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Abstract

This study examines Canadian media coverage of a female visitor from the Congo, suspected of carrying a deadly disease, to show how "race" has been constructed and sustained in Canadian society. Critical discourse analysis of four major Canadian newspapers constitutes the data of the paper. Findings show that the media used the case to cause panic in the Canadian population by cross-articulating immigration and racial identity with health risks. Analysis of the media coverage reveals that anti-racial diversity discourse in the media is coded in non-race terms. We argue that news coverage of the event reinforces broader racial ideologies around immigration and risk that are capable of tapping into the anxiety of Canadians over the growing presence of racial minorities in Canada.

Résumé

Cet article porte sur la couverture médiatique au Canada d'une visiteuse congolaise suspecte d'une maladie mortelle, et vise à montrer comment se construit et se maintient la notion de «race» dans la société canadienne. Il s'appuie sur l'analyse du discours critique de quatre journaux les plus importants du pays. Il en résulte que les média se sont servis de ce cas pour provoquer une panique dans la population en faisant l'amalgame entre immigration et identité raciale d'une part, et les risques de santé d'autre part. Une analyse de la couverture médiatique révèle que, dans les médias, un discours contre la diversité raciale se cache derrière des termes non-raciaux. Nous soutenons que les nouvelles rapportant cet événement ont renforcé des idéologies raciales non seulement plus générales jouant sur le duo immigration et danger, et ayant la capacité d'exploiter l'anxiété des Canadiens concernant la présence grandissante de minorités raciales au pays.



Introduction

The mass media in Canada, as in other modern societies, have influence on public opinion. Hall et al. (1978), attribute the importance of the mass media to their ability to present information about events that occur outside the immediate and direct experience of the majority of society. In considering the central importance of the mass media to the structure of society, van Dijk (1993a) asserts that the media are an important vehicle through which an ensemble of dominant ideas in society is disseminated to its members. News reporters and journalists are considered front-line

workers in the case of representing and telling the stories of the greater world beyond the reach of the ordinary citizen. Although modern journalism is a profession that makes claim to "value-neutrality" and "objectivity" in the reporting of stories (Knight 1982,18), it often misrepresents racial minorities and reinforces existing social inequalities in society (van Dijk 1991, 1993a; Henry and Tator 2002; Fleras 1994).

This paper examines the media coverage of a Congolese visitor to Canada who was suspected of carrying the deadly Ebola virus. Critical Discourse Analysis (CDA) (van Dijk 1993a; Henry and Tator 2002) of articles in four major Canadian newspapers —the *National Post*, the *Globe and Mail*, the *Toronto Star*, and the *Hamilton Spectator* — constitute the primary source of data for the study. Our study demonstrates how the Canadian press used the case to problematize immigration of non-Europeans to Canada by its cross-articulation with racial diversity and health risk to Canadians. We have also shown through the study how the idea of "race" can be sustained in non-racial terms (see Henry et al. 2000; Li 2001; Barker 1981).

Beck (1992) has indicated that risk consciousness in a risk society is not only rampant, but conflicts over risk get displaced. The displacement model of risk leads Beck to suggest that the risk society is a "scapegoat society" (1992, 75). The anti-racial diversity subtexts in the print media, as we argue, serve as an index of collective insecurities of Canadians stemming from the "disorder" of social change. The anxiety over these insecurities is displaced to non-European immigrants in an attempt to impose a sense of social order (see Barrett 1994; Li 2003). It is, therefore, our contention that the media reports on the suspected Ebola case, as a problem of immigration, find resonance in the public that already has what Barrett (1994, 270) refers to as "racial capacity," largely derived from the colonial discourse on the Other. Coupled with the entrenched racial capacity, as we argue, it is feasible that when racist discourses are articulated in *non-racist terms* via media coverage, the public is actively and emotively involved, and is capable of interpreting what they see in the media in terms of their past experiences and attitudes they have developed through the "mutual knowledge incorporated in encounters" (Giddens 1984, 4).

THE "NON-EBOLA PANIC"

February 6, 2001 marked the first print media appearance of an Ebola positive patient from the Democratic Republic of Congo, who was on a visitor's visa, being admitted to a Hamilton hospital. The four Canadian newspapers examined for the study indicated that the woman fell ill while she was visiting an acquaintance in Hamilton on Sunday, February 4, 2001. According to her "host," as reported in newspaper stories, that Sunday an ambulance had been requested to transport the Congolese woman to the Henderson Hospital in Hamilton. During the initial medical examination, Ebola

was considered a probable cause of her illness by the medical practitioners who attended her. The *Globe and Mail* (February 7, 2001), quoting a source familiar with the case, reported that by Monday, February 5, the woman's illness had become so severe that she was "bleeding from several sites on the body." According to news media reports, the situation was serious enough that those who came in contact with the woman, including five ambulance workers, were immediately identified for isolation, and the ambulance in which she had been transported was decommissioned (*Globe and Mail*, February 7, 2001; *Hamilton Spectator*, February 8, 2001).

As the media coverage intensified, so did public reaction in the Hamilton area. The Heritage Front, a self-proclaimed white supremacist organization, picketed the hospital and distributed anti-immigration pamphlets bearing the headline "Immigration Can Kill You!" (*Hamilton Spectator*, February 12, 2001). Hospital workers panicked and threatened legal action against the hospital for exposing them to danger. Some news reports claimed that Black children in some elementary schools in Hamilton were segregated by their white peers (*Hamilton Spectator*, March 02, 2001). Subsequent newspaper reports stated that, after a series of medical tests lasting a few days, Ebola and other suspected hemorrhagic fevers had been ruled out (*Hamilton Spectator*, February 21, 2001). In spite of this, other news reports called attention to the fact that the woman's medical care had been costly (*National Post*, March 14, 2001) and that she was also being investigated by the authorities for alleged diamond smuggling (*National Post*, March 03, 2001).

MASS MEDIA, MORAL PANIC AND SOCIAL CHANGE

The literature on moral panic has provided insights into the relationship between the mass media and collective social action (Cohen 1972; Hall et al. 1978; Critcher 2003). Hall et al. (1978) ground their analyses of moral panics in episodic reaction to social and economic change, and argue that moral panic discourse provides a rallying point for the power elites to seek hegemony in times of social change. Drawing on the Gramscian strain of Marxism, Hall and his colleagues argue that the media helped the British ruling class amplify a crisis in order to cement its hegemony at a time of fragile consensus in Britain. Through what Hall and his colleagues refer as a "signification spiral," urban Black youth, who were constructed as the "folk devil," were criminalized. The disproportional reaction to the objective harm of crime associated with urban youth was motivated by the "signification spiral" — "a way of signifying events which also intrinsically escalates their threat" (Hall et al. 1978, 223). One of the escalating mechanisms of the "signification spiral" is "convergence," which entails a cross articulation of two or more events "so as to implicitly or explicitly draw parallels between them" (ibid.). Articulations of diseases with the racialized

"Other" (see Tomes 2000; Chirimuuta and Chirimuuta 1989; Power 1995; Dubois 1996; Washer 2004) and sexual minorities (see Thompson 1998) have been empirically grounded in more recent studies.

