DISCOURSE OF HEALTH RISKS AND ANTI-RACIAL DIVERSITY: AN ANALYSIS OF MEDIA COVERAGE OF THE NON-EBOLA PANIC IN HAMILTON

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ABSTRACT

This study examines the media coverage of the widely-publicized non-Ebola event in Hamilton during 2001, and its impact on members of the local Hamilton Black community. The study argues that the problematization of the non-Ebola event by both local and national print media stems from the anxiety of Canadians over the growing presence of racial minorities in Canada. The discursive construction of the event as a problem of immigration taps into the experiential consciousness of the public who draws on its racial capacity to make sense of the uncertainty and ambiguity of late modernity.

Racism is expressed in the media coverage, but through non-race discourse. The study finds that immigration is problematized through its articulation with future health risks for Canadians. By the same token, racial diversity is disarticulated from its socio-economic benefits to Canadian society. Evidently, the discourse of immigration becomes a substitution for the discourse of anti-racial diversity. Findings show that members of the Black community are skeptical of medical and media systems, not necessarily because these systems are fallible, but largely because of their broader experience as a 'racial Other' in Canadian society. As a response to what members of the Black community have interpreted as exclusionary actions of these institutions, and punitive actions of the 'dominant racial group', 'race' is found to be inverted by Blacks, who gloss over within-group differences, out of resistance.

The significance of the study lies in the links it draws between moral panic and risk discourses in perpetuating a late modern strain of racialization in the media.

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DEDICATION

Dedicated to the children, women and men affected by the non-Ebola panic

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INTRODUCTION

The mass media in Canada, as in other modern societies, play a major role in influencing public opinion and policies, and shaping social identities. Hall *et al.* (1978) attribute the importance of the mass media to their capability to present information about events that occur outside of the immediate and direct experience of the majority of society. They state: 'the media thus represent the primary, and often the only, source of information about important events and topics' (Hall *et al.*, 1978: 56).

In the context of social identities, through the media, members of society develop a sense of who they are in relation to others. Henry and Tator (2002) posit that the media 'help shape our sense of self, our understanding of what it means to be male/female, and our sense of ethnicity, class, race, and national identity' (Henry & Tator, 2002: 4).

van Dijk (1993a) argues that 'power' and 'domination' flow through communication, and that the mass media are an important vehicle through which an ensemble of dominant ideas in society is disseminated to its members. Unequal social relations can translate into unequal access to communication; a situation that he refers to as 'parallelism between social power and discourse access' (1993a: 256). Although modern journalism is a profession that makes claim to 'value-neutrality' and 'objectivity' in the reporting of stories (Knight, 1982: 18), its representation of issues related to ethno-racial minorities has often reinforced existing social inequalities in society (van Dijk, 1991; 1993a; 1993b; Cottle, 2000; Greenberg, 2000; Henry & Tator, 2002; Fleras, 1994). At the same time, unequal access to communication generates oppositional viewpoints, as

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media messages provide an opportunity for contesting and negotiating the dominant ideology.

This study examines the media coverage of a suspected case of Ebola in Hamilton, Canada in the winter of 2001, and the impact of media representation of the incident on members of the Black-Congolese community in Hamilton, and the environ. Of late, diseases such as Acquired Immune Deficiency Syndrome (AIDS), Crutzefeld Jacob Disease (CJD), West Nile, Severe Acute Respiratory Syndrome (SARS), and Ebola have been a major focus of the media and the public because these diseases are relatively 'new' to the human population, and have been perceived to be virulent. When the news about Ebola broke in Canada in the winter of 2001, it merely confirmed in the Canadian public mind the inevitability of the arrival of one of the 'newly emerging pathogens' in Canada.

Ebola is a virus named after a river in the Democratic Republic of Congo, formerly known as Zaire, where it was first recognized in 1976. Subsequent outbreaks occurred in the Democratic Republic of Congo in 1977; Sudan in 1979; Gabon in 1994 and 1996; Democratic Republic of Congo in 1995; Uganda in 2000-2001; and on the border of Gabon and the Democratic Republic of Congo in 2001-2002. The Ebola virus and the Marburg virus are two members of a family of viruses called 'Filoviridae', and they can cause sever hemorrhagic fever in humans and nonhuman primates. The Ebola virus can be deadly; its mortality rate ranges from 50 to 90 percent.

In the following section, I present an overview of the suspected case that constitutes the focus of this research.

The Case Study

The possibility of an Ebola positive patient from the Democratic Republic of Congo, on a visitor's visa, being admitted to a Hamilton hospital first appeared in the print media on February 6, 2001. Newspapers indicated that while the woman was visiting an acquaintance in Hamilton on February 4, 2001, she fell ill: she was feeling unwell, could not eat, and had a rising fever. According to her host, as reported in the newspaper stories, that Sunday night an ambulance was requested to transport her to the Henderson Hospital in Hamilton. Under medical examination, Ebola was considered as a probable cause of her illness by the medical practitioners who attended to her.

The *Globe and Mail* of February 7, 2001, quoting a source familiar with the case, reported that on Monday, February 5, the woman's illness had become so severe that she was 'bleeding from several sites on the body'. Newspaper reports indicate that the symptoms exhibited by the woman, coupled by her travel history, made doctors suspect the Ebola virus as the probable cause of her illness. The local newspaper, the *Hamilton Spectator*, a widely read newspaper in Hamilton and the environ, published stories on how a panic-stricken community was reacting to the news of Ebola in their neighborhoods. According to the *Hamilton Spectator*'s and other news media's reports, the situation had become serious enough that those who came in contact with the woman, including five ambulance workers, were immediately identified for isolation; the ambulances in which she was transported were taken out of service; and some hospital staff who came in contact with the patient voluntarily quarantined themselves to protect their family members from contracting the virus.

As the media placed emphasis on Ebola, as the possible cause of the patient's illness, in their coverage, public reaction in the Hamilton area grew. The Heritage Front, a self-acclaimed white supremacist group, picketed the hospital and distributed anti-immigration pamphlets in the vicinity of the hospital; hospital workers panicked and threatened legal action against the hospital for exposing them to danger; Black children in some elementary schools in Hamilton were shunned by their fellow White students; and an acquaintance of the patient in the Congolese community is reported to have lost jobs and moved out of her residence.

Subsequent newspaper articles reported that after a series of medical tests, Ebola and other suspected hemorrhagic fevers were ruled out. As soon as Ebola and these other hemorrhagic fevers were ruled out by the medical experts, the news quickly dropped off the media radar, just as suddenly as it was brought to light. But then news reports brought to public attention that the woman's medical care had been costly; and also that she was being investigated by the authorities for diamond smuggling.

Although media coverage of an important event like Ebola would eventually end, the after effects of media attention continued. During and after the height of media and public interest in the case, members of the Congolese community and some members of the larger Black community told a dissimilar story of the event than the media. For example, in the course of conducting this study, it was discovered that throughout the hospitalization of the woman at the center of media interest, the Congolese maintained, on the basis of their 'local experts' knowledge' and local knowledge of the Ebola 'epideme', that the woman was suffering from malaria. The Congolese also claimed that

the woman told health officials at the outset that she had been treated for malaria before she left the Congo.

Apart from the media focusing attention on the 'real' and 'perceived' threat of Ebola in Canada, the medical issue became amplified to include immigration as a source of health risk. From the perspective of most members of the Black community in Hamilton, especially those who participated in the study, the coverage of the suspected Ebola case was anti-racial diversity, and by implication racist. They also blamed the medical professionals for focusing on Ebola and ignoring malaria. Interviews and interactions with the Black-Congolese population, and interviews with representatives of media and medical institutions revealed divergent interpretations of the case. While those on the 'professional side' laid claims to having used an 'objective', 'fair' and 'rational' approach in their handling of the case, members of the Black community countered this position and expressed the view that mainstream institutions (media and medical) singled them out for special treatment because they were a racial and cultural minority.

Statement of the Problem

Obsession with safety is one of the qualities of modernity. But the heightened awareness of risk and danger is fuelled by the mass media (Furedi, 1997). Seale (2002) also attributes what Furedi (1997) has called a 'culture of fear' to the mass media, which he claims have over-emphasized and exaggerated the 'riskiness of modern day life for audiences' (Seale, 2002: 67). Over-emphasis placed on imagined danger of modern life by the media, Seale (2002) argues, 'may provide a ripple of disturbance to the basic

security of viewers and readers so that an entertaining effect is created, stimulating

further consumption...' (Seale, 2002: 67).

Emphasis on the 'riskiness' of the modern condition by the media, and inaccurate,

exaggerating, or sensationalizing representations of diseases in the media to incite fear,

panic, and anxiety, as Furedi and Seale claim, may not be the only factors driving news

reports. Popular sentiments have also driven news reporting. Power (1995) argues that

the outbreak of the bubonic plague in San Francisco in the 1900s provided further

justification for the stigmatization of the Chinese. Central to Power's discussion is that

anti-Asian sentiments in the US at the turn of the 20th century influenced the news reports

that attributed the cause of the plague to the Chinese. Tomes (2000) has also indicated in

her comparative analysis of past and present 'germ panics' in the US that popular debates

about infectious diseases occur in times of anxiety about social and economic change.

She notes,

> ...Not only international travel but also more local movements of people have been
> linked to the rise of AIDS and other emerging diseases...the heightened awareness of
> interdependence is tied not just to transportation but also to mass immigration. Both
> germ panics coincided with periods of heavy immigration to the United States of groups
> perceived as "alien" and difficult to assimilate. At the turn of the 20th century, it was the
> "new" immigration from eastern and southern Europe. In the late 20th century, it is the
> "new new" immigration from Asia, Africa, and Latin America. The association of
> immigration and infectious disease has intensified scrutiny of national border
> crossings...(Tomes, 2000: 195).

Indeed, pre-established stereotypes about marginal groups such as homosexual and racial

minorities have always influenced the media coverage of infectious diseases. This was

the case with AIDS in the early stage of its outbreak.

Thompson (1998) claims that hostility against homosexuality accounts for the

media construction of moral panics around AIDS. Also, Chirimuuta and Chirimuuta

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(1989) argue that 'race' was a factor in the media construction of AIDS, and its

discursive articulation with immigration and nationality in the 1980s and 1990s. Further,

in his analysis of the representation of AIDS, Dubois (1996) argues that pre-existing

stereotypes about Haitians and deep-rooted racism in the US were the initiating factor for

blaming Haitians for the emergence and spread of AIDS. He states:

> Many, including well-intentioned doctors and journalists, have participated in racist
> descriptions of the Haitian people and therefore in policies which have discriminated
> against them. In the early 1980s, the American media, following the lead of certain
> scientists, blamed Haitians as the source of a then new epidemic: AIDS. In doing so,
> they played into prevalent stereotypes about Haiti, deepening those stereotypes and
> magnifying the stigmatization they cause...(Dubois, 1996: 8).

The recent SARS outbreak was constructed in the North American media as an

Asian/Chinese disease. Its representation took the form of visually linking SARS cases

with images of Chinese citizens in masks even when the virus was infecting non-Asians

in Canada. The public perception of the Chinese as the 'natural hosts' of the SARS virus

had economic, social, and psychological impacts on the Asian population in Toronto, and

Canada more generally.

Categories of contagious diseases that become commonly associated with

identifiable groups in terms of culture or 'race', as in Haitians/Africans/Asians, or as in

homosexuals' 'behavior', lead to stigmatization of the group. Since the West Nile virus

and CJD have not been linked to any identifiable marginal groups, their representation in

the mass media has been neutral in terms of 'racial' and sexual orientation. The case of

CJD makes an interesting comparison with AIDS. In the summer of 2002, a Canadian

who had lived in England returned to Canada to die of CJD. In the media reports, even

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when it was claimed that a number of patients were exposed to the infection from the medical instruments used to treat the man, the coverage was not given wide coverage.

Long before the winter of 2001, Ebola had caught some public attention as a catastrophic disease. As Giddens (1991; 1990) claims, one major impact of modernity on the human condition is the reduction in the distance between time and space. In this case, popular culture in the form of movies and novels had a mediating impact on public knowledge of Ebola as a health risk. In the movie *Outbreak*, a deadly virus, named *Motaba*, from the Congo, described as a more severe form of hemorrhagic fever, is represented as capable of having a catastrophic global effect. In the novel, *The Hot Zone*, Richard Preston (1994) describes the Ebola Zaire virus as the most virulent of all hemorrhagic fevers (Preston, 1994: 38). Weldon (2001) points out that in both the movie and the novel the threat of Ebola had been over-dramatized. She states: 'it is not just the horrific representation of Ebola, coupled with misinformation, that is problematic. It is this sense of reconstructing a virus as a sentient being, stalking, invading, capable of hunting and capturing prey, that has emerged...' (Weldon, 2001: 285).

The belief and knowledge that the Congolese and Blacks in this study have about Ebola is also mediated; that is, nearly all of them have not had a direct experience with Ebola. Therefore, like Canadians, they perceived Ebola as a deadly disease which they felt warranted media attention. However, they questioned the process of arriving at the diagnosis of Ebola, and its discursive representation in the media as a 'crisis' of immigration and attribute of Blacks. Accordingly, for Blacks the real motive of the coverage was not on 'objective' phenomenon such as Ebola and its health threat, but deep

racial intolerance in Canadian society, as was manifested in the 'framing' of the suspected case as a problem of racial diversity. As Entman (1993) claims, framing involves placing emphasis on 'some aspects of perceived reality and make them more salient in a communicating text' (Entman, 1993: 52). In the coverage of the case by the media, emphasis was placed on the origin and risk of the disease, and its implications for immigration. The specific concerns of Congolese/Blacks include: the exclusion of their perspectives; media distortion; the media construction of the incident as a crisis of immigration; the methods of narrating the story (publication of the patient's name, and photographing of the house where she stayed); and racializing discourses in media texts.

Racialization of Immigration in Historical Perspective

This study aims to interpret the representation of the suspected Ebola case by the media as an episodic reaction to the accelerating rate of racial diversity in Canada. Past formal and informal forms of racism exist in the history of Canada. They are, therefore, common knowledge and the intention here is therefore not to foreground the racialized history of Canada.

The non-Ebola case raises new interesting questions about racial categorization in late modernity. I intend to use the literature on the general condition of late modernity, mass media, risk and moral panics to understand this case. The goal of this section is to use the racialized history of Canadian immigration to provide a context to the current concern about racial diversity in Canada. Bolaria and Li (1985) have documented the differential incorporation of non-European immigrants into Canada in the period before 1962 as being dictated by the Canadian need for labour. The discrimination against

immigrants from Asia and the Caribbean was racial in the sense that they were exploited

in the labour market and were also excluded from circulating freely in the labour market

and becoming members of the 'Canadian imagined community'. In the case of the

Chinese, their immigration to Canada before 1923 was mainly based on the intermittent

labour demand of the Canadian economy. Their immigration started around 1858, when

some of them came from the west coast of the US to work in the gold mines of Fraser

Valley in British Columbia. Subsequent Chinese immigration, directly from China

followed between 1881 and 1885 during the construction of the Canadian Pacific

Railway (CPR) (Bolaria & Li, 1985). Couched in a strict political economy perspective,

Bolaria and Li (1985) argue that anti-Chinese sentiments, expressed by the public and the

Canadian state, were induced by their presumed competition with White workers in times

of surplus labour supply. To prevent the Chinese from competing with Canadian

workers, anti-Chinese bills were passed by both the provincial legislature, and the federal

parliament. When the CPR was completed in 1885, a head tax of $50 was imposed upon

Chinese entering Canada (Bolaria & Li, 1985). In 1923, the Canadian parliament passed

the Chinese Immigration Act, which barred all Chinese from entering the country.

The role of the Canadian state in differentially incorporating immigrants into

Canadian society after World War II has been documented by Satzewich (1991).

