This article focuses on the political columnist who deals with health matters and personnel, no matter whether the subjects produce heroes or villains. The nature of the problem is discussed and ways of reacting to or dealing with it are offered.

THE POLITICAL COLUMNIST AND THE PUBLIC HEALTH AGENCY: NOTES ON A NEW CONFRONTATION

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Rabbi Gamaliel ordered his servant Tobi to bring something good from the market, and he brought a tongue. At another time he told him to bring something bad, and he also returned with a tongue.

Why is the slanderous tongue called shlishi (Third)? Because it slays three: him who utters the slander, him who receives it, and him of whom it is uttered.

Truth is heavy, therefore few care to carry it.—Talmud

Like other folk villains, the governmental bureaucrat is permanent fair game. It is the popular thesis of those who tremble for the political health of the republic that the bureaucrat needs to be subject to periodic journalistic sniping lest he get too arrogant, too complacent, too remote, and too unresponsive to the public will. This is one of the few issues where both the right and the left find themselves in complete agreement.

Until recently the public health professional could view the preoccupations of the newspaper columnist with relative indifference. This is no longer the case. With the burgeoning politicization of public health affairs, the health professional must now reckon with the comments of the columnist who has expanded his critical attention to health problems and related areas beyond his traditional concerns with issues of transportation, public safety, finance, welfare, and education. This means that the public health official now faces increasing public criticism of an abrasive quality which he was hitherto spared.

It is predictable that the health official will become indignant at sometimes being thrust into an odious role of heavy. He may be tempted to damn the columnist as an unfair, biased, despicable knave of limited journalistic talents. But, escalating the invective will be futile, whatever it may do for the professional’s psyche. A sense of humor would be more pertinent. The health worker might possibly acknowledge that perhaps a type of cosmic balance is in operation. To buttress his ego he might call upon some of the exuberant praise, equally undeserved, that he likewise received in the past without notable protest on his part. The journalism was no more accurate then, in the laudatory comments about him. Furthermore, he will have to analyze the bad press. Was there a deficiency in the functioning of the department? If so, why? And how is it to be remedied? Was there a failure in public relations? If so, why? And how is it to
be remedied? It is axiomatic that the most sophisticated public relations cannot indefinitely conceal deficient programs. Garbage wrapped in tinsel remains garbage.

Excluded from this discussion is the author who writes the straight news article, the editorial, or the human interest feature story. Rather, these comments refer exclusively to the political columnist who focuses on a newsworthy topic, analyzes it, comments upon it, and often makes recommendations. The ideological premises of the column may not always be obvious, but they are always there.

The Columnist and the Constraints of the Column

The typical political columnist has no choice but to write vignette analytical journalism for readers with limited spans of attention—and this means most readers. The material is meant to be read on the fly: on the subway, on the bus, or over a quick cup of coffee in the diner. What is to be conveyed to the reader in cameo form is a grasp of the issues. The column helps the reader hold his own in the next drawing room soiree on current events. The result is an instant intimacy of understanding among discussants, since most have read the identical analysis about the identical subject from the identical columnist. Thus, there is mutual reinforcement of concepts and analyses. This is particularly true when the column appears in one of the remaining daily newspapers in the community, or in the mass distributed news magazines, or in the weeklies catering to the interests of the New Left and Bohemia.

The material thus presented is not superficial journalism exactly. Nor can it be considered the serious in-depth analysis of the learned periodicals of Academe, primarily because it is practically impossible to make a short piece recondite. "Shallow," the intermediary term between "superficial" and "deep," has too harsh a connotation. For want of a better term one might settle for "subsurface journalism." This subsurface journalism fulfills a useful purpose. It is unrealistic to expect the average citizen to bone up on subjects to the same extent that professionals are obliged to do within their own fields. Renaissance men are rare. At best one can hope that the intelligent citizen will keep abreast of these popularized, analytical, brief digests. We are fast emerging as a nation predominantly composed of middlebrows, husbanding bits of pseudo-expertise on various topics. But no practical social alternative seems immediately at hand.

The columnist has rather special problems that the health official might sympathetically consider. To remain solvent the columnist's employer must sell a certain number of copies of the publication in which the column appears. The columnist's fundamental ware is a particular point of view generally consonant with the ideology of the publisher and reader. The columnist must instruct. To instruct he must entertain. To entertain he must interweave his article with conflict. To dramatize the conflict he must people the column with adversaries. Thus, within his analysis he must categorize the dramatic personae as compassionate or malevolent, conservative or liberal, stodgy or innovative, committed or indifferent, competent or inept, tyrannical or oppressed—and all the rest of the simplistic triage of antitheses. As in medieval theater, abstractions are personalized. The audience—here the reader—can cheer and hiss.