Goode and Ben-Yehuda (1994,135) refer to Hall et al.'s perspectives on moral panics as "an elite-engineered model": "a conscious undertaking by the elite group to generate and sustain concern, fear, and panic on the part of the public over an issue that they recognize not to be terribly harmful to the society as a whole." Instead of this elite-engineered model, Goode and Ben-Yehuda favor a "grassroots model" and "interest group theory." They argue that moral panic is not an ideological imposition from the top, given that the situation leading to a moral panic must be organic to a society. Thus, a grassroots model of moral panic posits that "panics originate with the general public; the concern about a particular threat is a widespread, genuinely felt — if perhaps mistaken —concern" (127). However, public concerns do not lead to panic unless they are articulated. Therefore, Goode and Ben-Yehuda state that moral panics stem from the middle rungs of society. Interest groups, they claim, such as "professional associations, police departments, the media, religious groups, educational organizations" have the ability to shape "the content or timing of panics" (139).

Scholars like Goode and Ben-Yehuda maintain that a moral panic founders in the absence of a grassroots endorsement because pre-existing fears and concerns need to be brought to public attention by those in the middle rungs of society. In this view, the media cannot be held fully responsible for fuelling panics, given that there must be prevailing issues or sentiments for the media to tap into. Thus, Goode and Ben-Yehuda's approach to the concept of moral panic is also influential in this study. While the power elite plays a major role in using the media to influence the public, apropos Hall and his colleagues (1978), the public only responds positively to the elite's discourse of domination in situations where the discourse resonates with their material condition and understanding of the world (Hier 2002).

RISKS, INSECURITY, AND ANTI-RACIAL DIVERSITY

The works of Giddens (1990; 1991) and Beck (1992) emphasize the existential peril of contemporary living. While conflicts over the distribution of material resources characterized the early stage of modernity, risk becomes an organizing principle of late modern societies (ibid.). Risks of late modernity include environmental risks, such as pollution, floods, and fire, and also medical risks, such as medical care and treatment, and deadly infectious diseases (see Lupton 1999). The preponderance of risks in the contemporary world leads to social anxiety in the population. In the words of Beck (1992, 49):

The driving force in the class society can be summarized in the phrase: *I am hungry!* The movement set in motion by the risk society, on the other hand, is expressed in the statement: *I am afraid!* The commonality of anxiety takes the place of the commonality of need. The type of the risk society marks in this sense a social epoch in which solidarity from anxiety arises and becomes a political force (emphasis in original).

The sequestration of time from space (Giddens 1990; 1991) globalizes risks. But major modern risks are human-made, and they are often consequences of globalization. Lupton and Tulloch (2001, 20) describe examples of these risks, such as "the dangers associated with nuclear weapons, the threat of ecological catastrophe, the collapse of global economic systems and *the rapid spread of new viruses across the world via travel*" (emphasis added).

From Giddens (1991) we learn that while risk is always present in society, it is containable. In his analysis of risk and its coping mechanisms, Giddens notes that, from infancy, human beings have always developed the fortitude to cope with risks and their attendant existential insecurity through the security system they develop. Giddens explains that in the early stages of human development, the infant forges relationships with a caretaker through habit and routine. The relationships are based on basic trust. Basic trust links the self to the object-world and others, even in their absence.

Everyday routines and habits provide immunity against threatening anxieties; without them a person would be easily overwhelmed by ontological insecurity. The discipline of routines instilled in the infant and the trust vested in the caretaker provide the infant with "ontological security," a form of "emotional inoculation against existential anxieties — protection against future threats and dangers which allows the individual to sustain hope and courage in the face of whatever debilitating circumstances she or he might later confront" (Giddens 1991, 39). Basic trust is an emotional defensive mechanism, which is a "defensive carapace or protective cocoon which all normal individuals carry around with them as the means whereby they are able to get on with the affairs of day-to-day life" (40). The "protective cocoon" that allows people to carry on with their daily activities in the presence of risks is a sense of "unreality" rather than "a firm conviction of security," as the "protective barrier it offers may be pierced, temporarily or more permanently, by happenings which demonstrate as real the negative contingencies built into all risk" (40). People feel anxiety when their routines of life are disrupted (Richmond 1994, 19-20). In a media saturated world, health risks, for example, do not have to be real before a sense of "unreality" is interrupted and the "protective barrier" that Giddens mentions is shattered.

Giddens' notion of ontological insecurity translates to what Barrett (1994, 269) refers as "pan-human insecurity." Barrett's conceptual framework helps to explain the nature of ethno-racial relations when society undergoes social change. He claims that, while pan-human insecurity is one of the pre-conditions of racism, it does not

inevitably lead to it. Barrett further argues that there are social structural determinants of racism, among which are colonialism, nationalism, and media portrayal of minorities. The emergence of these factors, he argues, significantly intensifies racism. However, the specific triggering factors of racism pertain to immediate social events such as downward swings in the economy, changes in immigration patterns, and celebrated incidents of minority persecution. While Canada did not experience any major economic crisis at the time of the Ebola scare, Barrett's idea of "changes in immigration patterns" and "celebrated incidents of minority persecution" are applicable (see Hier and Greenberg 2002).

Over the past three decades, but much more so since the 1990s, there have been concerns in the Canadian public over the sustenance of the "Canadian national identity" in the face of globalization (see Simmons 1998; Zong 1997). Regarding the racial integration, globalization, and changes in immigration patterns that Barrett (1994) mentions, Li (2003) has shown that anxieties have risen in Canada in the past few years over the presence of non-European immigrants, who are distinguished by their somatic differences from the "White population": those designated as "visible minorities" are immigrants who are mostly of Asian and African descent. Li argues that the growing rate of racial minorities since the deracialization of immigration policy in the 1960s is a source of anti-racial diversity sentiments in Canadian society. According to Li, in 1991 Canada was no more diverse than it was in 1961. However, the major difference between 1961 and 1991 was the growing segment of people of African and Asian descent, but overall Canada has always been ethnically heterogeneous. In spite of the growing population of people of Asian and African descent in Canada, Li insists that the non-White category of the Canadian population still remains a numeric minority in Canada. In the 1991 census, for example, Asians and Africans only constituted 55% of non-British and non-French origin of the Canadian population. Given this evidence, Li states that it is not so much the increase in the number of non-British and non-French in Canada that makes ethnic diversity more noticeable in Canada, but the growth of racial minorities within the category of non-British and non-French groups of Europeans (128).

The concerns of Canadians over immigration from "non-conventional" regions of the world, such as Africa and Asia, are documented in Barrett's ethnographic study of ethno-racial relations in a rural Ontario community undergoing social and economic change, including racial diversity. The following are some of the accounts in Barrett's ethnographic study:

A few weeks before I met her, she had taken a trip to Toronto: "I kept thinking, where are the white people? I felt like a foreigner in my own country." She was particularly displeased about the number of Asian-origin people she had seen: "I have something about Pakistanis. I'm getting a little pissed off about the ones wearing turbans; you know, in the Mounties, and the daggers" (1994, 249).