According to Satzewich, post-war immigration to Canada was driven by the Canadian

state's notion of Canadian identity. While Bolaria and Li (1985) consider labour need as

the main variable driving the immigration policy at the time in question, Satzewich,

based on a mode of incorporation typology of 'free immigration', 'unfree immigration',

and 'unfree migration', posits that it was a combination of economic, cultural, and ideological factors. Thus, people of European descent were allowed to immigrate to Canada based on the criterion of their perceived cultural and physiological similarities with 'Canadians'. The Dutch, British, and Germans gained access to Canada as 'free immigrants'. They were expected to become naturalized Canadians after five years of residence in Canada. The Polish, and those of southern and eastern European descent were incorporated as 'unfree immigrants'. They arrived in Canada under certain conditions, and after three years of residency, could circulate freely in the labour market, and become naturalized Canadians. It is noteworthy that at the time Canadian society was diverse along cultural lines in relation to the presence of European population from nationalities as diverse as Irish, British, Polish, and French.

In Satzewich's (1991) study, Blacks constituted an 'unfree migrant' category. They were only allowed to migrate to Canada on conditions that precluded them from becoming permanent Canadian residents. Caribbean farm workers were classified as 'unfree migrant labour' because 'they have been defined as temporary entrants to Canada without the right of permanent settlement, and because it is not intended that they become citizens of the country and parts of the imagined community of the Canadian nation' (Satzewich, 1991: 111).

In what Satzewich referred to as the 'racialization of permanent settlement', the Canadian state separated labour force renewal from labour force maintenance: the migrant's family is left in the Caribbean, exonerating the Canadian state from assuming responsibilities for the physical reproduction of the worker's family and reproduction

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costs of the labourer when he/she is unemployed (Satzewich, 1991: 116). Satzewich

(1991) finds that the differential incorporation of Blacks, compared to European migrant

labourers, into Canadian society stemmed from exploitation, but also motivated by the

imagined conception of Canada as a society of the 'White people'. Thus he argues that

the barring of Black migrants from assuming permanent resident status is blatantly racist:

> They were defined as unable to 'assimilate', unable to adjust to the Canadian climate, and as the cause of potential social and 'racial' problems in the country, all of which were negatively associated characteristics linked to 'race'. Very generally, 'black' people were not allowed to become members of the Canadian imagined community (Satzewich, 1991: 128).

From the Canadian public perspective, in the period before 1967, it was overtly expressed

that Black immigration could constitute a risk to Canada. Canadian public officials often

referred to their notion of threat in terms of a 'race relations problem', which they

claimed had gestated in the UK and the US. Anxieties over racial diversity at the time

were expressed by a high level public functionary quoted as follows:

> It should also be mentioned here that one of the policy factors was a concern over the long range wisdom of a substantial increase in negro immigration to Canada. The racial problems of Britain and the United States undoubtedly influenced this concern which still exists today (Satzewich, 1991: 139).

Following a shift in the policy was the de-racialization policy of the 1960s, in which

immigrants of non-European descent were allowed to immigrate to Canada based on a

'universal point system'. The point system assessed prospective immigrants on

'objective criteria' such as age, skills, education and language proficiency.

Racial Diversity, Anxieties, and Racial Categorization

During the past few decades, Western industrial societies are faced with anxieties and concerns over immigration. They have been expressed in racist backlash and anti-immigration sentiments. Thus, moral panics around immigration are not unrelated to shifting broader social, historical, economic, and cultural conditions of late modern societies (Greenberg & Hier, 2002; Simmons, 1998a; 1998b; Zong, 1994; Husbands, 1994; Wodak & Matouschek, 1993).

As difficult as it may be to get a precise measure of public concern over 'social problems'(which includes anxieties over racial diversity), opinion polls, scripts of statements and speeches made by politicians, and media coverage of events concerning racialized minorities have largely been employed in social science research and analysis as a measure of public concern (see Li, 2003a; 2001; Greenberg & Hier, 2002; Ungar, 2001: 278-281; Zong, 1997; van Dijk, 1993a; 1993b). To a large extent, in the age of political correctness and 'polite racism', opinion polls as a measure of knowing, have been fairly effective in allowing social researchers to gain a sense of how members of society perceive racial minorities and feel about cultural and ethno-racial diversity. Based mostly on media coverage, public documents, and opinion polls, researchers have shown that the presence and immigration of people with perceived physical and cultural differences is generating social, psychological, and cultural tension.

Recently, anxieties have emerged among the Canadian public around the changing nature of racial composition of Canada. The social contours of Canadian society are changing due to the rising presence of visible minorities. Familiar social

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spaces, such as neighborhoods, workplaces and schools are becoming racially diverse. Unlike in the past, when 'race' designated 'social placements', 'presence' in social spaces--schools, neighborhoods, and work places is now more racially heterogeneous. Consequently, there are growing feelings of 'insecurity' as racial diversity is considered a challenge to Euro-Canadian supremacy. 'Insecurity' and 'uncertainty' are part of the social condition of late modern societies (Giddens, 1991; 1990; Beck, 1994; 1992). Modern society is confronted by 'ambivalence'. According to Bauman (1991), ambivalence is the other of 'order' in modernity. He argues that 'uncertainty' is both a disruption of 'order', and a source of fear. Ambiguity is also one of the characteristic phenomena of the late modern condition. There are ambiguities in social identities, citizenship, sexuality, and class. Ambiguities in late modernity, as argued by Beck (1994; 1992) and Giddens (1991), heighten a sense of uncertainty and insecurity.

In terms of diversity, Li (2003a) distinguishes between racial and ethnic diversities in the Canadian context. He argues that, as an immigrant country, Canada has always been linguistically, ethnically, and culturally heterogeneous (also see Bochonko & Dooley, 2001), but, that it was not until the de-racialized immigration program of the 1960s that the presence of racial minorities has been 'visibly' felt. In essence, Li is arguing that the growing presence of people of non-European descent, distinguished by their discernible physical features, has become a source of anxiety for 'White Canadians'. The presence of non-Europeans has shifted the boundary of who is 'White' to include groups such as Italians, Greeks, and Ukrainians who were once constructed as the 'Other' in relation to 'White Europeans' (see Porter, 1965).

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Historical antecedents of Canadian immigration policy, as discussed above, imply its conflation of biology and geographic space. As in the case of post-1945 Caribbean and Asian presence in Britain where conflicts of norms were interpreted as threats to the 'British ways' (see Miles, 1988), Canadian society has come to perceive itself in this way--as non-European cultural forms, including dress, marriage, informal education, and architecture are becoming more visible. Besides, the multiplex nature of contemporary identity forms and citizenship are disruptive to relatively stable ones enjoyed in the previous era.

At the early stage, the period before the 1960s, there was a fairly high level of deterministic relationship between racial identity and socio-economic location in most Western industrial societies. According to Beck (1998), 'The "locals" have their place in the structure of social order, from which "strangers" must be distinguished and excluded' (Beck, 1998: 131). Beck is referring to the early stage of modernity, 'simple modernity'. Since the 1960s there has been no *necessary* association between class location and cultural background under the regime of what Miles and Satzewich refer to as 'post-modern capitalism' (1990). As in the analysis of Simmons (1998b) of post-1960s Asian immigrants in Canada, many recent Asian immigrants have overcome their confinement to low-wage and dangerous jobs. Their pre-migration affluence has enabled them to challenge old stereotypes. However, this has generated what Simmons calls 'reactive racism', a replacement of old racist stereotypes. He states that, 'Contemporary racism is based on the stigmatization of people who cannot be faulted in terms of their work-ethic or productive contributions' (Simmons, 1998b: 47). Also, 'it is "reactive"', based

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increasingly on resentment or "backlash" against more affluent and successful

immigrants. Issues of concern involved in the backlash are diverse. They rest 'on

cultural biases, fears, distortions and misunderstandings...' (Simmons, 1998b: 47). In

spite of empirical evidence to show that new immigrants challenge old racist stereotypes

with their relatively high education, skills, and capital acumen (in the case of some

Chinese, for example), ethno-racial background still largely accounts for social and

economic inequalities in Canadian society (see Li, 1998; Ornstein, 2000).

Barrett's ethnographic study of inter-racial relations in a rural Ontario community

undergoing social and economic change, most especially racial diversity, lends credence

to the 'nativist reaction' to a changing socio-cultural environment. Barrett documents the

anxieties and worries of 'White Canadian members' of a rural-based community. Their

concerns range from racial minorities as responsible for crime, big government spending,

unemployment to cultural dilution, and reversed discrimination. The following are some

of the accounts in Barrett's (1994) 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' (Barrett, 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 coloureds in. They'll soon tell *us* what to do!... (Barrett, 1994: 249; emphasis original).

> ...Third world immigrants were a different matter. He thought that they should not be allowed to speak their own languages in public, and he accused the government of providing them with jobs while 'Canadians' starved. Like others, he opposed any concessions to visible minorities in organizations such as the RCMP: 'I'm totally against Mounties wearing turbans. I'm pro-Canada. I don't like to see Canada broken down into cultures (Barrett, 1994: 251).

Li attests to the fact that Canadians of 'European origin' are worried about cultural diversity, which he claims is influenced by the increased number of racial minorities of African and Asian descent in post-1967 Canada. His evidence is based on discussion papers on immigration, the mainstream media, and public discourse couched in terms such as 'diverse' or 'diversity', which he argues are code words for 'non-white' immigrants: 'these coded messages equate diversity with non-white immigrants, and attribute various problems in urban centres of Canada to the influx of recent immigrants from cultural and racial backgrounds different than European Canadians' (Li, 2003a: 133). That immigration from non-European sources is a threat to the 'White population', in terms of increasing numbers, and as a cause of social problems (crime, unemployment, and poverty), Li argues, is more a 'perception' rather than actual 'knowledge'.

Using Porter's (1965) charter groups (the French and British) as 'the reference point', Li claims that Canada in 1991 was no more diverse than it was in 1961, considering that the population who were not of British or French origin made up around 26 to 28 per cent between 1961 and 1991 (Li, 2003a: 128). (This number would include the non-British and non-French European population). However, empirical data shows that there was an increase in the number of people of non-European origin in Canada: in 1971 those of African origin was less than 1 per cent, whereas by 1991 they constituted 3.4 per cent; and those of Asian origin rose from 5 per cent in 1971 to 11.3 per cent in 1981, and to 21.6 per cent in 1991 (Li, 2003a: 128). Be this as it may, Li insists that the non-white category of the population still remains a numeric minority in Canada. Accordingly, Africans and Asians only constituted one-quarter of the 55 per cent of non-

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British and non-French origin of the Canadian population in the 1991 census; and those

of the Pacific Islands and Latin American origins accounted for 2.5 per cent of non-

British or French origin (Li, 2003a: 128). On the basis of this empirical evidence, Li

states that it is not so much the increase in the number of non-British and non-French

presence 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 group (Li,

2003a: 128). Further, Li renders weak the argument in support of cultural diversity and

dilution of Canadian identity, and argues that Canada is still largely 'European' in its

cultural orientation.

Dwindling deference to traditional authorities, and categorical identities of class,

status, and power (see Collins, 2000) is a contemporary phenomenon in Western

societies, which is not necessarily caused by cultural dilution or diversity. Focusing on

dominant aspects of 'Canadian culture', such as language retention, family formation,

exogamous marriages, and practices such as donation to charities, Li shows that

'Canadian culture' is still highly 'European'. For example, immigrants' children (the

second generation) lose their language and adopt English. Li concludes that the discourse

of diversity is exaggerated and racially tainted. In his words:

> It appears that much of the reservation towards diversity being expressed in the
> immigration discourse is based on race and on the perception of some long-time
> Canadians that non-white immigrants mean unbridgeable differences. It is not the
> growing number of non-white immigrants in Canadian cities that is challenging the social
> cohesion. Rather, it is the ideological interpretation of 'race' and 'colour' as implying
> fundamental and undesirable differences that is seen as challenging the normative
> tradition of Canada, one that is based on the cultural balance between the British and the
> French, and one that is characteristically European in flavor (Li, 2003a: 129).

In view of the historical antecedent of Canadian immigration policy, the construction of the Ebola case around immigration and racial diversity taps into the existing sense of insecurity and anxiety that are confronting 'ordinary Canadians'. As Henry *et al.* (2000) state, racist beliefs, ideologies, and assumptions readily provide an explanation for the stress experienced by people who live in a country undergoing social and cultural change (Henry *et al.*, 2000).

In his book 'Orientalism', Said (1978) argues that the discursive construction of the 'orient' as the 'other' is an invention of the Western mind that legitimized Western humanist and racist projects. van Dijk (1993a) states that while social cognition, comprised of perception, beliefs, and ideas, is psychological, it is also social in the last instance when ideas, beliefs, and perceptions are shared by a collectivity. Accordingly, social cognition can influence social action and lead to a maintenance and reproduction of existing unequal social relations. On the basis of this, the 'common sense' knowledge of Africans as the 'Other' inclines racial tone of the media coverage of Ebola, but also the seemingly easy acceptance of the 'racialized discourse' by the public. In general medical diagnoses can certainly be influenced by the individualized biographies of members of the medical community, who have internalized stereotypes about Africans. Apart from the prevailing 'existential insecurity' of late modernity, the discourse of the degenerate 'African Other' bringing diseases into Canada finds resonance with members of Canadian society who have already developed their own pre-conception of racially visible immigrants capable of importing deadly viruses into Canada.

Seale (2002) finds a relationship between the audience making sense of media content and what he calls 'stock of common sense knowledge to everyday encounters'. He states:

> Readers are being invited to share in discursively producing a version of the world. The life of the media text depends on pre-existing frames, templates, stereotypes or common constructions between producers and audiences, which involve a process of active construction of meaning by audiences, though usually within the confines of dominant scripts (Seale, 2002: 31).

The media are not 'socially insular' from mainstream society, in that they are, arguably, tapping into an already existing condition referred to by Barrett (1994) as the 'inherent classificatory propensity of the human mind' (Barrett, 1994: 269). This is the sedimented, historically engrained, mental understanding of the 'inferior' and 'contagious' 'African Other'.

Research Questions

Based on the preceding, the central concerns of this study are framed by the following research questions:

1) How did the media cover the 'Ebola panic' in Hamilton in February and March, 2001?; 2) What were the perceptions of, and experiences of journalists, medical practitioners, and members of the Black community concerning the event itself, the media coverage, and the subsequent events?; 3) Under what conditions do health panics become defined as 'racist' by particular targeted groups?; and 4) What impact did the media coverage have on the Black-Congolese community?

To empirically address the above research questions, two complementary data gathering methods are employed. First, I conduct a content analysis of the newspaper

coverage of the event by four newspapers, namely: The *Hamilton Spectator*, the *Toronto Star,* the *Globe and Mail* and the *National Post*. These papers have been selected on the basis of their 'ideological positions', or what Hall *et al.* (1978) refer to as 'the public idiom of the media' (Hall *et al.*, 1978: 61), and circulation. The *Toronto Star* is a daily newspaper, published in Toronto. Its audience is largely found in southern Ontario. The *Toronto Star* serves an economically and socially diverse group. According to Knight (2001), the *Toronto Star* is 'a socially liberal paper', in that it was critical of the New Right doctrine. The *Globe and Mail* is a daily newspaper that caters to the interests of the economic and political elites. It is a national newspaper, but is published in Toronto. Ideologically, the *Globe and Mail* is sympathetic to neo-liberal philosophy. The *National Post* is also a daily national newspaper that serves the interests of the nation's intellectual and corporate elites. The *National Post* is generally considered a conservative press. The *Hamilton Spectator* is a local newspaper published six days a week. It serves the Hamilton local community, and the surrounding communities of Stoney Creek, Ancaster, Dundas and Flambourough. The *Hamilton Spectator* is broadly defined as socially liberal in its ideological orientation.

The second source of data collection were in-depth semi-structured interviews of eighteen members of the Congolese-Black community in Hamilton; four journalists, who covered the story for their respective papers; two medical practitioners who attended to the patient; and also a director of media relations for the Henderson hospital who was the direct link between the hospital and the media at the time of the incident. The qualitative methods approach, in the form of interviews, serves to represent the 'voice' of members

of the Black-Congolese community, their subjective interpretation of media coverage of the event, and the impact of the coverage on the community. Also, interviews with media workers and medical staff serve to explain the subjective aspects of their involvements in this single case.