Rarely is this microcommentary descriptive alone. That would be superficial. The style is analytic, which means that the columnist must identify and explicate motivations. How else can the reader unerringly finger the good guys and the bad guys? The columnist pro-
vides the score card. And so, through selectivity of incident, through de-emphasis of qualifying content, through semantic deftness within the spatial constraints of his piece, he procreates one more culture hero or villain. Consistency demands that, in all its details, the article or the series of articles support the categorization of heroism or villainy. What must emerge is a verbal caricature that differs from objective reality, but for the reader the discrepancy is harder to assess than how far a 'sketched cartoon departs from an actual photograph. This hero-villain syndrome is the operative reality of the columnist. Without excessive moralizing, the health worker had better come to terms with this.

The columnist has limited space. But, then again, the columnist is not really supposed to possess the talents of the novelist. One thousand words are too few to express the complexities of motivation, the variegated considerations, the savage competition for limited resources, the sociopolitical interplay—all impinging upon decision-making within public administration. If the reader has a need for all that, let him subscribe to one of those intellectual periodicals of the university libraries. Anyway there is a deadline. The columnist has no time to do all that digging. No Walter Lippmann he. Excessive detail would perplex, i.e., bore the reader. Accuracy? Truth is relative. Exaggeration? The political analyst cannot be denied some poetic license. Balance? That is a deceitful synonym for no point of view at all and bears the musty reek of one of those dull "on the other hand" editorial's of the Good Grey Lady—The New York Times. The only objective publication is the telephone book. Objectivity is bogus. It is nothing but a stylistic mask, obscuring a viewpoint that is routinely pernicious with respect to the compassionate, committed, and competent heroes who fight for whomever the columnist currently identifies with.

What Response to Accusation?

No irony is intended in this analysis. Consider the following accusation:

The indifference displayed by the Health Department in not promulgating or implementing X program reflects the racism latent (or rampant) in this municipal agency. The potential clients are poor blacks or Puerto Ricans. On the other hand, had the clients been middle class Caucasians, the responsiveness of the department to the obvious need of the people would have been prompter and more comprehensive.

How is a department to respond to such an accusation? And should the department even respond? The issue is one of public confidence in the integrity of the department.

Of course it is impossible to answer such an allegation satisfactorily, if by answer one means complete refutation. "No, we are not racists," remains intrinsically unconvincing. The denial is interpreted either as cynical deceit or as deficiency of insight into the staff's subconscious motivations. To respond: "On the contrary, a significant portion of our clientele is—" may be routinely dismissed as hypocrisy. Evidence of exemplary past behavior undergoes a grotesque transmutation to damming evidence for the prosecution. The dialogical terrain has become Kafkaesque. The situation is reminiscent of that of the pathetic soul whose conscious love for his mother is categorized by his psychiatrist as suppressed hate. The more he protests that his love is sincere, the more convinced becomes the diagnostician about the alleged suppressed hate, and the more plausible becomes the diagnosis even to the patient himself.

However, the department may decide to answer the attack in kind. That is to say it may join in the entertainment. This is the style of the letters and rebuttal column of The New York Review of Books and of Commentary. There are some health officials or their public relations spokesmen who possess the deva-
stating wit to blunt unfair accusations; they may even render the columnist wary of assailing the agency next time in the absence of validating information. Generally, however, health officials are hesitant. They may feel that they are no match for such a columnist in a field of battle peculiarly his own. They have no assurance, moreover, that the publication will grant sufficient space and prominence for adequate rebuttal.

For strategic reasons, then, the public relations office of the department may counsel silence. Let the affair blow over. Do not add to its notoriety. If you answer him now, you may become the permanent object of his hostility.

Yet, a failure by the agency to respond has its own danger. The intimidated silence may be interpreted as (1) a tacit admission of guilt; or (2) an acknowledgment of the fundamental premises of the accusation; or (3) aristocratic hauteur; or (4) contemptuous indifference. Nevertheless, agencies, and not only health agencies, often remain silent with respect to unjustified accusations—and not only because they have concluded that most of their denials will undergo eerie distortion.

"Use every man after his dessert, and who should escape whipping?" Cognizant of their deficiencies and baffled by their budgetary inability to provide the services they adjudge necessary, the conscientious leadership may meekly acquiesce to the verdict of guilty, although not necessarily of all the premises of the accusers. That they are indeed innocent of the specific bill of particulars is almost beside the point. In their frustration they are prepared to turn the accuser's aggression upon themselves, for they are troubled by guilt in agency areas unknown to their accusers. These psychodynamics of the frustrated professional in public service are understood intuitively by the militant recipients of services. The individual in public service is an easy mark.