He insisted that he himself had no respect for racists, but added: "I realize what you call the old English descent is going to extinct. We're letting too many coloreds in. They'll soon tell us what to do!..." (249).

What the ideas of Li and Barrett show is that social change involving ethnic or racial diversity correlates highly with anti-racial diversity. Li (2003; 2001) particularly points out that anti-racial diversity in the Canadian public is rooted in racism and racialization. Studies in Europe, particularly in the Netherlands, Britain, Germany (see Husbands 1994) and Austria (see Wodak and Matouschek 1993), have shown the pan-human desire to excise the "Other" in times of sweeping societal change. Certain categories of immigrants, including Poles, Turks, Jews, who are perceived to be culturally different than the native populations of Europe are constructed as threats to national identities (Husbands 1994; Wodak and Matouschek 1993; Beck 1998).

The construction of the racial/ethnic Other as "enemy stereotypes" can provide certitude for populations undergoing insecurity from social change (see Hier 2003). The media construction of the Other, in particular, tends to occur where there are gross inequalities of power (Hall 1997; 1981). Hall (1997) argues that the representation of Blacks and Africans in the Western media reflects the historical asymmetries between the "West" and the "Rest." Hall identifies historical moments that have informed contemporary images of Africans/Blacks as a racial Other involving the slave trade, colonialism, and imperialism.

In a similar vein, Brookes (1995) has claimed that naturalized assumptions of negativity about Africa exist within Western societies and those assumptions are the products of the colonial discourse. Discourses, as Hall (1992, 314) explains, do not stop abruptly: "They go unfolding changing shape, as they make sense of new circumstances. They often carry many of the same unconscious promises and unexamined assumptions in their blood stream." Brookes also posits that there are traces of old racist stereotypes in the contemporary image of Africa in the media:

The historical discourses of travelers, missionaries, anthropologists, biologists and colonialists on African primitiveness, savagery, the hierarchy of civilizations, the evolution of the species and accompanying notions of European racial superiority show remarkable ideological similarity to current discourse on Africa, suggesting a significant influence and homogenizing effect on current discourse (1995, 487).

The articulation of historical discourses of the racial Other with contemporary ones can recruit the commonsense of the public or resonate with what Gramsci refers to as "feeling passion": the point

where individuals' understandings of how the social world "is" intersects with their lived experiences in such a fashion as to fuse perception/understanding of reality with lived experience in a manner which is emotionally and normatively resonant (Hier 2002, 318).

In the end, the media articulation of immigration from non-conventional regions of the world with diseases is capable of fusing "feeling passion" of ordinary people with their material understanding of situations (see Knight 1998).

METHODS AND DATA SOURCES

This paper is part of a larger study of media representation of the Ebola panic. Data for the study was derived from content analysis of four major newspapers that covered the Ebola story. The four Canadian newspapers examined were: the Hamilton Spectator (N=51), the Toronto Star (N=24), the National Post (N=21), and the Globe and Mail (N=19). These four Canadian newspapers were selected on the basis of their "ideological positions" and circulation. The Hamilton Spectator is the local newspaper published by the same owner as the Toronto Star, and it similarly targets a diverse readership. It serves the Hamilton local community and neighboring towns. Like the Hamilton Spectator, the Toronto Star is also a daily newspaper, but its audience is largely found in southern Ontario. The Toronto Star caters to an economically and socially diverse group. One study argued that the Toronto Star was "a socially liberal paper" (Knight 2001). The National Post is a daily national newspaper that caters to the nation's intellectual and corporate elites and is generally considered conservative. Finally, the Globe and Mail is a daily newspaper that targets the interests of the economic and political elites. Though published in Toronto, it is a national newspaper that is ideologically sympathetic to a neo-liberal philosophy.

Opinion discourses and "hard" news spanning the period between February 6, 2001 and March 14, 2001 form the basis of the study. Both opinion discourses and hard news play equally significant roles in interpellating the news audience. In the case of hard news, it is considered to be fair, balanced and objective, whereas opinion discourses are considered as "overly biased viewpoints that are not intended to be objective, fair, or balanced" (Greenberg 2000, 3). For this study, opinion discourse includes editorials and letters to the editor. In spite of the differing qualities between opinion discourses and the "hard" news, both participate in recruiting the audience's association with preferred readings that serve the power elites (Hall et al. 1978).

Data analysis for the study was influenced by two major components. The first component was comprised of an analysis of key words used to qualify the Ebola disease in all headlines, captions, and news stories. All news articles on Ebola that appeared in the four newspapers were read by one of the authors to identify the dominant themes in the media narratives before they were coded. The frequency of words in the hard news was quantified to generate the major themes of the news coverage of the Ebola case. Major themes that emerged in the media narratives were coded as follows: "Panic"; "Diseases"; "Identity"; "Suspicion/Crime"; and "Immigration." These

emerging themes form the substance of our analysis (see table 1). Editorials and letters to the editor were not quantified for two reasons. First, unlike the "hard news" stories, editorials and letters to the editor lack the journalistic criterion of "objectivity." They represent what Fairclough (1998) calls "the lifeworld of ordinary life," that is, the shared world of everyday experience. Second, they were few in number (two editorials and five letters to the editor). Nevertheless, they were set aside for the qualitative analysis of the study to elucidate the ideological influence of newspapers on their readership.

The second component employs critical discourse analysis (van Dijk 1993a; Henry and Tator 2002; Li 2001) as a methodological approach unveiling the preferred meanings of media content that obviously appears neutral and innocuous. Unlike the positivistic claim to neutrality in social science research, van Dijk (1993a) has claimed that critical discourse analysis does not deny the fact that the researcher occupies a subject location. (See table 1.)

Panic

A key theme in the media coverage of the non-Ebola case is panic. Panics are conveyed in the choice of words in headlines and in the body of news articles.

Headlines

According to van Dijk, headlines have both cognitive and textual functions (1991, 50). Most readers do not read the remainder of an article, taking with them only the summarized version of the news in the headline. While there is no indication in the early coverage that the hospital had diagnosed Ebola, the word was already embedded in some of the news headlines. Meningitis, malaria, and a broad category of hemorrhagic fevers, including Marburg and Crimean-Congo, are other infections displaying similar symptoms to Ebola. Despite these possibilities, however, "Ebola" was the word of choice for the headlines. "Ebola" constitutes 40% of key words in headlines in the *National Post*, about 17% of those in the *Hamilton Spectator*, 55.6% of those in the *Globe and Mail*, and 33.3% of those of the *Toronto Star* in the early stage when Ebola was suspected (see table 2). The following are some examples of the newspaper headlines with the word "Ebola":

Mystery virus fells woman
Ebola not ruled out
Woman arrived from the Congo
(Hamilton Spectator, February 6, 2001)