Significance of the Study

This study raises important theoretical, methodological, and substantive issues surrounding the process of news making and the social impact of the media. First, one major limitation of content analysis, which has also become its major critique, is its disconnect from its context, that is, it does not take into consideration the process through which media texts are produced (Fleras, 1994: 279). In the case of media portrayal of minorities, Mahtani (2001) points out that content analysis of media texts indeed makes a connection with the social process of news production, but argues that the connections made 'often veil an understanding of the complex and varied decision-making processes lurking behind the conception and portrayal of minorities in the media' (Mahtani, 2001: 109-110). In effect, in addition to content analysis, this study engages in face-to-face interviews with members of the Black-Congolese community for the purpose of understanding their inter-subjective life-worlds, especially their interpretations of the coverage, and the impacts on them. Also, medical practitioners and journalists are interviewed to get a sense of the social process involved in the diagnosis of Ebola and in the production of the news about Ebola respectively.

Second, understanding the effects of how the media portray members of the Black community is to represent their 'voice', alternative discourses, and agency. The methods

used for collecting evidence for the study reveal that events and activities happen outside of the media gaze; the impact of the coverage on the community outlasts the coverage of the events.

Third, interviewing representatives of media and medical institutions for the purpose of discovering individual, organizational, and societal factors motivating their actions is a means of 'studying up'. Nader (1974) encourages ethnographers to 'study up' ('the powerful') in order to understand the processes of producing unequal power relations in society. Anthropologist Stanley Barrett (1987), in his study of the white supremacist groups in Canada, asserts that learning about oppression from the perspectives of the 'white dominant group' enables social scientists to have a better understanding of the workings of an oppressive system. Frankenberg (1993) has also studied White women to expose how 'whiteness' is an unmarked marker of privilege and domination. Media workers and some members of hospital staff are included in the study in order to understand the impacts of their actions and decisions on the community that they serve, and how the identification of those actions and decisions that affect the life-chances of less powerful groups can assist with addressing and remedying what Ornstein (2000) calls 'ethno-racial inequality'.

Fourth, the shift from systematic to systemic forms of racism (Fleras & Kunz, 2001; Simmons, 1998a) implies a covert deployment of racist practices in individual and institutional spheres of contemporary society. In a condition that Henry *et al.* (2000) have referred to as 'democratic racism', democracy and liberalism have not undermined the persistence of racism in Canada. Thus, in a democratic society like Canada, with

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some existence of racism, some within the mainstream media and some politicians of the right re-articulate the concept of 'race' through the use of code words (Li, 2001; Kirkham, 1998; Miles, 1988). The content analysis of the study aims to unmask the encoded racist and anti-diversity subtexts in the media (Hall, 1980).

Scope and Limitations of the Study

The focus of this study is on the media coverage of a suspected case of Ebola in Hamilton in the winter of 2001. Specifically, it examines the newspaper coverage of the Ebola incident in Hamilton. The content of four newspapers, the *Hamilton Spectator*, the *Toronto Star*, the *National Post*, and the *Globe and Mail*, is analyzed for the purpose of uncovering the discursive construction of the incident as a problem of immigration and racial diversity. The coverage of the incident by other forms of mass media such as the television, Internet, or the radio is excluded from analysis. Also, this study only focuses on one aspect of the Black experience in Canada. In other words, the study does not extend to the coverage of other aspects of Blacks' experience in Hamilton. It does not claim to include in the analysis the media (mis) representation or under-representation of Hamilton/Canadian Blacks in sports, education, social events, politics, and religion. Other aspects of the Black experience in Hamilton and Canada have been discussed in other studies. For example, Etoroma's (1992) doctoral dissertation on Blacks in Hamilton, while dated, is the most comprehensive study of community-building projects of Black Hamiltonians.

Organization of the Study

Chapter one deals with the theoretical framework that informs the study. The first part of the chapter clarifies concepts of race, racism, racialization, and new racism. Using the concept of late modernity (Beck, 1992; Giddens, 1991; 1990) to explain the variegated sources of risk that generate panics and anxieties for social control, the second part posits that members of late modern societies use racial categorization to make sense of the insecurity and ambiguity they experience in their object world. It is noted that (pre)-existing anxieties provide an infrastructure for the media construction of 'racial difference' as a risk, which has the purpose of enlisting participation of the audience in media discourse. The chapter further indicates that individuals or groups designated as the 'folk devil' are not passive, but active agents who identify with media texts based on their own material condition, and challenge the dominant discourse that constructs them as the 'Other'. For example, while 'ethnicity'/'race' as a social construction affirms the existing polarized boundaries, it may actually be a useful tool for empowerment for sub-dominant racial minorities.

In chapter two the research methods and procedure for data gathering are discussed. Data was derived from a combination of content analysis of four major newspapers (the *Hamilton Spectator*, the *Toronto Star*, the *National Post and* the *Globe and Mail*) and interviews of members of the Black/Congolese community, four newspaper journalists, two members of the medical staff, and the director of communications for the hospital. The frequency of words is counted to determine manifest themes of the newspaper articles examined for the study. A qualitative content

analysis of the newspapers influenced by critical discourse analysis reveals latent meanings in the media coverage. Newspaper journalists are interviewed to gain a sense of the social process of newsmaking concerning the non-Ebola event, and interpretations of the event by the journalists who ran the story. The interviews with medical practitioners make it possible to understand the social process of diagnosing a disease that was not, and their role as part of the 'primary definers' of the 'problem'. The interviews with some members of the Black/Congolese population have two purposes. First, their participation gives them a 'voice'; and second, their agency/subjectivity, which, according to some commentators, has been mis-represented and underrepresented by the media is brought to the fore.

Chapters three, four, and five form the core of the dissertation. Chapter three presents the content analysis of the major themes that emerge from the coverage. Four major themes are examined. They are: themes of panic; identity; immigration and health; and crime and suspicion. Analysis reveals that while there was a genuine fear of Ebola, the panic was expressed in racial terms. Racial diversity and immigration are problematized in the way that the event gets displaced to a need for social control. It is argued that the media problematize the non-Ebola case by articulating moral panic and risk discourse with immigration and racial diversity discourse, and disarticulating the event from the possibility of medical misdiagnosis and the benefits that immigration and racial diversity bring to Canada. In the chapter that follows, the media reliance on medical experts, to the exclusion of the experiential knowledge of the Congolese, and the conflict that emerged between the media and medical cultures (the 'two cultures') are

examined. The medical practitioners had the intention based on their professional duty to address a public health concern. However, medical practitioners can be susceptible to errors, and they fear for their safety just like ordinary people. Additionally, they can hide their fallibility under the 'cloak of competence' (Hass & Shaffir, 1987). In contrast, the media are interested in events that have news value. To influence public opinion, the media sensationalized, and over-dramatized the event. In spite of media sensationalism, the public is capable of distinguishing 'reality' from media 'hyper-reality'. In this case, it is affirmed that the public identified with the media representation of Africa as a threat because Canadians have a 'racial capacity'. In late modern societies, there is a generalized skepticism of expert systems. However, there is a racial dimension to this skepticism of expert systems. Because the Black community has a lack of confidence in the dominant White population, it has an added impetus to mistrust expert systems in all their entirety.

The last chapter presents the Black community's account of the event or what Berger (1996) refers to as 'the unrespectable view of society' (Berger, 1992: 16). Specifically, from the perspective of Black research participants, the chapter documents the subjective interpretation of the media coverage of the non-Ebola scare, and the impact of the micro-panic of Ebola on members of the Black community. In addition, the chapter presents the nature of resistance of members of the Black community to the media construction of the event and their defensive mechanisms against their encounters with their stigmatization by some members of the larger Hamilton community. Other issues discussed are factors that undermined Black community's collective mobilization.

The conclusion to the study recaps and summarizes the findings, makes some policy recommendations, addresses the methodological limitations of the study and suggests further research directions for enhancing the methodological and theoretical limitations of the study.

To protect confidentiality of *all* participants, their names are not used in the study. One major 'bone of contention' by the Black/Congolese community is the inappropriateness of the media disclosure of the name and related information about the woman who was at the center of the news coverage. Members of the Black/Congolese community argue that the patient's name, and vital information about her should never have been used because it is 'un-Canadian'. In this study, participants' names, including journalists and medical practitioners, are not used so as to protect their confidentiality. In a number of instances, events, and names of some individuals are used where the identities and information related to the person(s) are common knowledge and are already in the public domain. This mode of presentation is adopted when no personal harm is envisaged on the person(s) involved. In some situations, characteristics, such as age, gender, and venues, are slightly changed.

CHAPTER I: THEORETICAL FRAMEWORK

Introduction

This chapter sets out to review the sociological theoretical perspectives that

inform the current study. The discussion and analysis in this chapter are set in the

general context of the late modern condition, most especially late modernity's sites of

social anxieties. Taking moral panics and the risk society issues into consideration, I

argue that the mass media play a role in not only familiarizing members of Western

industrial societies with local and global risks, but also amplifying them. In addition, I

suggest fragmented self-identities in late modernity generate ambivalence and contribute

to a sense of insecurity. No words better encapsulate the late modern condition than

those of Bauman, who states that 'contemporary living contributes to the overwhelming

feeling of uncertainty' (Bauman, 1995: 5). By uncertainty, Bauman means that the future

is 'essentially un-decidable, uncontrollable and hence frightening, and of gnawing

doubt...' (Bauman, 1995: 5). Uncertainty can lead to a sense of 'ontological insecurity'

(Giddens, 1991; 1990). Panics and social anxieties in late modernity are symptoms of,

and reactions to, a generalized condition of uncertainty. They also stem from the

'projected dangers of the future' (Beck, 1992: 33).

Using the general condition of late modernity as a backdrop, this thesis argues

that the media coverage of Ebola taps into the existing insecurity connected with the

changing contours of modern societies, among which are increasing racial diversity, and

perceived cultural dilution of 'Canadian culture' by immigration from 'third world

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countries'. This is to say that the media are able to 'recruit' their audience through a discursive construction of 'racial diversity' as an anathema, and a risk for the Canadian nation. Members of Canadian society possess 'racial capacity' (Barrett, 1994), based on latent and sedimented stereotypes about Blacks and Africans, to understand media construction of Ebola in racial terms. However, as in other encounters involving differential power relations between social groups, the review that follows recognizes the agency of the 'less powerful' to contest for hegemony, with the mainstream media, through alternative media outlets.

Three sets of literature that inform the study are reviewed in this chapter. They are: literature on race and racism; literature on late modernity and risk; and the literature on the media and moral panics. The chapter is divided into five sections, excluding the section on 'conceptual clarification'. In section one, I examine the condition of modernity and late modernity as it relates to mediated experience, production of risk and growing awareness of risks. Section two examines the relationships between the concepts of moral panics and risk, and the mass media. Section three uses the case of 'transnationals'/'transmigrants' to illustrate how contemporary immigration challenges engrained notions of national and ethnic/racial identities, and citizenship as stable and coherent, and their implications for racial categorization of racial minorities. In section four, the news media and their influence on individual and society are examined. Section five discusses the agency of 'ordinary people' to contest the hegemony of the powerful and social institutional authorities in the media. I conclude the chapter by drawing links between the three sets of literature.

1.1. Conceptual Clarification

Sociologists use concepts because of their nomothetic significance. Concepts are abstract ideas in the sense that phenomena being 'conceptualized' hardly exist in their concrete forms. Therefore, certain elements of a phenomenon may be given priorities over less salient ones. Concepts of 'race', racism, new racism, and racialization are germane to the analysis of media and representation of racial minorities in Canada, and elsewhere.

1.1.1. Race, Racialization, and Racism

The 'race' concept is generally considered by social scientists as a 'social invention' (see Fleras & Elliot, 2003; Smedley, 1999; Satzewich, 1999; Li, 1999; Miles, 1989; 1982). As a social construct, 'race' has no scientific validity. However, as the famous Thomas dictum goes: situations defined as real become real in their consequences (Thomas, 1966: 301). The commonsense belief in mutually exclusive categories of 'races' has both material and psychological impacts on the sub-dominant 'racial other' in society.

Classification of people into different 'races' is based on the selection of certain physical features, such as skin color, nose shape, hair texture, and the like, and the attribution of social significance to them. However, these classifications are arbitrary ways of differentiating human beings because biological heredity such as skin color does not necessarily overlap with 'non-visible aspects' such as genotype. In explaining this, Li (1999) states thus: 'the only difference between population groups that can be

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attributed to biological heredity alone is found in blood groups, but populations sharing

the same blood group do not coincide with racial groups as they are commonly

understood' (Li, 1999: 8-9). Further, to demonstrate that it is unscientific to classify

people into mutually exclusive groups on the basis of bio-physical make-up, Satzewich

(1998a) explains that just a negligible 0.24 percent of all human genes are shared by

collectivities genetically defined as 'race'. He states: 'from a strictly genetic point of

view, Jean Chretien may have much more in common with Oscar Petersen than with

Lucien Bouchard' (Satzewich, 1998a: 218).

Sociologists have come to explain the 'race concept' as a mode of exclusion or

inclusion in social relations. Fleras and Elliot (2003) posit that, 'there is no such thing as

race relations in the sense of a "race" of people who stand in a relationship to another

"race". What exists instead are relations that have been defined by reference to race'

(Fleras & Elliot, 2003: 34). Since 'race' is an arbitrary classification of people into

groups with no scientific basis, some social scientists have argued that its usage should be

halted. In Miles' comments (1989): 'social scientists…have, perversely, prolonged the

life of an idea that should be explicitly and consistently confined to the dustbin of

analytically useless terms' (Miles, 1989: 72). Miles favors discontinuing the use of the

concept by introducing the notion of 'signification'. He defines 'signification' as 'the

representational process by which meanings are attributed to particular objects, features

and processes, in such a way that the latter are given special significance, and carry or are

embodied with a set of additional, second-order features' (Miles, 1989: 70). What Miles

is claiming is that 'race' is an empty biological construct, but social relationships become

racialized when social significance is attributed to human bio-physical variations. Accordingly, racialization involves situations where social relationships between people have been organized based on the signification of human physical characteristics 'in such a way as to define and construct differentiated social collectivities' (Miles, 1989: 75). He also points out that racialization is a dialectic process: ascribing real or alleged biological characteristics with meaning to define the 'Other' necessarily entails defining 'Self' by the same criteria (Miles, 1989: 75).

If 'race' is a social construct with no scientific justification, should the concept be retained by social scientists? This question has confronted social scientists, and has been vigorously debated. Miles (1989), Satzewich (1999) and Li (2003a; 2001; 1999; 1998) argue that the retention of the concept of 'race' by academics reifies the concept. On the other hand, some have argued that there is no way to study the effects of racism without recognizing the existence of 'race' and its retention for analysis (Menzah, 2002; Omi & Winant, 1993). The latter position is largely based on the folkloric conception of 'race' as 'real' in people's day-to-day living. To this, Satzewich (1999) responds, and strongly argues, that social scientists can study the effects of racism on the racialized other without adopting the concept 'race': 'social scientists are perfectly capable of studying racism and acknowledging racism's contemporary importance without recourse to the concept of race' (for the details of the argument, see Satzewich, 1999: 320; 1998b: 31).

Those who want to retain the concept of 'race' as an analytical concept maintain that its retention guards against adumbration of inequities perpetrated in the name of 'race'. In addition, they argue that it may inadvertently lead to the denial of the lived

experiences of victims of racism. Menzah (2002) expresses his objection to Satzewich's and others' positions proverbially thus: ' "Give me a place to stand and I will move the earth". It is impossible to find such a place, at least in this world, just as it would be to deal with racism in the absence of "race"...' (Menzah, 2002: 16). As well, Omi and Winant (1993) insist that the concept of 'race' must be retained, since it has been one major fundamental principle of social organization and identity formation. As it has existed for a long time, they argue, it has become part of human identities. In their words: 'Our society is so thoroughly racialized that to be without racial identity is to be in danger of having no identity' (Omi & Winant, 1993: 5).

While neither of the two sides of the argument discussed above denies the existence of racism, and the pernicious impact of it on racial minorities, scholars have defined racism in numerous ways (Fleras & Elliot, 2003: 59-63). Miles (1989) notes that social scientists in the field of race and ethnic relations have both conceptually inflated, and deflated, the concept of racism. That culture, like 'race', is not biologically determined cannot be over-emphasized. However, when reified, like 'race', it seems immutable, fixed, homologous, and timeless (Abu-Lughod, 1991). When human behaviors are explained in terms of 'cultural/ethnic affiliation', it serves as a sobriquet for 'race'--the very concept that it purports to displace. This is an example of what Miles (1989) refers to as a 'conceptual inflation' of 'race'.