In the universe of public bureaucracy the dimensions of decisions and their consequences are enormous, with monumental impact on hundreds of thousands of people. In such a world, motivation by itself often seems insufficient as a moral basis of evaluation. And so we participate in a kind of resurrection of the Marxist system of morality based upon the concept of "objective" guilt, so well described in Koestler's Darkness at Noon. It is this system that decrees that the agronomist be executed for erring in a technical decision because "objectively" he is a counterrevolutionary wrecker, although throughout he was trying to do his professional best. The quality of his motivation is ignored as a bourgeois irrelevancy. Evidently this "objective" system of morality has been gaining increasing acceptance, for today it is not uncommon to hear: "What's the difference whether you meant to harm us. What's important is that you've harmed us." The agencies seem at times to agree with this assessment. The result is silence.

Finally, there is the utility of any attack on the department no matter how unjustified. The publicity promotes discussion, attention, budgetary allocation. So why not? It is the old philosophical chestnut about means and ends. The ultimate effect in public health terms is good according to this interpretation. The ambivalence about responding similarly results in silence on the part of the agency.

Nostra Culpa?

A candid admission of guilt almost never occurs. The agency may acknowledge that it has not been solely without sin. Possibly it should have devoted itself more energetically to the currently fashionable problem that is now perceived to threaten the people's welfare. Admittedly there may have been an error of judgment about priorities in
the past. But the agency is now making amends by addressing a major portion of its energies to the present problem. The past remains prelude. Little is to be gained by post hoc condemnation, when ad hoc program is called for.

But, of course, there is a cost to all this breast beating. One or two years hence a new issue will incite the populace. The identical cycle of recrimination and agency response will recur. Today's inattention to tomorrow's perceived problems will again be retrospectively attributed to incompetence or malevolence. Indeed, the salience of yesterday's perceived problems will be deemed quaint. Reflect on how many of today's critics of alleged Health Department inactivities even recall the horrendous summers of the early 1950s with their toll of polio? Or, for that matter, what the agency was doing during last year's influenza epidemic? But, such a reference is deemed special pleading and the Health Department's equivalent to the snows of yesteryear. Vindication is elusive even when justified.

So, for example, the professional who had initially been assigned to promote multiphasic screening programs in the city is now reassigned exclusively to lead poisoning control. A year hence the lament will possibly be: "Where are all those screening centers you promised us?" The delay in starting such screening centers will be cited as further evidence of agency torpor or wickedness. There will be failure to acknowledge that, in a world of finite resources, one makes choices.

Identification of the Hatchet Man

Suppose the columnist errs in facts. After all, his interpretation of these facts can be no better than the accuracy of the facts themselves.

It is imperative to distinguish between a columnist's honest mistakes and a columnist's purposeful distortions. The first are easily corrected. The second occur rarely but should be recognized for what they are: an effort to discredit the Health Department for either ideological or political reasons—or out of malice. The health agency should assume that it is being subjected to a hatchet job if all the following factors are present:

1. The columnist interviews and quotes people hostile to the department or to its program.

2. The columnist simultaneously interviews no supporters of the department or its program.

3. The columnist seeks no official departmental comment in response to damaging allegations.

4. The columnist fails to mention any refutation that the department has sent on its own initiative in response to the published allegations.

5. The columnist refers to the department or to its leadership in exclusively satirical asides or appositions. Simultaneously the columnist portrays the opposition in heroic terms.

It is worth emphasis that in the hatchet job the columnist himself may make no inaccurate statement or even critical comment about the department. By letting his selected quotations speak for themselves, he maintains his claim of technical objectivity. After all, he is only quoting what he has heard during interviews. Regrettable inaccuracies can be attributed only to the people whom he has quoted. He will insist on the accuracy of the wording of the specific quotations, and he will be right.

There exist unscrupulous columnists who are determined to distort, no matter what the objective facts may be. But, similarly, there exist biased and incompetent health professionals. The random distribution of ignoble humans, one would suspect, afflicts both groups. It would take a sophisticated epidemiological study to ascertain whether either public health or journalism suffers a higher percentage. The majority of
journalists whom the health official is likely to meet are honorable, fair, and competent. They abide by their own professional standards and strictures. If such a columnist criticizes the department’s program, then the department had better reexamine and modify its program.

Accommodation

There are officials who resent the critical scrutiny of the press as insolent imposition by laymen on matters best left to professionals. It is well to jettison such an archaic attitude forthwith. With all its deficiencies the American press remains the best safeguard against what might otherwise degenerate into a dangerous elitist bureaucracy. Certainly in public health no problem is so esoteric that it cannot be explained and analyzed for the public by a competent journalist after he has interviewed a competent health worker. The public health professional had best accommodate himself. Politicization of public health is the price demanded for elevating the public priority of public health. With his gigantic impact on public opinion, the columnist is an indispensable agent of this politicization. The sophisticated health worker must cultivate the columnist’s support rather than his enmity. This compels the health worker to acquire insight into the potentials and constraints of the columnist—and eventually the skills to deal successfully with him. But, then again, the public health professional has communicated effectively in stranger cultures than the American Fourth Estate. He can do so again.

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