Table 1. Frequency of key words in the media coverage

Themes	Key Words	Nation	National Post	Hamilton	Hamilton Spectator	Globe	Globe and Mail	Toronto Star	to Star
eamen 1	my words	N_1 %	N_2 %	N_1 %	N_2 %	N_1 %	N_2 %	N_1 %	N_2 %
	Ebola	20(39.2)	16 (16.5)	55 (28.1)	76 (15.4)	25 (26.6)	11 (10.4)	37(21.9)	35(26.7)
	Malaria	0(0.0)	1(1.0)	6(3.1)	13 (2.6)	1(1.1)	3(2.8)	7(4.1)	3(2.3)
	Hemorrhagic fevers	3(5.9)	2(2.1)	23(11.7)	46 (9.3)	10(10.6)	6(5.7)	20(11.8)	9(6.9)
Diseases	Meningitis	3(5.9)	1(1.0)	8(4.1)	5 (1.0)	1(1.1)	0(0.0)	2(1.2)	0(0.0)
	Lassa	2(3.9)	0(0.0)	7(3.6)	7 (1.4)	1(1.1)	0(0.0)	8(4.7)	2(1.5)
	Marburg	2(3.9)	0(0.0)	4(2.0)	5 (1.0)	2(2.1)	2(1.9)	3(1.8)	5(3.8)
	Crimean-Congo	1(2.0)	1(1.0)	5(2.6)	9 (1.8)	4(4.3)	0(0.0)	6(3.6)	3(2.3)
	Deadly	5(9.8)	5(5.2)	16(8.2)	19 (3.9)	3(3.2)	5(4.7)	11(6.5)	1(0.8)
	Death	0(0.0)	0(0.0)	8(4.1)	5 (1.0)	4(4.3)	0(0.0)	8(4.7)	2(1.5)
Panic	Bleeding	2(3.9)	0(0.0)	19(9.7)	7 (1.4)	9(9.6)	5(4.7)	10(5.9)	1(0.8)
	Mysterious illness	1(2.0)	5(5.2)	6(3.1)	12 (2.4)	1(1.1)	7(6.6)	2(1.2)	2(1.5)
	Mystery	0(0.0)	3(3.1)	0(0.0)	17 (3.4)	0(0.0)	1(0.9)	0(0.0)	6(4.6)
	Virulent	0(0.0)	2(2.1)	2(1.0)	6 (1.2)	1(1.1)	1(0.9)	0(0.0)	4(3.1)
	Congolese Woman	0(0.)	8(8.2)	8(4.1)	23 (4.7)	3(3.2)	11(10.4)	7(4.1)	8(6.1)
	Congo	7(13.7)	5(5.2)	10(5.1)	35 (7.1)	10(10.6)	6(5.7)	9(5.3)	8(6.1)
Identity	Congolese	0(0.0)	1(1.0)	0(0.0)	10 (2.0)	2(2.1)	0(0.0)	0(0.0)	2(1.5)
	Africa	3(5.9)	2(2.1)	14(7.1)	19 (3.9)	6(6.4)	3(2.8)	11(6.5)	4(3.1)
	Naming	0(0.0)	10(10.3)	0(0.0)	107 (21.7)	8(8.5)	33(31.1)	0(0.0)	20(15.3)
Suspicion/Crime	Investigation/ Smuggling	0(0.0)	13(13.4)	0(0.0)	24 (4.9)	1(1.1)	5(4.7)	0(0.0)	3(2.3)
	Visitor's Status	1(2.0)	11(11.3)	3(1.5)	34 (6.9)	0(0.0)	5(4.7)	10(5.9)	10(7.6)
Immigration	Screening	1(2.0)	1(1.0)	0(0.0)	1 (0.2)	0(0.0)	0(0.0)	7(4.1)	0(0.0)
	Immigration	0(0.0)	10(10.3)	2(1.0)	13 (2.6)	2(2.1)	2(1.9)	11(6.5)	3(2.3)
Total		51(100)	97(100)	196(100)	493(100)	94(100)	106(100)	169 (100)	131(100)

 N_1 denotes the frequencies of words in the newspaper articles in the "Ebola period" coverage from February 6, 2001 to February 8, 2001. N_2 denotes the frequencies of key words in the newspaper articles in the "post-Ebola period" coverage from February 9, 2001 to March 7, 2001.

Doctors fear woman may have Ebola (*Toronto Star*, February 6, 2001)

Ebola fever case feared Woman from Congo in Hamilton (*Globe and Mail*, February 6, 2001)

Ebola remains a catchword in the newspaper headlines even after February 8, 2001, in spite of the fact that it was ruled out by medical tests. Just over 30% of the key words in the *Toronto Star* contain "Ebola," 18.2% for the *Globe and Mail*, 39.3% for the *Hamilton Spectator*, and close to 32% for the *National Post* in their "post-Ebola" coverage (see table 2).

Apart from the use of words like "Ebola," another notable "panicky" word is "mystery." Giddens reminds us of the distinction between "anxiety" and "fear": "fear is a response to a specific threat and therefore has a definite object" (1991, 43), whereas "anxiety is diffuse, it is free floating: lacking a specific object" (44). While "Ebola" signifies a detectable fear, "mystery" relates to "anxiety"—an unknown enemy, with no cure, which strikes without warning. Therefore, anxiety may evoke feelings of uncertainty and insecurity. The following are some examples:

Mystery illness strikes woman (*Toronto Star*, February 6, 2001)

Disease mystery unsolved Doctors are still bewildered by Congolese woman's illness (*Hamilton Spectator*, February 9, 2001)

> Woman with mystery illness on life-support CONDITION WORSENS (National Post, February 9, 2001)

The emphasis on "woman" in the headlines is a reminder of the racialized female body that Hall (1997) says characterizes the "spectacle of the other," and that Lavani (1995) classifies as "exotic." The association of the female body with fear, nationality, and anxiety is critical in these headlines and the texts (see tables 1 and 2). Other key words in the headlines are "risk," "deadly" and "virus" (see table 2).

Quotes and Expressions

Apart from headlines, the choice of words and statements attributed to medical authorities and individuals in the medical facility have a tendency to promote fear.

Table 2. Key words in the newspapers' headlines

	National Post	ıl Post	Hamilton	Hamilton Spectator	Globe a	Globe and Mail	Toronto Star	o Star
Key Words	N_1 %	N_2 %	^{1}N	N_2 %	N_1 %	N_2 %	N_1 %	N_2 %
Ebola	4(40)	6(31.6)	3(16.7)	11(39.3)	5(55.6)	2(18.2)	5(33.3)	3(33.3)
Deadly	1(10)	1(5.3)	3(16.7)	1(3.6)	1(11.1)	2(18.2)	1(6.7)	0(0)
Risk	1(10)	1(5.3)	1(5.6)	2(7.1)	1(11.1)	0(0)	(0)0	0(0)
Congo	(0)0	1(5.3)	1(5.6)	3(10.7)	1(11.1)	0(0)	(0)0	0(0)
Congolese Woman	(0)0	1(5.3)	(0)0	6(21.4)	0(0)	3(27.3)	1(6.7)	2(22.2)
Mystery	1(10)	5(26.3)	1(5.6)	3(10.7)	0(0)	2(18.2)	1(6.7)	2(22.2)
Virus	3(30)	1(5.3)	3(16.7)	1(3.6)	1(11.1)	2(18.2)	5(33.3)	1(11.1)
***OTHER	0(0)	3(15.8)	6(33.3)	1(3.6)	0(0)	0(0)	2(13.3)	1(11.1)
TOTAL	10(100)	19(100)	(001)81	28(100)	9(100)	11(100)	15(100)	9(100)

N₁ denotes the frequencies of words in the newspaper headlines in the "Ebola period" coverage from February 6, 2001 to February 8, 2001.
N₂ denotes the frequencies of key words in the newspaper headlines in the "post-Ebola period" coverage from February 9, 2001 to March 7, 2001.
***Other: This category is determined by empty cells that are more than four. They are smuggling/investigation, mysterious, dangerous, bleeding, and crisis.

