to think about how the seemingly proper boundaries of science and communication produce particular sorts of health subjects and objects and render others unspeakable. Expressing outrage and attempting to intervene are certainly valuable responses, but failing to anticipate how they will become enmeshed in the same biomediatization logics and practices naively fails to benefit from available anthropological insights. Participants in the listserv discussions suggested that the SMA should ask the American Anthropological Association to denounce the "ban," meaning that AAA leadership should direct the office of Communications and Public Affairs to place a statement on the AAA website and transmit it to "the media." Another contributor recommended publishing a letter in the New York Times. My goal is not to criticize such inventions but to indicate how deeply our possibilities for political action are ensnared in forms of mediatization.

In short, our cries of outrage are likely to generate more impact if they are articulated in critical anthropological voices, shaped by perspectives that challenge subdisciplinary boundaries and look ethnographically beyond

commonsense binaries.

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