Many scholars conceive of racism as a form of ideology that sustains and maintains the 'idea' of superiority of one racial/ethnic group over other racial/ethnic groups (Barrett, 2002; Menzah, 2002; Satzewich, 1998a; 1998b; 1999; Li, 1999; Isajiw

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1999: 149; Henry *et al.*, 2000; Miles, 1989; 1982). However, it is also claimed that racism is not limited to an ensemble of ideas that proclaims superiority of one racial group over others, it also includes social practices. According to Hughes and Kallen (1974) racism 'refers not only to an ideology which proclaims the superiority of one ethnic group over another, but also actions on the part of one ethnic group which have disadvantageous effects upon another' (Hughes & Kallen, 1974: 105).

Miles (1982) has suggested a separation of 'ideas' of racism from 'action' that results from them in order to avoid 'analytical confusion' (Miles, 1982: 76). This is because there is no deterministic correlation between 'ideas' and 'action'. Miles argues:

> At the level of individual behavior, there is no necessary reason for a person who articulates racist beliefs also to discriminate actively against individuals who are the object of those beliefs. This may be because the individual is never in a situation where discrimination is possible or because in such situations other factors intervene to neutralize or negate the determination of action by belief (Miles, 1982: 77).

As a result of the lack of fixed relationship between racist ideas and racial discrimination, Miles prefers to limit the concept of racism to a set of ideas/ideology.

Racism is an ideology that members of society use to make sense of the social world. It is a refraction of their material condition. As Henry *et al.* (2000) indicate, in inter-racial relations, ordinary people 'do not need to have specialized knowledge about minority groups to be racist' (Henry *et al.*, 2000: 18). Miles (1989) spells out two criteria that distinguish racism as an ideology from other 'ideologies'. First is the signification of some biological characteristics by which a group may be identified; and second the collectivity so identified must be ascribed with additional negatively evaluated qualities.

Negative characteristics attributed to a group may be either biological or cultural, or an association of biology and culture. In Miles' words:

> all the people considered to make up a natural, biological collectivity are represented as possessing a range of (negatively evaluated) biological and/or cultural characteristics. It follows that such a naturally defined collectivity constitutes a problematic presence: It is represented ideologically as a threat (Miles, 1989: 79).

The racism that guides the operation of institutions, as opposed to racist behaviors by individuals, is referred to as 'institutional racism' (see Hughes & Kallen, 1974: 105-107). Satzewich (1998a: 220) identifies three forms of institutional racism. First, there are institutional practices based on 'explicitly racist ideas'. Second, there are institutional practices that outlast practices that were once racist; and third, some circumstances whereby institutions unintentionally curtail life-chances of certain groups. Institutional racism is ascertained when policies systemically exclude racial groups for the benefit of the dominant group. In addition, Hughes and Kallen (1974) allude to structural racism. According to them, structural racism 'refers to inequalities rooted in the system-wide operation of a society which exclude substantial members of particular ethnic categories from significant participation in its major social institutions' (Hughes & Kallen, 1974: 106). Structural racism can be more difficult to tackle than individual racism and institutional racism. Because it is firmly institutionalized and embedded in the social structures of society, structural racism can be insidious in how it curtails the life-chances of ethno-racial minorities. For example, some form of structural racism is implied in the analysis of the 1996 census by Ornstein (2000). In a report popularly known as the 'Ornstein Report', Ornstein analyzes the nature of ethno-racial inequalities in the Toronto

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area. Part of his findings show a strong relationship between social inequalities and

ethno-racial background in Canada.

1.1.2. The Concept of New Racism

Barker (1981) uses the term 'new racism' to describe a strain of racism in Britain.

He points out that discourse opposed to immigration and racial diversity prevalent among

British politicians in the 1970s and 1980s is a form of racism, which he refers to as the

'new racism'. Barker states that the new form of racism does not talk about 'race' as a

differentiation of human beings into hierarchical order on the basis of skin color. Rather

hierarchies of groups are expressed in terms of cultural differences. Thus, he identifies

the concept of the new racism as a:

> theory of human nature. Human nature is such that it is natural to form a bounded
> community, a nation, aware of its differences from other nations. They are not better or
> worse. But feelings of antagonism will be aroused if outsiders are admitted. And there
> grows up a special form of connection between a nation and the place it lives (Barker,
> 1981: 21).

In summary, considering the context-dependency of racism, and its changing discursive

forms, this study largely benefits from the concept of the new racism. At the institutional

level, for example, in the period before the 1960s, Canadian immigration policy was

'blatantly racist', most especially in its conception of 'suitable' immigrants who would

become the 'ideal citizens' of the imagined Canadian community (see Satzewich, 1991;

Bolaria and Li, 1985). Except for right wing white supremacy organizations (Barrett,

1987; 1984a; Li, 1995), public expression of scientific racism has become largely

unfashionable, and is rarely expressed. Nevertheless, racism is still reproduced in

Canadian society in different forms. In examining the New Right agenda in Canadian

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politics, Kirkham (1998) indicates that the politicians of the right in Canada, in their anti-immigration rhetoric, are re-articulating 'race' in a non-race neutral way. Li (2001) makes a similar observation in his examination of racist sub-texts in the 1990s Canadian immigration policy. The analysis of racism taken in this work recognizes Essed's, that 'to expose racism in the system we must analyze ambiguous meanings, expose hidden currents, and generally question what seems normal or acceptable' (Essed, 1991: 10).

1.2. General View of Modernity and Late Modernity

Beck's (1994; 1992) and Giddens' (1991; 1990) grand theories provide a theoretical backdrop for understanding the 'contours of modernity/late modernity' (Giddens, 1991). Giddens (1991) refers to 'modernity' as 'the institutions and modes of behavior established first of all in post-feudal Europe, but which in the twentieth century increasingly have become world-historical in their impact' (Giddens, 1991: 15). Giddens (1991; 1990) and Beck (1992) distinguish between 'simple modernity' and 'late/high modernity'. The former refers to the early stage of industrialism, while the latter exclusively refers to social and political changes in western societies after World War II.

Some of the major social, political, and economic changes of late modernity, according to Lupton (1999b), are:

> the end of the Cold War, the breakdown of the socialist and communist states, the spread of communications technology and changes in familial relationships and the workplace wrought by the feminist movement, economic decline and growing secularism (Lupton, 1999b: 11).

One major feature of modernity, which also distinguishes it from 'pre-modernity' is what Giddens refers to as 'disembedding of social relations'—'a "lifting out" of social

relations from local contexts and their re-articulation across indefinite tract of time-space' (Giddens, 1991: 18). The separation of time from space, as Giddens points out, allows an 'intrusion of distant events into everyday consciousness' (Giddens, 1991: 27).

Mass print media and electronic communication have a major influence on the sense of self in late/high modernity. This is because, according to Giddens, they 'played a major role in completing the separation of space from place' (Giddens, 1991: 25). Further, Giddens states that printed and electronic media familiarize us 'with events, with actions, and with the visible appearance of physical settings thousands of miles away from where we happen to live' (Giddens, 1990: 141). The heightened awareness of global events is less of an estrangement from the local, but more

> of integration within globalized "communities" of shared experience. The boundaries of concealment and disclosure become altered, since many erstwhile quite distinct activities are juxtaposed in unitary public domains. The newspaper and the sequence of television programmes over the day are the most obvious concrete examples of this phenomenon, but it is generic to the time-space organization of modernity (Giddens, 1990: 141).

In a general sense, while people live their local lives, their experiences are mediated by information, ideas, lifestyles and events in other places. In other words, as Giddens (1991) claims, 'phenomenal worlds for the most part are truly global' (Giddens, 1991: 187).

The sequestration of time from space in modernity, but more the case in late/high modernity, puts the individual life in close proximity to distant events. Owing to constant flux and vicissitudes of social life and institutions of late modernity, individuals are subject to new forms of uncertainty and insecurity. The emerging oppositional viewpoints and lifestyles in late modernity constantly pose a challenge to traditional

norms. Unlike in the pre-modern era when the individual life-course was fixed, with strict institutional structures, the self in late modernity is fragmented, and social institutions are open to challenge. Changes to social institutions have also contributed to changing identities, as evident in how people are more reflexive of their social biography or life-course as well as in their relation to broader social institutions (Beck, 1992). As opposed to hereditary identities of traditional societies, Hall (1992) describes the 'self' in late modernity as a 'fragmented self', composed of several and sometimes contradictory identities (Hall, 1992: 276-277). As the self is open to options, because it is 'fragmented', it is also confronted by uncertainty and insecurity:

> All of these changes are seen as contributing to a particular way of understanding the self and the world that differs dramatically from earlier eras. For the individual, it is argued, these changes are associated with an intensifying sense of uncertainty, complexity, ambivalence and disorder, a growing distrust of social institutions and traditional authorities and an increasing awareness of the threats inherent in everyday life (Lupton, 1999b: 11-12).

The 'individualization process' of late modernity fragments 'self' and provides him/her with control over his/her biography, but at the expense of protection by traditional institutions, such as the family, from insecurity (Beck, 1992).

1.2.1. Late Modernity and the 'Risk Society Thesis'

Beck and Giddens are major exponents of the 'risk society thesis'. They differ from other theorists of risk because they examine the constituent macro-social processes of late modernity as they relate to the concept of risk (Lupton, 1999b). Beck (1992) defines risk 'as a systematic way of dealing with hazards and insecurities induced and introduced by modernization' (Beck, 1992: 21).

In contrast to a techno-scientific, objectivist, approach to explaining risks in late modernity, risks have more sociological analytic utility when situated within a broader socio-cultural, political and economic context (Lupton, 1999a; 1999b). Thus, Lupton (1999b) identifies six major categories of 'risk' in late modernity. First, environmental risks, such as those posed by pollution, floods, and fires; second, lifestyle risks that are related to stress, driving practices, consumption of commodities, such as food and drugs, sexual activities, etc; third, medical risks which include medical care and treatment; fourth, interpersonal risks, which are relayed to social interactions, sexuality, marriage, parenting, etc; fifth, economic risks such as unemployment, underemployment, bankruptcy, etc; and lastly, criminal risks in the form of being a participant or victim of illegal practices (Lupton, 1999b: 13-14).

The risk society, according to Beck (1992), differs from classical industrial society because risk in the risk society is not only objective, but is highly perceptible. While class inequalities persist in modern industrial societies, they have become residual as deprivation of basic material needs has been overcome by a vast majority of their population. In other words, risks, as a major feature of late modernity, have displaced the conflicts over distribution of 'goods', such as social security, income, and jobs, in 'classical industrial society'. What is of central importance to Beck's analysis of late modern societies or the risk society is not scarcity of material goods, but different ecological and health risks and their implications for the human condition.

Risks in their different manifestations are prevalent, and unknowable. Also, risks in modernity are unbounded; that is, they are not confined to time and place. Risks may

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take many years to manifest. Beck (1992) notes that risks 'have something to do with anticipation, with destruction that has not yet happened but is threatening' (Beck, 1992: 33). This explains the reason why Beck describes the late modern condition as characterized by 'manufactured uncertainty' (Beck, 1994). As risks in late modernity are unknowable, and uncontrollable, they lead to anxieties:

> The concept of risk society designates a stage of modernity in which the threats produced so far on the path of industrial society begin to predominate. This raises the issue of the self-limitation of that development as well as the task of redetermining the standards (of responsibility, safety, monitoring, damage limitation and distribution of the consequences of damage) attained so far with attention to the potential threats. The problem here is, however, that the latter not only escape sensory perception and exceed our imaginative abilities: they cannot be determined by science (Beck, 1994: 6).

Feelings of insecurity pervade the risk society. Growing anxieties over indeterminacy and fear of the unknown distinguish the risk society from 'classical industrial society'. Beck differentiates the two societies in the following words:

> 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 (Beck, 1992: 49; emphasis original).

Sequestration of time from space accelerates the 'globalization of risk' (Giddens, 1990). Globalization of risk, according to Giddens (1990), means 'the expanding number of contingent events which affect everyone or at least large numbers of people on the planet...' (Giddens, 1990: 124).

Lupton and Tullock (1998) have also claimed that modernity introduces new risks that were largely unknown in pre-modern times. These new risks, according to them, 'are largely effects of globalization and are human made: for example, the dangers

associated with nuclear weapons, the threat of ecological catastrophe, the collapse of

global economic systems and the rapid spread of new viruses via travel' (Lupton &

Tulloch, 1998: 20).

1.2.2. Mass Media and the Social Construction of Risk

Giddens and Beck are not media theorists (see Cottle, 1998; Moores, 1995), but

they both recognize the mediating influence of the mass media on social interactions

across time and space in modernity and late modernity. Giddens (1990) considers 'the

newspaper and the sequence of television programmes over the day' as 'generic to the

time-space organization of modernity' (Giddens, 1990: 141). In a similar manner, Beck

(1992) notes that in the risk society 'individual situations can no longer even be

determined to be institutionally dependent on nation states. They are part of a globally

standardized media network...' (Beck, 1992: 133).

Lupton (1999b) qualifies Beck's and Giddens' position on risk a 'weak

constructionist approach' because they tend 'to waver uncertainly between a realist and

weak constructionist approach' (Lupton, 1999b: 28). Those who examine the discursive

construction of risk have provided valuable insights into how risk is socially constructed

by the mass media. As Stallings (1990) shows in his analysis of media discourse of a

'dramatic event' (a bridge collapse), the designation of events and activities as risky or

safe is not self-evident. He describes the social dimension of risk as follows:

> News organizations bring us into contact with people who, in telling us about an event,
> invite us to see greater risks than we thought we knew, a world less safe than we
> assumed. Journalists bring these spokespersons and these points of view into media
> discourse when they decide how news accounts should be framed and which sources can
> assist with such framing (Stallings, 1990: 91).

Kasperson *et al.* (1988) argue that risk amplification and attenuation is a social project. Kasperson *et al.* (1988) place emphasis on social application of risk as a 'phenomenon by which information processes, institutional structures, social group behavior, and individual responses shape social experience of risk' (Kasperson *et al.*, 1988: 181). Their four attributes of information that may contribute to risk amplification are instructive. They are: volume; the degree to which information is disputed; the extent of dramatization; and the symbolic connotations of the information. A risk event can become socially amplified if it enjoys a high volume of information. Kasperson *et al.* (1988) note that 'high volumes of information also mobilize latent fears about a particular risk and enhance the recollection of previous accidents…' (Kasperson *et al.*, 1988: 184). The second attribute of information that can amplify risk mentioned by Kasperson *et al.* (1988) is the degree to which individuals and groups involve in factual information and the dispute it generates. Debates among experts, for example, tend to heighten public uncertainty about what the facts of a piece of information really are. The third attribute, dramatization, relates to how information is embellished by the mass media and members of the public who share information with others in formal and informal settings. Sensational media headlines, for example, can also increase public fears. Finally, Kasperson *et al.* (1988) indicate that specific terms or concepts used in disseminating risk information may have unintended consequence of being understood independent of their preferred meaning(s). For example, use of words like 'mushroom clouds' for 'nuclear energy' or 'dumps' for waste disposal facilities may trigger fear.

1.2.3. Reflexivity in Late Modernity

According to Giddens (1991; 1990) and Beck (1994; 1992) 'reflexivity' is a key

element of late modernity. Reflexivity challenges the reason and certainty of knowledge

that modernity professes. Giddens relates reflexivity to 'susceptibility of most aspects of

social activity, and material relations with nature, to chronic revision in the light of new

information or knowledge' (Giddens, 1991: 20). Reflexivity, according to Lupton

(1999b), 'involves the weighing up and critical assessment of institutions and claim-

makers, including those who speak with "expert" voices about risk' (Lupton, 1999b: 15).