The following are some examples of such expressions, comments and remarks:

Doctors say they have not been able to specifically determine what is wrong with the seriously ill woman and are assuming the worst (*Hamilton Spectator*, February 6, 2001).

She is also showing at least some of the symptoms listed under the plan [Health Canada's contingency plan] such as fever, headache, sore throat, shock or bleeding. Doctors say she is not bleeding from her ears or mouth, which are final stage signs of Ebola or other hemorrhagic fevers. However, that doesn't means [sic] she does not have one of the viruses (Hamilton Spectator, February 7, 2001).

When addressing concerns over the fear of infection by some members of the hospital staff, the president of CUPE Local 794 is quoted as saying: "They are scared to death. They're scared not just for themselves, but for their children'" (*Hamilton Spectator*, February 9, 2001). On February 9, 2001, the *Hamilton Spectator* commented: "A Hamilton X-ray technician exposed to a Congolese woman with a mystery virus has cancelled her wedding in the Caribbean because she can't leave the country." In a similar vein, the *National Post* wrote:

Five people are considered to be at the highest risk for contracting the unknown infection, including two friends or family members who had contact with her when she arrived, one ambulance attendant and two Henderson staff members who were splashed with the woman's blood, urine, mucus or vomit. They remain on the job (*National Post*, February 9, 2001).

The fact that those "who were splashed with" the bodily fluids of the patient remain on the job is "scary" as it implies a possible spread of an "unknown" infection. It also continues to endorse a heightened form of the free-floating anxiety as explained by Giddens (1991). In addition, Ungar (1998) argues that the media have the capacity to cause a panic, but also to reassure the public by minimizing the intensity of a threat through the "metaphor of otherness." This form of "othering" of the Ebola virus involves its articulation with the identity of the patient. As some have claimed, in the late modern world categorical identity serves as the surrogate for safety and community (see Hier, 2003; Beck, 1998). As is discussed in the next section, the association of the identity of the patient with danger is a way of othering the risk and, *ipso facto*, assuring the public of its safety.

Imperative of Identity

In his analysis of Western media coverage of Ebola outbreaks in Central Africa, Ungar (1998) claims that the media used "othering" as a strategy for reassuring members of Western society that they were safe from external deadly microbes. The process of othering Ebola also entails its linkage to the identity and origin of the patient. This is usually the case in times of uncertainty. As Hier (2003, 15) points out, the quest for certainty in the face of cultural ambiguity has always been at "the expense of the de-legitimization of the Other: the criminalized, racialized, gendered or stigmatized." To this end, the quest for the identity of the patient in the suspected case begins immediately after presentation of her symptoms. In its first coverage, the *National Post*, for example, is interested in establishing the identity of the patient:

The woman, who [sic] doctors won't identify, arrived at hospital on Sunday in serious condition. They would only say she arrived at Pearson Airport in Toronto on Saturday from the Congo,...stayed overnight in the United States before coming to Canada (February 6, 2001).

The other newspapers also show an interest in her identity.

The woman, who [sic] doctors won't identify, arrived at Henderson Hospital on Sunday in serious condition. They would only say she arrived at Pearson Airport in Toronto on Saturday from the Congo (Hamilton Spectator, February 6, 2001).

The *Globe and Mail* was the first newspaper to disclose the patient's name (see table 1), linking her with a nationality:

...Still, doctors are mystified about what ailment has left Colette Matshimoseka clinging to life in an intensive-care unit a week after she arrived in Canada from the Democratic Republic of Congo (February 10, 2001).

While we acknowledge that the frequency with which a word or phrase appears does not necessarily demonstrate each publication's propensity to delegitimize the non-Ebola patient, we believe Altheide is instructive here when he states that

when a word is repeated frequently and becomes associated routinely with certain other terms and images, a symbolic linkage is formed...the meanings of two words are suggested by their proximity, their association. Indeed, over time, terms merge in public discourse (2002, 38-39).

As some of the headlines quoted above show, the nationality of the patient is embedded in the headlines with the word "Ebola." About 5% of key words in the *National Post*'s headlines contain "Congolese woman," 21.4% ("Post-Ebola") of those in the *Hamilton Spectator*, 6.7% ("Ebola Period") and 22.2% ("Post-Ebola") in the *Toronto Star*, and 27.3% ("Post-Ebola") in the *Globe and Mail* (see table 2). Her name and nationality are often mentioned in close association with the word "Ebola" (see the

frequency of her name, nationality and "Ebola" in table 1). Key words such as "Congolese woman," name, nationality, and her continent are indicative of how essential her identity is to the Ebola scare.

Immigration and Health Risks

Unlike the other newspapers, the Toronto Star brings up the issue of immigration and health early in its coverage of the case. In the other newspapers, the issue of immigration and health does not get coverage until later. One of the early Toronto Star articles (February 6, 2001) begins by stating that the patient arrived from Africa. The second paragraph adds: "The woman, whose identity and nationality is not known arrived at Toronto's Pearson International Airport on Saturday from the Congo via New York, where she stayed Friday night." The article concludes by bringing up the topic of her immigration status in a way that connotes disfavour: "Immigration officials noted that Canada does not do medical screening for legitimate visitors to the country, unless they appear ill on arrival." The article closes by quoting an immigration official as saying, "There is no way you can insulate Canada from the rest of the world." In another news report of February 7, 2001, the Toronto Star reports that the "news that the female patient is a visitor to Canada prompted calls by Ontario Health Minister Elizabeth Witmer to review the federal immigration screening program, which appears to be allowing people with serious illness into the country." One of the Toronto Star's headlines reads:

Can't "shrink wrap" borders, Caplan says
Witmer stresses importance of "safety of the public"
(*Toronto Star*, February 7, 2001)

This news article "moderates" a debate between the Ontario Minister of Health and the Citizenship and Immigration Minister, Elinor Caplan. The latter is quoted as saying, "'Medical screening of all visitors to Canada wouldn't be realistic." The news report adds: "'It is impossible to shrink wrap our borders,' Caplan told reporters who asked about her department's handling of visitors who might be sick." Further the federal minister is quoted as saying: "'We live in a global world, Canadians are on the move and traveling internationally. Hundreds of thousands of people visit Canada each year for short periods of time." While the minister's reaction is not unfavorable to immigration, the audience is being exposed to the negative aspect of immigration, most especially how immigration can serve as a conveyor of diseases to Canada. Critical perspectives on the issues underlying social inequality and injustice, or what Knight (2004, 139) refers to as "alternative/ordinary voices," are missing in this coverage.

The Toronto Star article also presents the position of the Ontario Minister of

Health as follows: "At Queen's Park, Ontario Minster Elizabeth Witmer said there needs to be an immediate review of the federal immigration screening program." She is quoted as saying, "We need to carefully review the current procedures that are in place and take a look at what additional measures may be required to ensure the safety of the public.... It is important that we protect the public." The idea of "screening" appears to connect immigration with health risk. Given that most "new immigrants" are from non-European countries and are distinguished somatically from the dominant population, the concept of "screening" can make members of the public, that have already equated "immigrants" with "non-whites" (see Li, 2003), feel that immigration from certain parts of the world is a health risk to Canadians.

News reports on medical coverage and immigration come later in the other newspapers. The suspected case is also used to criticize the health care system and inadequate funding for Canadian hospitals. The *Globe and Mail* uses the case to recall that Canadian residents also do not pay their bills. Its headline of March 14, 2001 reads:

Ontarians leave trail of hospital debts too, Suspected Ebola victim's tab unpaid, but official says residents also fail to pay up

The article makes the following comments:

But the unpaid bills for the uninsured visitor to Canada—who was given experimental drugs and treated for 27 days in an intensive-care unit—have become news despite the fact that many hospitals deal with bad debts from Canadian residents every day (*Globe and Mail*, March 14, 2001).

The spokesperson for the Hamilton Sciences Corporation is quoted as saying, "At the end of the day, we have more bad debts from Ontario residents than from visitors.... Visitors are part of the problem, but not the whole problem" (*Globe and Mail*, March 14, 2001). This case has provided a space for expressing the public's dissatisfaction with the reigning political economy of neo-liberalism. This indicates that the media are not simply a "mouthpiece" for the powerful.

The case also leads to a call for immigration reforms. This concern is expressed in a *National Post* article which draws attention to another official news source — the president of the Ontario Medical Association: "the expensive case has the president of the Ontario Medical Association calling on the federal government to take responsibility for visitors it allows into the country and to cover the costs" (*National Post*, March 13, 2001). The president of the Ontario Medical Association, Dr. Albert Schumacher, is quoted as saying, "'We don't have any policy in this country to make sure visitors from abroad carry medical insurance of any sort." The report continues, "When our government decides to receive people here in the country, they need to

make sure they've made provisions for care" (*National Post*, March 13, 2001). The article further states:

The federal and provincial governments never pay for the health care of foreign visitors, who are expected to pay for themselves. However, nothing is done before they enter the country to ensure they have health coverage or the money to pay for medical emergencies. The issue is significant because hospitals do not have extra cash to cover the outstanding bills. They have to pay for it out of their tight annual budgets.

Jay Robb, the spokesperson for the Hamilton Health Sciences Corporation, is quoted as saying, "Our budgets are so razor-thin that we're committed to finding \$15-million in [cost] savings. There isn't a whole lot of money to go around." The newspaper makes additional comments: "it is unknown exactly how much this case will cost the corporation but the bill is currently \$60,000 and growing" (*National Post*, March 13, 2001). The frustration over inadequate health care funding is deflected to the immigration/visitor status of the patient. The patient thus becomes a symbolic expression of public concern and anxiety over declining social welfare under neo-liberalism.

The media focus on the debate between these two public functionaries relates to what Rose refers to as the "politicization of danger," which often involves the "management or exclusion of dangerous populations" (2002, 199), rather than a focus on what Fraser (2005) refers to as an injustice of "cultural misrecognition" of members of ethno-religious communities. In this particular case, medical misdiagnosis is suppressed in the discourse even though doctors ruled out Ebola as the reason for the patient's illness.

Substitution and Anti-Racial Diversity Subtexts

There is no single reference to "race" or "Black" in the media coverage. The terms of reference are "Congo" and "Africa," and are connected to the etiology of Ebola and other "deadly" diseases (see tables 1 and 2). It is not unusual for the media to couch views of anti-racial diversity in non-racial terms. Li has addressed this in his analysis of anti-immigration rhetoric in public consultations organized by Canadian Citizenship and Immigration. In his analysis of opinion polls, government documents, and the media, he argues that intolerance for immigration of people of non-European descent is expressed in "race" neutral ways:

To study racial discourses involves accepting racism as an everyday phenomenon that is manifested in a benign version, often without the label of racism. This version is communicated in coded language so that on appearance it is not race or racism at stake, but in essence it carries a message about unbridgeable differences of people premised upon values, traditions, and always of life subsumed under skin colour or other superficial features (2001, 81).

Furthermore, words like "diversity" and "visible minorities" serve as a sobriquet for racially different groups. Li states:

Racism can be articulated in an elusive and covert manner in a democratic society precisely because the construction of race is not scientifically grounded, and the absence of a scientific standard provides flexibility in racial signification (79).

However, van Dijk has noted that texts with racist undertones can be detected by a technique he refers to as "implications"—

meanings (propositions) that are not explicitly expressed in the text but may be inferred from words or sentences in the text, as well as from the mental models constructed during understanding. Indeed, it is sometimes more important to specify what is *not* said by the text than what is actually expressed. In many respects, media texts are ideological icebergs, of which only the tip is visible to the reader (1993b, 256; italics in original).

In this case, direct allusions are not made to Blacks or racial minorities as a problem. However, the racist connotations of the coverage can be detected by the "implications" of some expressions and ideas. For example, the *Toronto Star* of February 6, 2001 comments: "It was a turn-around for a department that kept quiet when a man from the Dominican Republic with multidrug resistant tuberculosis exposed more than 1,200 people in Hamilton to the deadly disease." Here an active voice is used to establish a relationship between a problem (health risk) and its agent (the man from the Dominican Republic overtly portrayed as the agent of risk and blame). This use of active voice makes much stronger the association between the man from the Dominican Republic and all the connotations of immigrants of racial minority groups being a risk. Further, by implication, the subtext from the above newspaper text is that non-Whites pose risks to the lives of Canadians. To be specific, it is more probable that a national from the Dominican Republic would be of African or Asian descent. We contend that such a connotation leaves little room to think of "a man from the Dominican Republic" as "White." As empirical studies by Washer (2004) and Shah (2001) have shown, the mechanism for ordering involves associating deadly contagious diseases with racial minorities.

Like Li (2001), Miles shows in his study of Britain's postwar immigration policy that racism can be coded by politicians and the public in non-racist terms. Miles claims that:

As an element of commonsense, the idea of "race" need not necessarily be explicitly articulated for it to have real effects on the political process. By definition, commonsense is all those "taken for granted" ideas and "facts" which shape the manner in which problems are defined and solutions are sought. This can be done without the idea of "race" ever being

articulated. And even when the idea of "race" is explicitly articulated, its commonsense status ensures that such usage does not require legitimation or explanation (1988, 13).