Non-experts and lay people have become doubtful of science because science contributes

to risk production. Moreover, science has attracted skepticism because scientific

knowledge is increasingly fragmented, politicized and contradictory. In the face of

diminishing trust in scientific knowledge, individuals search for new certainties (Beck,

1994: 14). As late modern subjects undergo what Beck (1992) refers to as the

'individualization process', due to socio-structural change, they increasingly have more

control over their social biography and life-course. While individualization leads to

individuals' control of their life course, it is accountable for people's isolation due to the

diminished importance of traditional institutional support systems.

1.2.4. Late Modernity, Social Change and Existential Insecurity

The objectivist and constructionist dimensions of risk in late modernity are a

source of anxiety in individuals' private lives and in their inter-personal relations (see

Lupton, 1999b). A sense of anxiety emerges when a normal state of affairs is disrupted.

As Richmond (1994) claims, disruptions in the normal flow of the taken-for-granted in

everyday life can create a feeling of 'ontological insecurity'. He also makes a connection

between anxieties and security/insecurity. To this end, following Laing (1961),

Richmond (1994) differentiates between 'primary and secondary ontological

insecurities'. Primary insecurity is derived from a 'collapse of the normal routines of

daily life' (Richmond, 1994: 19). Whereas, security is contingent on 'the predictability

and reliability of key political, economic, and social institutions' (Richmond, 1994: 19),

'secondary ontological insecurity' is experienced 'when particular spheres of social life

are threatened. When political systems degenerate into anarchy and civil war, or

revolutions overthrow established forms of government, security is threatened'

(Richmond, 1994: 19). In attesting to this, Giddens indicates risks as a contributing

factor to the ontological insecurity of the late modern condition. He notes that human

beings, right from infancy, have always developed fortitude to cope with risks and their

attendant existential insecurity through the security system they develop. To illustrate

how individuals deal with 'ever-present' high risks of late modernity, Giddens explains

the process of being and the development of the infant. At an early stage, the infant

forges relationships with the caretaker through habit and routine. The relationships are

based on basic trust. Basic trust links the self to the object-world. According to Giddens,

'basic trust is connected in an essential way to the interpersonal organization of time and

space' (Giddens, 1991: 38). The basic trust invested in the caretaker makes the infant

believe that the caretaker will always return after any absence.

Everyday routines and habits provide immunity against threatening anxieties;

without which 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—a 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). To get on with daily activities, basic trust is

an emotional defensive mechanism, which Giddens refers to as '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' (Giddens, 1991: 40).

If it were not for the basic trust, everyone would be prone to anxieties about risks:

> The sustaining of, in a bodily sense as well as in the sense of psychological health, is
> inherently subject to risk. The fact that the behavior of human beings is so strongly
> influenced by mediated experience, together with the cumulative capacities which human
> agents possess, means that every human individual could (in principle) be overwhelmed
> by anxieties about risks which are implied by the very business of living. That sense of
> 'invulnerability' which blocks off negative possibilities in favor of a generalized attitude
> of hope derives from basic trust (Giddens, 1991: 40).

However, Giddens indicates that 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' (Giddens, 1991: 40).

The side effects of risks are unimaginable because they are latent. However, their

latency is coming to an end: 'this increased consciousness of risk can be seen from

international comparative surveys of the population in the Western industrial states, as

well as from the greater relative importance of corresponding news and reportage in the

mass media' (Beck, 1992: 56). Accordingly, risk is real, and it is equivalent to its

perception. Risk is an organizing principle of late modernity. If this is so, risk may be

becoming a 'self-fulfilling prophesy'. This means that even when there is no risk, one

might intuitively conjecture one or imagine there is more risk than exists. Increased

consciousness of risk is an indication that risk may be losing its latency. The loss of

latency of risks is a sign of growing awareness of modernization risks. The awareness of

these risks is influenced by the mass media (Beck, 1992: 55-56).

1.3. Moral Panic, Risk, and the Mass Media

The literature on the public's reaction to mass media content has drawn

extensively on the role played by the mass media in activating moral panics (Thompson,

1998; Goode & Ben-Yehuda, 1994; Hall *et al.*, 1978). A moral panic represents a

'disproportional reaction' of the population, or certain segments of it, to objective harm.

'Disproportionality' connotes a certain degree of exaggeration and hyperbole on the part

of moral panic claims makers. Also, in a moral panic, a person or a collection of people

becomes designated as 'folk devil'--'unambiguously unfavorable symbols' and a

personification of evil. Stanley Cohen's oft-cited opening paragraph in his 1972 *Folk*

Devils and Moral Panics describes a moral panics situation as follows:

> Societies appear to be subject, every now and then, to periods of moral panic. A
> condition, episode or group of persons emerges to become defined as a threat to societal
> values and interests; its nature is presented in a stylized and stereotypical fashion by the
> mass media; the moral barricades are manned by editors, bishops, politicians and other
> right-thinking people; socially accredited experts pronounce their diagnoses and
> solutions; ways of coping are evolved or (more often) resorted to; the condition then
> disappears, submerges or deteriorates and becomes more visible (Cohen, 1972: 9).

The situation or condition referred to as moral panic has been employed to explicate a set of socially constructed social problems, including child abuse, pedophilia, drug abuse, and sex in Western societies. The versatility of the concept of moral panic for explaining diverse social issues makes Critcher (2003) refer to the concept as an 'ideal type'. The emphasis placed on the importance of the mass media in the literature on moral panics cannot be overemphasized. According to Cohen (1972), the mass media are an 'important carrier and producer' of moral panics in modern societies:

> the media have long operated as agents of moral indignation in their own right: even if they are not self-consciously engaged in crusading or muck-racking, their very reporting of certain 'facts' can be sufficient to generate concern, anxiety, indignation or panic (Cohen, 1972: 16).

Cohen (1972) illustrates how the British press created a moral panic around youth sub-cultural groups, 'mods' and 'rockers', by way of exaggerating, distorting and sensationalizing the 'real events' involving them to generate reactions that were out of proportion. The youth then became designated as 'folk devils'.

Cohen's study is not devoid of context. It is set in the context of 'unprecedented' social and economic vicissitudes of post-war Britain. The 'violence' and disturbances represented by the media occurred at a moment in Britain's history when the younger generation lived in affluence compared to the generations before them: 'they have never had it so good' aphorism. The various events and disturbances, exaggerated upon by the media, according to Cohen, were a reaction to a broader changing cultural landscape of British society.

Hall *et al.* (1978) apply the concept of moral panic to explain the 'rising' rate of urban crime in early 1970s Britain. They argue that fear of crime increased at a time

when incidents of crime were not rising. Therefore, the moral panic over mugging was not commensurate with the objective indicator of crime in the period between 1966 and 1972. Hall *et al.*'s (1978) analysis of moral panic in relation to 'mugging' has been strongly criticized by Waddington (1986), on both empirical and conceptual grounds. Empirically, Waddington (1986) claims that 'a decreased rate of increase in crime' between 1966 and 1972, as argued by Hall *et al.* (1978), is not an indication that crime did not rise, but only rose at a slower rate. Conceptually Waddington (1986) points out that Hall *et al.*'s evaluation of media and public concern to a crime as an 'overreaction' is value-laden. Be this as it may, one major insight of Hall *et al.* (1978) to the social construction of problems is that problematization of an event or phenomenon antedates social control. Social control, as Hall *et al.* (1978) argue, led to a use of force on marginalized members of society by the state.

Drawing on the Gramscian strain of Marxism, Hall *et al.* (1978) argue that the media helped the British ruling class amplify a crisis in order to cement its hegemony at a time of fragile consensus. They explain that capitalism in mid-70s Britain was undergoing crises caused by falling profits, low investment, and growing inflation. The media, as an indirect representative of the ruling class and its interests, constructed a crisis that paved the way for 'authoritarian populism' (see Knight, 1998a) and legitimization of a law and order state. Through what Hall *et al.* (1978) refer to as 'signification spiral', they claim that the 'folk devil' was created in the urban Black youth, who were criminalized in their entirety. In essence, their 'expurgation' in the

name of law and order was meant to gain popular support and create a sense of who 'we' are as a society.

In their insights on moral panics, Goode and Ben-Yehuda (1994) 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' (Goode & Ben-Yehuda, 1994: 135). The intention is to 'divert attention away from the real problems in the society, whose solution would threaten or undermine the interests of the elite' (Goode & Ben-Yehuda, 1994: 135). In lieu of this perspective (the elite-engineered model), Goode and Ben-Yehuda (1994) favor an articulation of what they call 'grassroots model' and 'interest group theory'. They argue that moral panic is not an ideological imposition from the top; that is, the situation leading to a moral panic must be organic to the society in question. 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' (Goode & Ben-Yehuda, 1994: 127). However, public concerns do not lead into a panic unless they are articulated. Therefore, Goode and Ben-Yehuda (1994) state that moral panics stem from the middle rungs of society. Interests groups, they claim, such as 'professional associations, police departments, the media, religious groups, educational organizations' shape 'the content, direction or timing of panics' (Goode & Ben-Yehuda, 1994: 139). For Goode and Ben-Yehuda (1994), a moral panic founders in the absence

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of a grassroots endorsement, but pre-existing fears and concerns must be brought to

attention by those in the middle rungs of society:

> While widespread stress or latent public fears almost necessarily pre-exist moral panics, they do not explain how and why they *find expression* at a particular time. These fears must be articulated; they must be focused, brought to public attention, given a specific outlet. And this almost always entails some form of organization and leadership (Goode & Ben-Yehuda, 1994: 141; emphasis original).

Thompson (1998), like Goode and Ben-Yehuda (1994), Cohen (1972), Hall *et al.*, (1978),

maintains that there are strong relationships between moral panics and social change or

epochal transitions. Social change 'begets' uncertainty and insecurity, out of which the

media can construct a crisis that members of society experiencing stress can relate to. In

his analysis of media, moral panics, and risk, Thompson (1998) states that a discourse of

risk by the media often generates moral panics that may lead to a collective mobilization

of a public perplexed by social changes around them:

> The characterization of modern risk society alerts us to the ways in which risks increase as changes proliferate, and also to the fact that modern reporting systems increase awareness of risk at the same time that the development of specialist expertise seems to take the definition and control of risk away from ordinary people (Thompson, 1998: 30).

McRobbie and Thornton (1995) have also described moral panics as a form of mobilizing

the public in times of social stress, that it is:

> a means of orchestrating consent by actively intervening in the space of public opinion and social consciousness through the use of highly emotive and rhetorical language which has the effect of requiring that 'something be done about it' (McRobbie & Thornton, 1995: 562).

The media as a constituent part of 'modern reporting' systems not only contribute to the

public awareness of risks, but are also capable of influencing the projection of fear and

anxiety to the 'Other', in times of fast paced social change. In connection with the

relationships between risk society issues and moral panics as a form of moral regulation

and social control, Hier (2003) argues

> that the heightened sense of risk consciousness commonly associated with the
> uncertainties of late modernity has given rise to a process of *convergence*, whereby
> discourses of risk have conjoined with discourses containing a strong moral dimension
> (Hier, 2003: 4; emphasis original).

In the following section, I discuss the media interest in health. Health issues have been

employed by the media to regulate people's conduct, in terms of associating human

agency to diseases. Part of the motive is to mobilize the public against what they have

come to perceive as a generalized health issue.

1.3.1. Health Risk, Moral Panics and the Media

The relationship between health risks and moral panics has been established in the

literature. Dew (1999) has shown in the case of immunization campaigns in Australia

that the media can take side with the established authorities in amplifying the threat of a

disease. In a specific case study, Dew claims that the media linked childhood deaths in

Australia to non-compliance to immunization. Thus non-adherence to immunization

became constructed as a risk to the general population, leading to the government's

control over the population. Dew posits that 'numbers' cited by the media had

'emotional power', in that they served 'to induce a climate of fear and panic' (Dew,

1999: 385).

Seale (2002) has also argued that diseases have been overly inaccurately

constructed in the media as dangerous for the purpose of influencing people's opinion of

the risks of modern life. With specific reference to BSE, salmonella, killer bugs, herpes,

AIDS, and cancer, Seale (2002) claims that their risk factor is elevated and exaggerated

to tap into people's anxiety. Seale (2002) emphasizes the role of the media in generating

the 'culture of fear', which makes the totality of modern life appear dangerous and risky.

In the view of Seale, the media create panic by generalizing specific health topics to other

spheres of social life. In other words, the media incorporate diverse topics into their core

story. In this case, social activities directly unconnected with certain health issues

become defined as risky by the media. In so doing, risk becomes omnipresent and

ubiquitous. Thompson (1998) equally claims that HIV/AIDS risks have been constructed

and articulated with sexual mores in the British media to generate moral panics.

Moral panic discourse of infectious diseases can be effective when human agency

can be isolated. For example, to cause a moral panic around AIDS/HIV, homosexuals

were the potential human agents in the 1980s (Thompson, 1998). Thus, homosexuality

was a deviant act that served to clarify the moral boundaries of society. A lack of human

agency in the case of killer bugs in England, according to Seale (2002: 82), stultified the

scare of the killer bugs and averted a widespread health panic.

In the next section, I provide a review of the literature on news media and their

influence on public opinions.

1.4. News, Ideology, and Cultural Representation

One major function of the mass media in modern societies is to inform the public.

According to some perspectives the media are an ideological tool of the dominant class in

society (Althusser, 1971). Although the news, Knight (1982) claims, refracts the

perspectives of the middle class and above, to the exclusion of those of the classes below,

news production can neither be considered 'conspiratorial' nor an 'ideological dupe' for group/class dominance. This explains why Knight indicates that 'biased news stories' are 'part of a more fundamental process of cultural stratification and exclusion which operates not at the level of more or less conscious conspiracies, but at a far deeper level of taken-for-grantedness' (Knight, 1982: 21). Hall (1981a) shares this position by affirming that the media function is 'the result of a set of complex, often contradictory, social relations; not the personal inclinations of its members' (Hall, 1981a: 20). In this case, it is simplistic to declare that news, as ideology, functions in the form of a 'hypodermic syringe model' of audience effects; that is audiences as passive receivers of mass media messages (see Seale, 2002).

The relationship between the audience and the news is more complex than a linear mode of explanation. Hall (1980) exposes the shortcomings of this linear model and underlines the lack of deterministic relationships between the 'encoding' and 'decoding' of news media. In other words, there is no necessary correspondence between meanings encoded in a message and the unpacking or interpretation of the message. Ideal-typically, Hall (1980) identifies three ways that an 'encoded' script can be 'decoded'. First, 'dominant-hegemonic position'; second, 'negotiated code or position'; and third, via a 'globally contrary way' (Hall, 1980: 136-138). In terms of the third type, audiences interpret what they see in the media in terms of their past experiences, and in terms of attitudes they have already developed. What this implies is that there is no singular audience, but multiple audiences and interpretations. According to Knight (1982), it is

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the possibility for the readers of news to read different meanings, or preferred meanings, to news items that makes news ideological. This means that

> the reader is not simply a 'consumer' of predetermined content, but rather an active agent, an accomplice of ideology,…it is precisely because of the requirement and allowance of subjectivity that ideology can deny itself as a relation of domination, and portray itself as 'merely' a system of 'value' and 'belief' (Knight, 1982: 36).

According to Hall (1977) news is ideological because real events are transformed into symbolic forms, as events on their own cannot signify, and be made intelligible. The translation of real events into symbolic forms, Hall (1977; 1980) calls 'encoding'. The process of encoding entails selection of codes, assigning meanings to events, and placing events in a referential context for the purpose of attributing meanings to them (Hall, 1977: 343). The encoding of messages is an expression of dominant groups' definitions of situations/events. Hall (1977) explains that encoding:

> represents or refracts the existing structures of power, wealth and domination, hence that they *structure* every event they signify, and *accent* them in a manner which reproduces the given ideological structures—this process has become unconscious, even for the encoders (Hall, 1977: 344; emphasis original).

Hall also indicates that the media relate to the ruling class, not directly but indirectly; the media have a relative autonomy from the state, and members of its ruling cabals,

> For though the major political parties sharply disagree about this or that aspect of policy, there are fundamental agreements which bind the opposing positions into a complex unity: all the presuppositions, the limits to the argument, the terms of reference, etc., which those elements within the system must *share* in order to 'disagree'. It is this underlying 'unity' which the media underwrite and reproduce: and it is in this sense that the ideological inflexion of media discourses are best understood, not as 'partisan' but as fundamentally oriented 'within the mode of reality of the state' (Hall, 1977: 346; emphasis original).