The following quotation from the *Globe and Mail* is an archetypical example of "race neutral" expressions of racism in the coverage of the non-Ebola panic:

A source said one of the community members who might be at risk attends a downtown Hamilton school. A staff member at Ecole Notre Dame, a French elementary school, said they have two students who recently arrived from Congo — but neither had been contacted by public-health officials. In Hamilton there are as many as 300 residents originally from the Democratic Republic of Congo, according to a representative for the Settlement and Integration Services Organization (February 8, 2001).

Although there is no direct reference to "race" or "Black" in the above quote, it has some racial connotations. The reference to "two students," who just arrived from the Congo and are in the community, implies that the public should look out for every "Black-looking kid," as the audience would imagine the Congolese to be Black rather than White or Asian. However, since it is very difficult to distinguish the Congolese from other Blacks for the purpose of isolation, the implication, by default, is that every Black person in Hamilton is a potential carrier of the deadly virus.

Van Dijk notes that "much of the information in discourse, and hence also in news reports, is implicit, and supplied by the recipients on the basis of their knowledge of the context of the world." Derogatory or denigrating statements about racial minorities in the media are not explicitly stated "because of social norms, and for reasons of impression management. For instance, many negative things about minorities may not be stated explicitly, and thus are conveyed 'between the lines'" (2000, 40). Although, the newspapers examined do not categorically claim that the Congolese are carriers of the deadly disease, the association between race and contagious diseases is implicit in some of the media texts. For example, in regard to whether her illness was caused by malaria or a more serious virus, the *Hamilton Spectator* writes that "she was diagnosed with malaria, but tropical disease specialists concluded she had to be suffering from something else as well." The newspaper goes on to quote a doctor as saying:

"It's unlikely that everything she has would be caused by that degree of malaria. Apparently in that part of the world (Africa), it's not unusual for people to be entirely healthy walking around like you or I with that level of a parasite load" (February 9, 2001).

This quote seems to imply that the risk the patient poses is greater because visible signs of the problem may remain latent for longer periods of time among some populations. The phrase "that part of the world" implies the "othering" of the disease in

a way that implies that Canadians are believed to be at greater risk than people from "that part of the world." Moreover, there is the further implication that those who look like Africans are natural hosts of deadly viruses, as compared to "you" or "I," the Canadians. Whatever scientific validity this statement might have, it may unwittingly reinforce in the public the perception of racial differences and attribute contagious diseases to phenotypical variations. This statement reminds one of Hall's notion of naturalization, as "a representational strategy designed to *fix* 'difference,' and thus *secure it forever*" (1997, 245; emphasis in original). It is also an example of "a guarantee of difference" (Hier and Bolaria 2006, 8).

Agenda Setting: Editorials and Letters to the Editor

Two letters to the editor were published in the *Hamilton Spectator*, one in the *Toronto Star*, two in the *National Post*, and none in the *Globe and Mail*. The relatively few letters to the editor, given the high level of attention paid to the case, affirm the weakness of alternative discourse and acceptance of the dominant discourse by the readership (Knight 2001, 83; see also Galtung and Ruge 1981).

On February 9, 2001, the Hamilton Spectator published two letters to the editor —one from Niagara Falls, Ontario and the other from Calgary, Alberta. They take somewhat different stands. The first letter opposes Immigration Minister Elinor Caplan's comments on the case, opening with the following: "With respect to concerns over the latest disease carrier entering Canada, Immigration Minister Elinor Caplan has said: 'it's impossible to set up a policy of testing everyone. We have over 200 million people crossing our borders annually. It is impossible to shrink-wrap our borders." The letter continues: "Agreed. But the immigration minister can take effective action far short of that." The writer then identifies two groups with "the highest probability of being carriers of new and deadly diseases to Canada." These are "refugee claimants released into the general population as soon as their initial paperwork is done" and "those arriving from high-risk locations." The letter concludes that "both groups are identifiable," and it is imperative to protect Canada from the danger posed by these groups. "Refugees/refugee claimants," who are singled out by this writer, can be read as a substitution for racial minority immigrants. Just as Li (2003, 46) asserts that in the folk version of an immigration problem "there is a considerable overlap between the concepts "immigrants" and "non-whites" or "visible minorities," this writer may be using "refugee claimant" as a code phrase for racial minorities. "High-risk locations" refers to non-Western countries of Asia and Africa where it is presumed that deadly diseases are preponderant. The subtext of the letter writer's proposition is that the "immigration" of non-Whites to Canada is a threat to Canadians. This writer seems to advocate racial profiling as an effective measure for guaranteeing Canadians' safety.

The second letter acknowledges the reality of crossing borders in the global age and the possible presence of contagious diseases in Canada. In a letter titled "Let's start from overseas," the writer states: "For our protection in Canada, we must treat victims overseas as well as here." The writer believes infectious diseases, such as Ebola, TB, malaria, and HIV/AIDS are related to poverty and underdevelopment. The letter supports increased government spending on foreign aid for the eradication of "poverty: basic education, primary health care and nutrition."

The letter to the editor published in the *Toronto Star* on February 9, 2001 points out "the difficulty of shrink wrapping the Canadian border." In the view of the writer, "shrink wrapping" the border is not commercially viable. However, the writer states, "I do, however, believe that it would be possible to target high-risk areas, which to me, seem to include the Democratic Republic of Congo." The letter then identifies those who need not be screened by the Canadian government: "You cannot expect to screen everyone who comes across the border from the U.S., or flies in from Europe and other such locations." It then adds, "It is not economically feasible and would definitely not help tourism." The letter concludes with the following comments:

Canada is as multicultural as countries come, and with borders becoming more open, such as those within the European Union, the fact remains that diseases are an ever-present threat, where the only means of protection is to target the high-risk areas.

This discourse is consistent with Miles' (1988) notion of "race/immigration dualism." In this case, threat of a disease is equated to the immigration of people from certain parts of the world. The subtext is that immigrants and visitors from "high-risk areas," like the Democratic Republic of Congo, are anathema to the health of Canadians and are, consequently, an "immigration problem." The delegitimization of people from "high-risk areas," like the Democratic Republic of Congo, through border control implies racialization. As Miles explains, racialization involves situations where social relationships between people have been organized based on the signification of human physical characteristics "in such way as to define and construct differentiated social collectivities" (1989, 75). Although the letter does not allude to "race," racialization can occur in the absence of the term "race" (see Satzewich 1998, 32). Comparing people coming across the border from Europe and the United States with those from "high-risk areas" like the Democratic Republic of Congo entails the process of signification of physical difference which is equivalent to racialization.

Letters to the editor are normally a reaction to op-ed articles, the editorial, and "hard news" that were previously published by the newspaper. On February 8, 2001, the day prior to the publication of the above letters to the editor, the *Hamilton Spectator* ran an editorial. Although the editorial lacks the journalistic ideals of

"objectivity" and "balance," it exerts considerable influence over how readers "make meaning" of the events around them. Van Dijk (1993b, 266) claims that editors in Western countries use the editorials to speak to the White audience. If so, this editorial may be aiming to set an anti-immigration agenda in the way it constructs a discourse of health insecurity around immigration. It opens with the following:

Fear and anxiety for ourselves, our children and neighbors. Growing unease about our government's ability to keep us safe from new and frightening diseases. Immeasurable stress on our already stretched health system. Intolerance and mistrust of people from other parts of the world...and at the centre, a critically ill woman who came to Canada on business, perhaps carrying a deadly passenger.

The editorial continues: "Surely, this isn't what Marshall McLuhan had in mind when he talked about the global village." It further states: "News that a seriously ill Congolese woman being treated at Henderson General Hospital is probably not suffering from the Ebola virus is welcome, but doesn't lessen the gravity of this situation." It adds that "the clinical specifics of this case are less important than the lessons we can take from it."

The editorial spells out two lessons that need to be learned. One is that while globalization has made the world smaller and more interdependent, diseases like Ebola are still a threat because they are closer to "home" (i.e., Canada). The editorial compares the possible devastation of diseases like Ebola to the one wrought on the Aboriginals of North America by the Europeans centuries earlier: "like North American Aboriginal people exposed to small pox and influenza by European visitors hundreds of years ago, we are players on the global health stage, whether we like it or not." The subtext of this message is that just as the "European visitors" incursion into North America was deadly to the population, contemporary "immigration" (and "visitors") signals a related danger to the Canadian population. The second lesson that can be gleaned from this case, according to the writer, is that the "crisis" must be used as a learning experience "to improve public policy and raise awareness." It also suggests that "stereotypes, fear, or intolerance" should not prevent people from discussing the issue. The editorial concludes with a warning: "There will be a next time. This may be a North American first, but it won't be the last time a community struggles with a situation like this. Let's set a good example." This conclusion sounds "apocalyptic" in the way it predicts a future tragedy. Moreover, the term "community," as it is used in the editorial, is ambiguous (see Goldring 1996). Its usage in this editorial allows readers to interpret the term in different ways.

"Opinion discourses," including editorials, op-ed articles, and guest columns, Greenberg claims, are important in the construction of the "Other." Unlike "hard" news texts, opinion discourses have a potential to recruit newsreaders because they "possess a unique idiomatic character that 'speaks' directly to the readership in a way that is familiar, habitual, and reliable" (2000, 8). The use of pronouns such as "we" and "our" in the *Hamilton Spectator*'s editorial is a direct appeal to members of society. These pronouns are meant to tap into their "collective conscience" of external threat. Thus, the *Hamilton Spectator*'s editorial appeals to average members of society — parents, neighbors and citizens. De Cillia et al. (1999, 160) refer to this mode of recruiting the audience as "constructive strategies," which "are all persuasive linguistic devices which help invite identification and solidarity with the 'we-group,' which, however, simultaneously implies distancing from and marginalization of 'others."

Risks pertain to anxiety about the future. According to Beck (1992, 33), "risks have something to do with anticipation, with destruction that has not yet happened but is threatening, and of course in that sense risks are already real today." The statement "there will be a next time" echoes Beck's notion of risks regarding the possibility of future danger, judging from the present. Unlike the editorial in the Hamilton Spectator, the editorial in the National Post (February 9, 2001) aims to allay the fear of the public, but like the former it also sounds its own note of warning about future risks. Its opening statement is: "Breathe easy. Lab results released this week indicate that a Congolese woman receiving treatment in a Hamilton, Ont., hospital does not, as first feared, suffer from the dreaded Ebola virus." Following these sentences, like the editorial in the *Hamilton Spectator*, it warns of impending health risks through international migration: "But it is probably only a matter of time before a visitor to Canada does. And when that happens, it is important we avoid hysteria." Two points are worthy of note here. First, the statement "only a matter of time before a visitor to Canada does" bring a "deadly disease" excludes the possibility that the potential carrier could be a Canadian. Second, the allusion to the possible future presence of a virus like Ebola in Canada in the editorial, like that in the Hamilton Spectator, is a call for state intervention in the form of immigration control and screening of certain immigrants.

Knight (2004) notes that alternative points may compete with dominant values in the media, but towards an attainment of hegemony. Knight's point is apt, and is relevant to the analysis of the two letters to the editor carried by the *Hamilton Spectator*. As discussed above, the two letters do differ in perspective. Contrary to the position taken in the first letter, the second letter introduces discourses of "development" and "hygienization" to dilute the dominant discourse of immigration and health. It proposes increased foreign aid and eradication of poverty as a solution to global health risks and insecurity (see Garrett, 2000). Nevertheless, the letter is consistent with the dominant terms of reference, that is, a perception of deadly disease from the "outside." This letter, coupled with the "anti-racial diversity" letter, may give an impression of journalistic neutrality or impartiality to the *Hamilton Spectator*, i.e., the publication of two letters with opposing views. However, the letters do not

divest the newspaper of its ideological project. Apart from converging on the point that Canada is a possible target for foreign deadly diseases, differing positions in the newspaper may exonerate it of partiality. This is in essence ideological or hegemonic as Knight (2004) points out. A similar analysis of ideological work and discursive practices is provided by Greenberg and Wilson (2006) in their examination of newspaper coverage of risk, youth and moral panic.

Conclusion

The convergence of themes in the four mainstream newspapers examined in this study is congruent with Galtung and Ruge's (1981) point that negative news will be more consensual and unambiguous, in the sense that people can easily agree on an interpretation of events constructed as negative. Based on the significant influence of the mass media on the formation of racial identities in modern societies, some have argued that racism comes from the top and trickles down to the bottom. The concept of "elite racism" (van Dijk 1993b) implies that "ordinary people" succumb to the dominant ideology of "race." One may be tempted to believe that media representation of events has a direct relationship on how people behave. From this line of reasoning, it can be inferred that the representation of the non-Ebola event has a direct effect on the Canadian public. Though the media may have a powerful influence on public opinion, they do not impose their views on the readership. Rather, people relate to media content based on their fragmented subject positions or identities (Hay 1996).

Using the Gramscian notion of "traces," Hall (1981) illustrates how old stereotypes about Africa and Blacks have been modified to suit contemporary circumstances. These "traces" have their source/originality in slavery, colonial discourse, and observable material imbalances between Europeans and Africans. Pieterse (1992) uses the fundraising campaigns by agencies for relief aid for Africa to also illustrate how a particular stereotype about Africa is reproduced and gains acceptance in the West.

The media's constant reference to a "Congolese woman" with "Ebola" can reinforce in the public an image that may already exist, thus further reinforcing existing stereotypes. While content analysis cannot make a linkage between these "traces" and a contemporary event like the Ebola coverage, the structure of the coverage privileges a particular way of viewing the issues of immigration, "race," and diseases, and as such, provides the audience with information that is already ideologically inflected.

Notes

^{1.} As persons of African descent, we concur with van Dijk's assertion that "theory formation, description, and explanation, also in discourse analysis, are sociopolitically 'situated,' whether we like it or not" (2001, 353).

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