Hall further argues that the media reproduce the ideological field of society, most importantly society's patterns of unequal social relations. In so doing, they operate

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within the ideological labyrinth of the ruling class, regardless of its competing discourses and 'differing' ideologies.

Knight (1982) posits that 'news is ideology' because it is never impartial, and represents the position of dominant members of society. He defines ideology as 'a way of knowing and, obversely, not knowing about the world that is structured by broader relations of power and control' (Knight, 1982: 17). Ideology works to make unequal social relations appear natural by making subjects concur with the dominant worldview. Knight provides three elements of journalistic practice that makes news ideological. First, the news media rely heavily on official and expert sources, often representatives of powerful institutions, at the expense of alternative viewpoints of laypersons or ordinary members of society. Second, newsworthiness of the news is driven by the criteria of 'extraordinariness' and 'controversy'. The preoccupation with the controversial and extraordinary news purports that certain extraordinary events, such as crime, scandal, and strikes are given general coverage in the media. Whereas 'there is an implicit topography of power in this pattern' (Knight, 1982: 27) of selection, as most often 'the activities of economic elites, for example, are relatively immune to journalistic inquiry by virtue of the privacy accorded to private property' (Knight, 1982: 27). Therefore, what constitutes bad news is discerned by the definition proffered by the dominant ideology based on the discretion and norms of the dominant class.

The third element is the journalistic notion of 'empiricism': the separation of 'fact' from 'opinion'. Empiricism plays a major role in the ideological construction of news in two ways. First, since news places emphasis on 'immediacy' and 'actuality', it

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can then play down the 'question of historical connectedness and development' (Knight, 1982: 31); and second, 'immediacy' connotes 'directness of communication in which actuality is conveyed in uncontaminated, pristine form from actor to reader' (Knight, 1982: 31). Therefore, news becomes represented and taken as original, undiluted, and not an abstraction of what actually took place. On the basis of these three elements involved in the production of news, Knight concludes that news is 'selective' and 'occlusive' (Knight, 1982: 33). Selection 'takes place in accordance with norms that are so deeply embedded in the practical routines of professional journalism that they are largely taken-for-granted by the practitioners themselves' (Knight, 1982: 33); and partial accounts of news is an indication of its 'occlusiveness'.

Hay (1996) argues against the structuralist Marxist notion of ideology as 'interpellating' or 'hailing' its subjects by 'impairing' their judgment and making them unconsciously reproduce the dominant ideology (Althusser, 1971; also see Horkheimer & Adorno, 1982). Hay (1996) notes that 'subjects' are not 'ideological dupes'; because they take part in the process of their 'hailing'. Accordingly, Hay shows that media texts invite readers and 'decoders' to identify with a particular 'preferred' subject position; as victims, heroes, heroines, underdog, racial minorities, and women. Also, readers of news may resist his/ her 'interpellation' by either failing to recognize his/her hailing, or by assuming the subject position of 'the other' or by out-rightly rejecting the plot construction of the news (Hay, 1996: 262-264). The reception of media is mediated by individuals' lived experience; therefore subjects' social location would influence the direction of their identification with media texts. Hay (1996) identifies two modes of

interpellation; that is two ways that a reader can identify with a 'subject position'. First, individuals can identify individuated or direct modes of interpellation in a way that they are 'invited' to recognize themselves in the news story. For example, news narratives can associate the 'audience' or 'the public' with a 'national crisis' by using words like 'We', 'Our', and 'Us'. These are words that speak to people directly. Second, individuals can identify through 'empathic modes of interpellation' (Hay, 1996: 263). Individuals are 'called' or 'recruited' to 'empathize with, and thereby temporarily inhabit, the subject position of a victim whose experience we are unlikely directly to share' (Hay, 1996: 263). Hay adds that an 'empathic mode of interpellation' is a form of construction that counterpoises 'an evil "other" with an idealized innocent victim, into whose subject position we are interpellated' (Hay, 1996: 263).

There is no deterministic relationship between the mind and the media. Joffe and Haarhoff (2002), for example, empirically show in their study of a British newspaper audience that there is no direct correspondence between people's behavior and messages from media text and imagery. Further, there are other sources of information available to the public. These sources include interpersonal communication with friends or members of one's ethnic/racial group in informal and formal settings (see Kitzinger, 1998a).

All in all, in media agenda-setting research, it is found that the media do not necessarily tell people what to think. However, they are very effective in telling people what to think about and how to think about it. This tends to confirm the idea that people arrive at their own conclusions but in ways that are 'pre-determined'. This is how people become accomplices of ideology (see Knight, 1998b: 120-121).

1.4.1. Media Construction of the 'African Other'

The association of Africa with infectious diseases in the Western media has some

cultural resonance in the West. AIDS, for example, has been associated with 'blackness'

(Chirimuuta & Chirimuuta, 1989). Kitzinger (1998a) finds that there is a wide

acceptance of 'black AIDS' or African AIDS' among Whites. Kitzinger (1998a) also

points out that media's emphasis on Africa as the source of HIV/AIDS finds resonance

with many White people's pre-existing images of Africa from history. As discussed in

the above section, media discourse makes sense to the audience when it relates to their

pre-existing knowledge. For example, a White audience may appreciate media texts in

relation to its pre-existing perception of a racial 'Other'. It needs to be stressed, however,

that there is no linear relationship between what the audience reads and what it believes

(see Joffe & Haarhoff, 2002).

Contemporary representations of Blacks in the media are connected with the

socio-historical constructions of Africa (Hall, 1997; Brookes, 1995). For example, in

their analysis of socio-psychological genesis of stereotypes, Hamilton and Trolier (1986)

maintain that pre-existing stereotypic beliefs about a 'racial Other' have effects on

subsequent information processing about the stereotyped group. Stereotypes about

Africans and Blacks from the historical past are carried over to the present.

From Foucault's notion of discourse, knowledge is a form of power, and is

produced through discourses. For example, when knowledge is used in institutional

settings, such as asylums, hospitals, and prisons, it regulates the conduct of others. In

other words, discourse asserts power. Foucault also relates the power of discourse to the

question of 'truth', in that the truth of a statement is determined by the organization of

power. When power acts to enforce the 'truth' of any statements, then such a discursive

formation produces what Foucault calls 'regime of truth'. He states:

> ...truth isn't outside power, or lacking in power...Truth is a thing in this world: it is
> produced only by virtue of multiple forms of constraint. And it induces regular effects of
> power. Each society has its regime of truth, its "general politics" of truth that is, the
> types of discourse which it accepts and makes functions as true...(Foucault, 1980: 131).

In specifically addressing the issue of racism, van Dijk (2000) claims that racism is

reproduced through discourses. He explains that 'beliefs or "social representations"

many members of the dominant (white) ingroup have about immigrants and minorities

are largely derived from discourse' (van Dijk, 2000: 36).

Hall (1997; 1981a) asserts that racialized regime of representation tends to occur

where there are gross inequalities of power. In the context of the discourse-ideology-

knowledge-power-axis, representations of Blacks in Western media and texts in the

historical past were a reflection of unequal power relations between Blacks and Whites.

Like Said (1978), Hall (1997) argues that the representation of Blacks and Africans in the

Western media reflects the historical power asymmetries between the 'West' and the

'Rest'. Hall (1997) identifies three historical moments that have formed contemporary

image of Africans and Blacks as a 'racial other'. First, the early encounters of West

African kingdoms and European traders in the 16th century resulted in cartel slave trade

for three hundred years; second, the era of colonialism and imperialism, when Africa was

partitioned by the major European powers; and third, the period following World War II

migrations from the economic periphery of the world to North America and Europe (Hall,

1997: 239).

In a similar vein, Brookes (1995) has claimed that the stereotyped and naturalized

representation of Africa in the Western press is a result of a historically ingrained

negative construction of Africa and Blacks as primitive, crude, savage, and brutish even

though these representations are subject to change and modification. Discourses, as Hall

(1992) 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' (Hall, 1992: 314). Brookes (1995)

posits that there are traces of old racist stereotypes of Africa 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 (Brookes, 1995: 487).

The movie *Outbreak* illustrates, in a way, how 'Africa and 'Nature' are indistinguishable,

and how Africans are a construction of threat to the West. The movie is set in the context

of wars, rural habitation, and the proximity of Africans to 'nature' (forests and primates),

their beliefs in superstition, fetishes, magic and deadly disease. In the movie, a rural

setting, which had been devastated by the *Mutaba virus*, was a microcosm of Africa. In

the face of Africans' 'powerlessness', the Americans intervened to contain the virus.

Ray (1989) and Chirimuuta and Chirimuuta (1989) maintain that the association

of Africans with infectious diseases is motivated by racism. With particular reference to

AIDS, Austin (1990) notes that its association with Africans is connected with racism,

and should be understood within the broader Western perception of the African other:

'The racist logic of the AIDS in Africa reports becomes apparent when read as an associated body, not simply as independent, self contained units' (Austin, 1990: 130).

1.5. Ambiguous Identities: Transmigrants, and the Construction of Strangers

Gupta and Ferguson (1992) question a naturalized conception of 'geographic place' by arguing that there is no natural link between membership in a state and racio-cultural identities in a post-colonial world. Hall (1992) indicates that the globalizing process of late modernity has redefined national cultures, making it possible for other cultures to co-exist with the dominant one. Hybridity entails identities that are variant and in constant flux. Hybrid identities are exemplified in 'transnational practices', or what Hall (1992) describes as 'one of the distinctly novel types of identity produced in the era of late modernity' (Hall, 1992: 310). Those who engage in diasporic transnational activities are 'transnationals'/ 'transmigrants' (see Smith & Guarnizo, 1998; Goldring, 1996; Basch *et al.*, 1994; Glick Schiller *et al.*, 1992). Appadurai (1991) refers to the phenomenon involving various non-European groups with an unprecedented density of social networks outside of their countries of origin, crossing cultural and national borders, as 'ethnoscapes':

> the landscape of persons who make up the shifting world in which we live: tourists, refugees, exiles, guestworkers, and other moving groups and persons constitute an essential feature of the world and appear to affect politics of and between nations to a hitherto unprecedented degree (Appadurai, 1991: 192).

Transnationals evade the fixed classification of being simply 'immigrants' from non-European countries. They 'take actions, make decisions, and feel concerns, and develop identities within social networks that connect them to two or more societies

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simultaneously' (Glick Schiller *et al.*, 1992: 2). Therefore, they contribute to the indeterminacy of late modernity. They challenge fixed classificatory notions of nationality, and identity. As a result of this, they constitute a 'threat' and challenge, to the hegemonic construction of Western nations and nation-states as 'White'. The transnational may hold more than one citizenship, speak different languages at different times or at the same time. Their multiple identities challenge the engrained notion of fixed and stable cultural identity and nationality. Hybridized identities, specifically transnational identities, by virtue of 'evading' fixed classification, occupy ambivalent positions in late modern societies. Their condition is close to what Bauman describes: '"The other" of order is the miasma of the indeterminate and unpredictable: uncertainty, the source and archetype of all fear. The tropes of "the Other of Order" are: undefinability, incoherence, incongruence, incompatibility, illogicality' (Bauman, 1990: 165). Transnationals are Bauman's 'strangers'. Their positions in states and nation-states are indeterminate. They are neither 'us' nor 'them'; friends nor enemies. They do not fit a category, cannot be classified. In the words of Bauman (1990), they are 'true hybrids, the monsters: not just unclassified, but unclassifiable' (Bauman, 1990: 148). Beck (1998) also notes that: 'strangers are neither enemies nor friends, neither natives nor foreigners; they are near and not near, far yet here; they are neighbors, who are excluded by neighbors, as non-neighbors, as strangers' (Beck, 1998: 130).

Classification is a *necessity* for effacing 'indeterminacy'. This can come in the form of racial categorization, the classification of the body. Racial categorization, either through construction of 'cultural strangers' or 'bureaucratic strangers', as indicated by

Beck (1998), is a search for certitude, in an unstable world of risks, ambiguities, dangers, and uncertainties. Hall (1997) points out that binary oppositions are crucial for all classification projects, because clear difference between things must be established to classify them. In other words, 'difference' is necessary for the human understanding of the world. Hall also adds that while 'difference' is necessary, it is also 'dangerous' as 'it can also give rise to negative feelings and practices' (Hall, 1997: 236). What disturbs cultural order, according to Hall (1997), is when things fail to fit any category:' "matter out of place" ' (Hall, 1997: 236). Hall states thus: 'What we do with "matter out of place" is to sweep it up, throw it out, restore the place to order...The retreat of many cultures towards "closure" against foreigners, intruders, aliens and "other" is part of the same process of purification' (Hall, 1997: 236).

As the late modern person is confronted by individualization and uncertainties of globalization (a manifestation of the demise of pre-modern and 'early modern' 'certainties') the quest for certainty necessitates an imperative to 'find and invent new certainties for oneself and others without them' (Beck, 1994: 14). Hollway and Jefferson (1997) insist that the quest for certainty, or defenses against it is not merely social, but a psychic phenomenon that is displaced to other spheres:

> The creative and imaginative forms which defenses against anxiety take can explain the fact that the subject is not simply a product of the social environment. Whatever is repressed because it is threatening to the integrity of the self (thereby provoking anxiety) does not disappear but, manifests in indirect ways; for example through displacement onto another arena in a person's life or indeed onto another person or idea or group (Hollway & Jefferson, 1997: 262).

From the position of Hollway and Jefferson (1997), anxieties and fears experienced in the object-world are unconsciously displaced to other ones, 'which are far more intractable

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and do not display the modern characteristics of knowability and decisionability (or actionability) which add up to the belief in ones (sic) capacity to control external world' (Hollway & Jefferson, 1997: 263). In other words, the displacement serves to reassure certainties, and deal with ambivalence and perceived threatening omnipresent risks that generate those anxieties.

The conceptual approach to explaining the phenomenon of racism, vis-à-vis social change, by Barrett (1994) illuminates the discussion and analysis of 'racial categorization' in late modernity. Barrett breaks racism down into latent and manifest parts: basic preconditions; general social structural determinants; and specific triggering factors. Preconditions of racism include ethnocentrism (beliefs in the superiority of one's way of life over others'), xenophobia, scapegoating, sexual competition, pan-human insecurity, and the 'inherent classificatory propensity of the human mind'. Barrett explains that the last factor, 'inherent classificatory propensity of the human mind', is a mental operation, and an attribute of *homo sapiens*. By this he implies that the human mind possesses a 'racial capacity'. All these conditions, including the 'classificatory propensity of the human mind', according to Barrett, do not automatically lead to racism. Whether they 'acquire a racist, anti-racist or non-racist shape depends on a range of other factors, including the prevailing social and political currents in a society' (Barrett, 1994: 269).

The general social structural conditions are socio-historical conditions such as nationalism, social class, colonialism and media portrayals of minorities. Barrett adds that differential power is key to social structural conditions (Barrett, 1994: 270). The

specific triggering factors relate to 'immediate social events; downward swings in the

economy, changes in immigration patterns, celebrated incidents of minority persecution,

and momentous national and international political strains' (Barrett, 1994: 270).

Preconditions and social structural factors latently exist, and are dormant until

they are triggered by specific events such as migration of visible minorities. Recent

works on media and migration strongly support this conceptual framework. In examining

the media coverage of 600 undocumented Fujianese migrants' arrival in Canada in 1999,

Greenberg and Hier (2002) argue that the problematization of immigration by a

'discursive construction of crisis' by the media stems from insecurities around racial

integration, social change and contested Euro-Canadian supremacy. The insecurities and

anxieties of the Canadian public and the media are built on the pre-existing anti-Chinese

sentiments in the Canadian public, and have been triggered by the prevalent changing

socio-economic landscape of Canada.

1.6. Agency, Contested Hegemonies and Counter-Discourse

Knight (1998a), in his analysis of the New Right 'commonsense' revolution in

Ontario in the 1990s finds constant struggles among three kinds of news sources: official,

ordinary, and alternative sources. Through the ordinary and alternative sources, victims

of the New Right politics articulate their plight, and apportion blame to the powerful, the

government and its policies. The alternative source, Knight (1998a) argues, can activate

local anti-government protests by fusing the 'feeling passion' of ordinary people with

their external material understanding of situations (commonsense). Thus, the political

economy of power became counterpoised to the 'moral economy of harm' as the media

also granted 'ordinary' and 'alternative sources' some attention. The 'harm' and 'pain'

of the New Right politics, Knight claims, generates a 'feeling passion'—the fusion of

knowledge and understanding with the lived experiential consciousness of the world in

ways that are normatively and emotionally resonant—in the audiences. Knight explains:

> ...this fusion can compromise or undermine the advantage that formal inequalities of
> power give to official sources and the institutions and organizations they represent...it is
> common for the media to use the passive voice to represent events and issues, and this is
> usually the case where actions of those with status and authority have adverse
> consequences for others...the obverse effect of the passive voice, however, is to
> transform the objects of real world actions, the victims of authority, into the subjects of
> representation. This inversion can lead to the foregrounding of their situation and
> experiences, their feelings and reactions, in a personalized, emotional, and normatively
> invested way that has critical implications for the exercise of power (Knight, 1998a: 122).

Knight (1998a) concludes that the dominant group, or those in 'power', do not occupy an

unchallenged position in the media space because there are available avenues or

opportunities for the political economy of power to be 'confronted openly by the moral

economy of harm in which ordinary victims, and their supporters and representatives,

enjoy a degree of discursive influence over the grounds on which hegemony is contested

and negotiated' (Knight, 1998a: 124). McRobbie's (1994) observation is similar to that

of Knight. Compared to the past, McRobbie posits that 'folk devils' are now more

difficult to create explicitly because of expanded scale of the media, relative cheapness

and ease of access to them, which have allowed 'folk devils' the opportunity to 'fight

back'. In the case of racialized groups, they are not often passive in the face of

domination, they react to their subordination by inverting their racial categorization, and

using it as a 'valor'. The use of 'race'/ethnicity as a resource for mobilization (see

Adeyanju, 2003; Akioye, 1994; Olzak, 1983) is a manifestation of 'other-definition' or

racial categorization that inadvertently leads to 'self-definition' by racialized groups.

This explains why Satzewich (1998b: 33-34) and Miles (1989: 72) state that racial

categorization is not necessarily devalorizing, as racialized groups can seize on it to resist

their oppression. Consider Miles' point:

> Certain somatic characteristics (usually skin color) have been signified as the foundation
> for a common experience and fate as an excluded population, irrespective of class
> position and cultural origin, as a result of which a political appeal to 'race' (commonly in
> the form of an appeal to 'blackness') is made in order to effect a political mobilization
> intended to reverse material and political disadvantage as well as colonial rule (Miles,
> 1989: 72-73).

It can be inferred that the preponderance of media and their disparate perspectives

has made it possible for relatively 'powerless groups' to articulate their issues and contest

their (mis) representation in the media. Nevertheless, further studies need to be

conducted to ensure that the opportunities available for minorities are not being

exaggerated. Social variables such as culture, class, and status may still mediate the

quality of resistance and challenge to dominant discourse in the media. In the case study

of Hier (2002a), for example, members of the rave community contest the discursive

construction of rave culture, as a potential serious health risk to their persons and the

public at large, before it matured into a full blown moral panic. Hier (2002a) fails to

indicate the extent the youth's 'cultural capital' supports their claims making via the

media. To what extent can a group's or organization's cultural capital support or give

credibility to its counter claims/discourses in the media? What is the quality, in terms of

organizational sophistication, of an oppositional group in complex societies with vast

differential power between groups? In ethnically diverse and immigrant receiving

countries, new groups, including those from 'non-Western industrial societies', may

arrive in their new society with a different strategy for 'contesting hegemonies', not

necessarily within the media gaze (see Tilly, 1997).

Conclusion

Beck (1998) pinpoints three consequences of late modernity or 'reflexive

modernization': individualization, globalization, and manufactured uncertainty. He

expatiates:

> Individualization also means that own-group identity becomes blurred. Globalization
> means, among other things, that the walls of distance break down and that strangers and
> strangeness are increasingly caught in the horizon of one's own life. Manufactured
> uncertainty means that danger lurks everywhere and no one does anything about it. *One*
> possible consequence is that many people experience their own global world as
> threatened by universal strangeness. All levels and corners of society mobilize *against*
> this. It boils down to a question of concern to all society: the *politicization of the*
> *question of security* (Beck, 1998: 134; emphasis original).

Beck goes on to argue that while the 'cultural stranger' is confronted by society at the

quotidian front, in everyday encounters, the 'bureaucratic stranger' is constructed by the

state: 'In contrast to the "cultural stranger", the "bureaucratic stranger" is not vague and

categorically incomprehensible' (Beck, 1998: 135). In addition to both cultural and

bureaucratic strangers, there are 'enemy stereotypes' of the state. Accordingly, enemy

stereotypes differ from ordinary stereotypes of strangers or racial groups, in that the state

'otherizing' project enables it (the state) to 're-evaluate values' (Beck, 1998: 139).

Further, in explaining the psychological dimension of nationalism, Giddens (1985)

maintains that in times of political and economic change, and when 'cultural decay' is

experienced, a renewed sense of group symbolism ensues: He explains:

> the emptiness of the routines followed in large segments of modern life engender a basis
> for affiliation to symbols that can both promote solidarity and cause schism. Among
> these symbols are those associated with nationalism (Giddens, 1985: 196-197).

Ungar (2001) argues that the moral panic discourse has been displaced by the risk society

issues. Accordingly, the global and ubiquitous scope of modern risks has displaced the

temporally and locally generated moral panics. While the risk society issues are not an

imposition from top-down, Ungar (2001) asserts that 'theoretical sociological interest' in

the concept of moral panic 'devolves around notions of social organization, manipulation

by the powerful, and deviance amplification' (Ungar, 2001: 277). By way of comparison

he states thus:

> With the risk society, issues tend to be warranted more by scientific findings or claims,
> with scientists, for all their public liabilities, playing a central role in the cast of claims
> makers. Given scientific uncertainties, the likelihood that the media's attempt to strike an
> equilibrium will be greater for 'factual' than moral claims…and the chance that the
> powerful will find themselves targeted, a more equal balance of power between rival
> claims makers is anticipated with risk issues (Ungar, 2001: 277).

Ungar's (2001) characterization of the moral panics literature as saturated with the

powerlessness of segments of the population embodied in the 'folk devil' seems arbitrary

in the light of other studies of moral panics issues that have affirmed that there is no

unitary discourse on what constitutes moral transgression (Hier, 2002a; McRobbie &

Thornton, 1995). The explanation given by McRobbie and Thornton (1995) is that

pressure groups, lobbies, interest groups, as well as campaigning experts can also

mobilize to intervene in moral panics (McRobbie & Thornton, 1995: 566). All this

suggests that social anxieties around moral panics and risk society can converge.

The media over-emphasis on the translation of contemporary lifestyles into risk,

meaning that risks are omnipresent, implies that life must be lived in fear and with

caution. For Thompson (1998) risk discourses can reinforce a panic, most especially in

times of social change. Thompson (1998) makes a link between the discursive representation of AIDS as a risk in the British press in the 1980s and the questions of sexuality, family values, health, and nation. He indicates that the AIDS crisis was used to cement the hegemony of the New Right's ideologies of family values, sexuality, and nation, which he argues needed to contest for hegemony with oppositional frames as to what was society in the 1980s. Thompson's impression is that within the context of social change, tension and anxiety 'there are ample possibilities for the amplification of deviance to give rise to a moral panic' (Thompson, 1998: 85).

Hier (2003) argues for convergent sites of social anxieties between moral panics and the risk society, apropos Ungar's delineation. Drawing on the insights of Beck and Bauman on the late modernity condition and its attendant uncertainty and ontological insecurity, Hier (2003) states that the search for symbolic security in the re-invention of community and the necessity for delineating cultural and enemy stereotypes for the purpose of generating a consensus in the population (a 'We' vs. 'Us' mentality) proliferates moral panics. Using the case of 600 undocumented Fujianese migrants' arrival in Canada in 1999 as an epi-phenomenon of Canadians' sense of insecurity in the face of globalization to hone his point of convergence, Hier argues that the popular Canadian press used the events to 'articulate wider anxieties pertaining *inter alia* to globalization, social change and the socio-economic success of the Chinese in Canada' (Hier & Greenberg, 2002: 491). The Canadian government seized on the events to confront the ambivalence of the Canadian future by designating the Chinese migrants as a security risk to themselves and the Canadian nation. In the age of uncertainty and

insecurity, discourses that seem to efface indeterminacy and ambivalence by constructing

identifiable victims for blaming would continue to feature, and they are capable of

resonating with the lived experiences of the people when they are articulated by the state

in its quest for imposing social order (see Hollway & Jefferson, 1997). However, how

effective the discourse of "We' vs. "Them" would be in mobilizing the public would be

dependent on their emphases on the degree and nature of 'riskiness' of social life.

CHAPTER II: METHODOLOGY AND PROCEDURE

Introduction

This chapter deals with the methods and methodology used in the collection of

data for the study. The chapter begins with a section on the formulation of the empirical

questions that the study aims to answer. The remaining part of the chapter discusses how

I became involved in the study, the stages of data collection, an overview of the data on

which the study is based on, my field experience, and ethical concerns and issues

involved in the process of data collection.

2.1. The Research Entry Point

Two sets of empirical questions form the backdrop of the study. The first set of

questions are: How did the media cover the 'Ebola panic' in Hamilton in the winter of

2001? Specifically, how are discourses of 'race', disease, and immigration articulated in

the newspapers? To what extent are the viewpoints of the Black community represented

in the newspaper coverage? The second set of questions are: What were the perceptions

of, and experiences of medical practitioners, journalists, and members of the Black

community concerning the event itself?; and what impact did the media coverage have on

the Black community?

2.2. Personal Subjectivity

As in many ethnographic studies, one's social identity, in the form of ethnicity, 'race', class, and gender often influences one's interest. My involvement in the research project dates back to March of 2002 when my attention was drawn to the 'Ebola incident' in Hamilton in the winter of 2001. The idea for studying the single case for a Ph.D. dissertation actually evolved from the concern expressed by one of the members of the community in Hamilton, who was an anti-racism activist. He felt that the media coverage of the incident had negative impacts on members of the Black community in Hamilton and the environ. For this Hamilton citizen and a host of other members of the Black community, making sociological sense of the incident became paramount in light of sporadic incidents of racially-motivated hate crimes in Hamilton over the years. At the time of the initial discussion, I was completing other requirements of the doctoral program, including course work, and comprehensive examinations.

A few weeks after the first meeting, and subsequent ones with members of the community in Hamilton, I had a cursory look at the newspaper coverage of the 'Ebola case', and spoke with one or two acquaintances, both of whom were members of the Black community in Hamilton, to gain some understanding of their perception of the media coverage of the event and the experience of members of the Black community at the time. This seemed to be a comfortable starting point because at the time of the incident I was a new resident of Hamilton with no contact or involvement with social events in the Black community. During the winter that the incident occurred, I spent most of my time in school, socially insulated from the larger community, doing course

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work, preparing for my comprehensive examinations, and serving as a teaching assistant for over one hundred students. The little I knew about the incident came via radio broadcast, and living on the outskirts of Hamilton at the time, I was not aware of the depth of impact that the media coverage had on the large spectrum of the African/Black population in Hamilton.

From reading the coverage of the event in the print media, I realized why some members of the community would find the news coverage disturbing. Personally, as an immigrant and a person of African descent, I found some aspects of the newspaper content very offensive, most especially the way that the woman at the center of the incident was negatively portrayed. I felt that the way the media covered the story was xenophobic, stereotypical, essentialist, and somewhat racist (from my academic understanding of racism). My discussion of the case with a couple of non-Congolese members of the Black community left me with the notion that some members of the Black community had not had closure; they still felt that they were targeted by the mainstream media because the woman involved was Black.

I could relate to the coverage of the story as an African, and as an immigrant. I am assuming a lot of Africans and immigrants of African descent did feel that the coverage was more than making the public aware of health risk. On different occasions, Africans recount encounters when they are asked if they live in trees in Africa, or if they carried the AIDS virus because it was rampart in Africa. In short, I saw part of myself in the woman. Like her, I came to Canada as a quasi-migrant worker (on a temporary working visa) from Africa some eight years before the incident. Although we hailed

from different parts of Africa--she came from the Central African region, and I was from West Africa--we were possibly both driven to immigrate to Canada by our shared experience of 'post-colonial anomie'. As with most sub-Saharan Africans, if not all, I could well have been suffering from malaria before leaving Nigeria and could have ended up being diagnosed with some deadly hemorrhagic fever, quarantined in some institution, with the result that other Blacks in the community get blamed for my singular travail.

How can I attain 'objectivity' (whatever that means!) given the circumstances surrounding my own social identity--Black, African, and immigrant? In the view of Edward Said, 'partiality' appears to be a human attribute. In his introduction to 'Orientalism' Edward Said doubts 'impartiality' of scholars in the production of knowledge. He states 'no one has ever devised a method for detaching the scholar from the circumstances of life, from the fact of his involvement (conscious or unconscious) with a class, a set of beliefs, a social position, or from the mere activity of being a member of a society' (Said, 1978: 10). In the context of this study, as much as the attainment of 'objectivity' is a concern to me, so should it be for a non-African, non-immigrant Canadian 'outsider'. I assume my own condition is more complicated. I owe an obligation to two 'communities': the academic and ethno-cultural communities. *Ipso facto*, there are two conflictual expectations, that is, between my 'ascriptive' and 'academic' communities. This is not unusual in research projects that involve the study of the human condition. Anthropologist Abu-Lughod (1991) seems to understand the dilemmas created by doing social research in an age of post-colonialism, especially the 'contradictory positions' that 'split selfhood', involving ethnographers studying their own

communities. In reference to a group she refers to as 'halfies'--anthropologists who assume multiple cultural or national identities by virtue of parentage, overseas education, or migration--Abu-Lughod suggests that 'as anthropologists, they write for other anthropologists, mostly Western. Identified also with communities outside the West, or subcultures within it, they are called to account by educated members of those communities' (Abu-Lughod, 1991: 142).

How does one maintain 'objectivity' and the scientific detachment required by the academic rules guiding a study? The first approach is to be aware of one's subjectivity, and try as much as possible to maintain 'an open mind'. A researcher driven dogmatically by preconceived theoretical notions encumbers an emergence of interesting data (see Glaser & Strauss, 1967). As Merton (1957) suggests, researchers need to be open to 'the unanticipated', which he calls 'the serendipidity pattern': it 'involves the unanticipated, anomalous and strategic datum which exerts pressure upon the investigator for a new direction of inquiry which extends theory' (Merton, 1957: 105). Becker (1967) exposes the impossibility of the researcher's impartiality, and argues that taking sides is unavoidable in social research. However, he recommends that in spite of a researcher's proclivity to take particular points of view, social researchers can still conduct studies with scientifically supported verities. In his words: 'Our problem is to make sure that, whatever point of view we take, our research meets the standards of good scientific work, that our unavoidable sympathies do not render our results invalid' (Becker, 1967: 46). As I later discuss (section 2.7), membership in the Black community was an asset to the

study. Equally important are the research techniques, and the kinds of relationships established between the researcher and subjects of the study.

2.3. The Preliminary Phase

The early stage of data collection for the study began in March 2002. I spent a few days in March reading the newspaper coverage of the 'Ebola case'. Decisions as to what newspapers to include in the sample, and people to interview for the study, were contemplated at the time. That month I contacted some members of the Black community for 'sponsorship'- - to establish networking opportunities for contacts in the community. A number of Blacks were willing to take part, but the Congolese were reluctant to participate. I contacted a Congolese individual, whose name appeared in the newspaper, to see if he would participate in the study once I got my research instruments ready. His response was negative. He seemed to dismiss me by saying: 'that was an old story, no one is interested in that any more. No Congolese wants to talk about it'. Based on the tone of his voice, and rumors that the Congolese felt very offended by the publicity given to the case, I interpreted his reaction to be a mixture of suspicion and indignation. At this point, I decided to approach other Congolese through some community leaders whom they would trust.

Over a period of one year, I continued to talk to some members of the larger Black community for the purpose of building rapport and trust with members of the community.

2.4. The Actual Phase

Content analysis of the newspaper coverage of the 'Ebola case', interviews with journalists, medical staff, and members of the Black-Congolese community began in March 2003, just one year after initial conception. Journalists and medical staff who were interviewed for the study were contacted by phone and electronic mail. Interviews and other research activities with Black-Congolese individuals were done in conjunction with interactions with members of the community. A researcher uses an ethnographic data gathering method for understanding the life-worlds of the subjects of study, which entails that he/she spends time with members of the community (Dietz *et al.*, 1994; Shaffir & Stebbins, 1991; Spradley 1979).

Interviews for the study were conducted between March 2003, and August 2003.

2.5. Data Sources

Data for this study are derived from 1) the content analysis of four major newspapers: *the Hamilton Spectator, the Toronto Star, the National Post,* and *the Globe and Mail*; and 2) field research. The empirical questions that this study sets out to answer inform the techniques employed for the collection of data. Embedded in this approach (interpretive sociology) is a focus on decoding ideologically, discursively, and culturally encoded subtexts in media narratives, and an understanding of inter-subjective interpretations of events by a group. Alford (1998: 42) states that interpretive arguments in research 'combine an empirical focus on the language and gestures of human interactions with a theoretical concern with their symbolic meanings and how the ongoing social order is negotiated and maintained'. Thus, the two data gathering

methods employed for this study of media coverage of a suspected case of Ebola in

Hamilton, Ontario, in 2001, and its impact on members of the Black community, are

complementary.

To understand the roles played by journalists and the medical staff on the one

hand, and the interpretation and impact of the news coverage on the Black-Congolese

community in Hamilton on the other, interviews with journalists, medical practitioners,

and members of the Black-Congolese community complement the content analysis of the

newspaper coverage. Going beyond content analysis, as has been recommended by

scholars in the area of media representation of minorities, not only identifies the direct

impact of negative media portrayals of minorities, but also shows how minority groups

understand and interpret their portrayal in the mainstream media (see Mahtani, 2001). As

Fontana & Frey (1994) point out, different types of interviewing are applicable to

different situations. In-depth interviews, as opposed to experimental and survey research

of journalists, hospital staff and members of the Congolese-Black community are more

appropriate for this kind of study. Although conventional participant observation

techniques were not directly used to collect data for the study (because the study was not

conceived at the time of the incident), interacting with members of the community for the

purpose of establishing rapport and trust was employed (this is discussed further in

section 2.7). Participating in some activities involving members of the Black-Congolese

community enabled me to gain insights into aspects of their lived experiences, especially

the Congolese, and to understand their interpretations of the event as they relate to

broader social issues. Indeed, the ethnographic approach employed relates to a set of

assumptions guiding an interpretive/interactionist tradition in sociology (Dietz *et al.*,

1994: 18-20).

Bryman (1988: 61-69) lays out six characteristics that distinguish qualitative

research from other research methods, namely: 1) events and actions are viewed from

subjects' diverse perspectives and multiple worldviews; 2) qualitative research provides a

detailed description of the social settings and events consistent with the subject's

perspectives; 3) interpretation of social relations, and meanings attributed by participants

to events and practices are situated in their wider social and historical context; 4) social

life is processual, negotiable, elastic, and mutable; 5) qualitative research is flexible and

unstructured. Its openness allows for a discovery of important topics, which may have

been invisible in structured research; and 6) qualitative researchers reject the formulation

of theories and concepts in advance of their field work, thus making it possible for the

view points of their participants to emerge unconstrained. These features, as espoused by

Bryman, privilege an understanding of multi-perspectives of subjects in a systematic,

scientific way, and are applicable to the interviewer's approaches used for gathering data

for this study. It is not only the perspectives of the Congolese-Black community that are

taken into consideration, but the multi-perspectives that illustrate the positions of the

media workers and medical practitioners involved in the suspected case.

2.6. Access to Data

Articles from two of the newspapers, the *Hamilton Spectator*, and the *Toronto*

Star, were obtained from McMaster University Library's database (virtual library). As

the other two newspapers, the *National Post*, and the *Globe and Mail* were not available

on the university's database, their reels were obtained from the collection in the Mills Library. To be sure that important news items on the 'Ebola case' were not missed in the first attempt, reels of articles were examined and read four times between June, 2002 and June, 2004.

Preliminary experience in the field dictated the most suitable approach for gaining access to the participants. Thus, access to journalists and hospital staff were secured through phone calls to their offices; and members of the Black community were contacted through 'leaders' in the community and through electronic mail soliciting participation of the African Students Association on campus. Given the impact of the incident on the Congolese community, and their 'vulnerability', access to members of this community was more difficult than access to non-Congolese individuals. The Congolese needed some 'assurance' that the study would not do them any emotional harm or expose them to further publicity. However, initial access to them was gained through some specific members of the larger Black community, and relationships with them were sustained by my participation in a number of their social events. The initial entry point was the most challenging and difficult; even when I gained entry into the community, a number of community members still refused to take part for reasons unknown. However, once I gained entry I managed to get more members of the community involved in the study mainly through snowball sampling. Journalists and medical practitioners were contacted through the channels of phone calls to their offices, and by electronic mail.

2.7. Field Experience

In early August of 2002, I met a priest with one of the local Black churches. He had a number of Congolese in his church and promised to introduce me to one particular member of the congregation that was 'adversely affected' by the incident. About two and a half months later (November 24, 2002), on the recommendation of the priest and a leader in the Black community, I met the Congolese individual at a park in Hamilton. I explained and stressed to her the purpose and the importance of the study to my doctoral degree program. I also mentioned the university ethics protocols that would protect her confidentiality. She promised to assist, but was concerned about her immigration status-- at the time she was a refugee claimant. An attempt, to get participants, was further made through one of the Black students, whom I voluntarily tutored through an informal arrangement, at the university. In the church she attended was a Congolese. On January 19, 2003, I accompanied 'my student' to her church, where she introduced me to the Congolese (hereafter referred to as Brother Victor). Incidentally, Brother Victor was an active member of a Congolese voluntary association. To establish a rapport with him, I started attending his church. Although Brother Victor had not arrived in the country at the time of the incident, he had good knowledge of the incident and promised to introduce me to some key members of the community who would be willing to participate in the study. By my regular attendance in Bother Victor's church, I met his sister who attended a different church. Brother Victor later became a key informant. We exchanged phone calls, and on a number of occasions I visited with him and his sister. On my visits, other than discussing how to get people involved in the project, we talked

about soccer and African politics. Brother Victor informed me of Congolese community events that might be of interest to me. On March 29, 2003, on his invitation, I attended a Congolese association meeting, where I was introduced to some members of the Congolese community.

As Hertz and Imber (1993) claim, gaining access to the elites is as difficult as studying the 'powerless' in society. They state: 'Elites establish barriers that set their members apart from the rest of society. In similar ways, the study of those at the bottom of the class structure often poses formidable problems for the researcher' (Hertz & Imber, 1993: 3). In this particular study, access to both 'official' ('elites') and 'unofficial' ('non-elites') sources of data was challenging, and daunting.

In January 2003 I made a number of phone calls and sent electronic mail messages to two of the *Hamilton Spectator*'s journalists who covered the story on Ebola. In my messages, I stated that I was interested in the general media coverage of 'new infectious diseases', and the nature of community reactions to their coverage in the news. I did not get any response. In March, 2003 at a community event, I ran into a freelance journalist who advised me to speak to one of the newspaper's editors. I called the editor and informed him that I was interested in studying 'new infectious diseases', and public reactions to their coverage in the news. The editor agreed to be interviewed that March, and before the interview he 'instructed' the two journalists I contacted earlier to grant me interviews. I did the interview with him in his office, and in April and May of 2003, I interviewed two of the journalists with the *Hamilton Spectator* who were 'on the ground journalists', and who had worked in tandem with the editor. One of the two journalists

was interviewed at a coffee shop outside of Hamilton, and the other one at the newspaper's Hamilton office. Reaching the journalist who ran the news for the *Globe and Mail* newspaper through their main office was impossible as she left the organization shortly after the news event. However, her contact phone number was obtained in the phone book, and she was contacted. She showed an interest in the study, and granted me an exclusive interview at my office at the university. In all, the four media workers co-operated with the research.

Several journalists were contacted to take part in the study, but for different reasons did not participate. Two journalists, one with the *Toronto Star* and other with the *Toronto Sun*, set up appointments, but failed to pick up phone calls at scheduled times. Subsequent calls were made to reschedule the appointments. Lack of co-operation on their part made it seem they were not interested in the study. Most of those journalists who covered the news for the *National Post* were freelance journalists. The full time journalists among them did not return calls.

Gaining access to two medical doctors who took part in the study was a bit difficult. However, it was much easier to gain access to the director of media communications for the hospital, obviously because he was the spokesperson for the hospital. As with the media workers, in January 2003 I contacted the Director of Media Communications for McMaster University and Henderson, Inc. Like the journalists, I explained that I was interested in the media representation of 'new infectious diseases', and the public reaction to their news coverage. A few weeks after my initial contact, in February, 2003, he granted me an interview.

In qualitative methodology, collection and analysis of data occur simultaneously (Ragin, 1994; Bryman, 1988; Glaser & Strauss, 1967). At the outset of the study, I was more skeptical about the participation of medical staff than journalists, owing to patient's rights to 'information protection'. However, as the research progressed it became imperative to interview medical staff as members of the Black-Congolese community continuously shifted blame between the media and the medical establishment concerning the handling of the case. Also, the media attributed the source of some 'controversial aspects' of the story to the hospital. One such case was the source of the word 'Ebola' as a diagnosis, which was attributed to the hospital by the journalists; whereas the director of media communications in his report, *Managing a Mystery Virus*, alleged that the hospital never used the word 'Ebola'. He wrote: 'Although we were careful not to use it, within minutes the word Ebola found its way into the airwaves and homes of Canadians. We knew a tidal wave of demand for information and interviews wasn't far off' (Valentin, 2002: 5). Also, members of the Congolese community insisted that malaria was the cause of the patient's illness, and that the hospital was aware of this and treated her for it. In another case, members of the larger Black community attributed the disclosure of confidential information, such as the name and nationality of the patient, to the hospital. The emergence of these pieces of information (and others) from the interviews made it necessary to interview the medical staff to clarify some of those issues raised by journalists and members of the Black-Congolese community. To this effect, two medical practitioners, who were directly involved in the case were contacted.

In March 2003, the offices of the two medical doctors were contacted by electronic mail and phone. By June, after several follow up telephone calls, it seemed they were not interested in granting interviews. As the interview with members of the Congolese-Black community progressed, the name of a medical doctor from Africa in regard to his 'exclusion' from the process of diagnosis of Ebola, and treatment of the patient in the hospital, kept coming up in interviews. It became more imperative to interview the medical doctors involved in the case to get their perspectives. As a last resort, in July 2003, I suggested to my supervisor that he send an electronic mail to three of them, including the member of the African community. Dr. Satzewich sent an electronic mail on the 14th of July, 2003. Two days after, they had all responded to the mail agreeing to grant interviews.

It is important to mention that my ethno-cultural-racial background was instrumental to gaining entry into the Black community, most importantly it helped with my interpersonal relations with the Congolese. Most of the Congolese were able to identify with my being a first generation African immigrant. Apart from being able to share some common experiences, such as surviving as new immigrants, they also expressed their emotional attachment in words and in deed. At the end of one interview, a participant revealed that he and some members of the community granted me interviews because I was African. In explaining why he took part in the research, he said:

> when that guy told me about your study, and when he was talking that you were a
> Nigerian, I accepted right away because if I can have a brother who needs my favor, I
> would do it with all my heart. I will never, ever say no to a Black brother that needs me
> for a certain favor where I think that I might be helpful, I will never say no.

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Considering the sensitivity of the incident to the Congolese, in particular, they might be more suspicious of a researcher of a different racial background because he/she would be considered an 'outsider'. However, I do not think being of African descent was all accountable for my 'acceptance' by members of the community. Previous skills that I brought to the field, and my past experience as a migrant also helped in gaining trust of members of the community. Persons of other racial backgrounds might be able to conduct this kind of study, if they could put in more effort than me, in terms of gaining confidence of the people, and have a strong cross-cultural experience (see Narayan, 1993).

2.7.1. Interpreting the Dynamics of Power Relations in the Field

In one instance, I contacted a member of the Congolese community who was directing a social agency in Hamilton. This individual granted interviews to journalists at the time of the incident. When I spoke with him over the phone, he stated categorically that he could not grant me an interview because he had no time. He could not even agree to a 30-minute phone interview. However, he would agree to fill out a close-ended questionnaire. In the end, he agreed to participate in the study only if I sent him a survey questionnaire with closed ended questions in which he could check 'yes' or 'no'. I explained that it would not be helpful considering that I was only interested in conducting in-depth semi-structured interviews. When I contacted him again by email to attempt to persuade him to participate, his response was swift and blunt, reading, in part: 'I personally cannot be involved in a process of writing a doctoral dissertation due to my very limited free time. However, I would be glad to answer a yes or no questionnaire that

could help you regarding Ebola fever. If this is OK with you please forward your questionnaire by email'. This was not an isolated incident. There were other encounters where some key figures in the community chose not to participate for various reasons.

The reluctance on the part of some members of the Black community may be a show of power. In field research, as in other social settings, there are power relations involved between a field researcher and his/her 'research subjects'. Why would a Congolese 'voluntarily' grant interviews to journalists, whom members of his community claimed 'denigrated' their presence in Canada and fail to grant me an interview for the purpose of understanding the incident? Why would the medical doctors promptly respond to Dr. Satzewich's request to grant me interviews while they refused to honor my request? There are no objective answers to these questions. One aspect of what Barrett (2002: 29-30) refers to as 'individual power' is 'tactics of power'-ways in which individuals assert control over others. The responses of some of these individuals to my requests were ways of asserting control. In encounters I experienced with some prospective interviewees it is evident that power is diffused, and not 'concentrated' as structuralist arguments would make one believe.

Charles Tilly (1997) conceives of power in terms of categorical social inequality. He argues that the social world is ordered into unequal pairs: male/female; rich/poor; white/black, straight/gay; etc. Conversely, Foucault (1980) argues that power relations are non-categorical, and are diffused, and centripetal. He asserts that power 'is never localized here or there, never in anybody's hands, never appropriated as a commodity or piece of wealth. Power is exercised through a net-like organization' (Foucault, 1980: 98).

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In light of this field experience, Collins' (2000) 'situational stratification' theory is more insightful and relevant to the encounters with some of the key members of the Congolese community. Collins (2001) points attention to 'the possibility that the actual experience of stratification in social encounters is highly fluctuating' (Collins, 2000: 19). He argues that the workings of power are better understood across everyday micro-situation encounters that are subject to change. For example, while members of the Black-Congolese community claimed that they were mis-represented by the media because they were racial minorities, a number of individuals in the Black community exercised their own form of control in dealing with me. This is the case with the director of the social agency who granted journalists an audience presumably because they occupied a 'powerful position' in society. However, in spite of guarantee of an informed consent to participate in the study, he refused to grant an interview for a project that purported to concern a 'community' to which he 'belonged' and 'served'. In all these cases, power connotes a 'thing' that cannot be neatly packed or layered, but a complex phenomenon.

2.8. The Interviews

Interviewees for the study can be divided into two categories, namely 'unofficial' and 'official'. Since the study aims to understand the social process involved in the making of the news about Ebola, including the perspectives of journalists, medical staff, on one hand; and the subjective interpretation of the news coverage by members of the Black community, and the impacts of the coverage on them, on the other, the participants in the study were drawn from the groups involved (Blacks, journalists, and medical staff).

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Snowball sampling method was used to 'recruit' members of the Black-Congolese

community. Apart from being Black, participants had to meet two other criteria. First,

the participant must have been residing in the Hamilton area at the time of the incident.

This is essential to the study, as one of the main objectives was to find out how the media

coverage of the event affected individual members of the community, and the community

at large. For example, Congolese who had not arrived in the country at that time, even

though they knew about the incident, were not included in the sample. Second,

participants not only had to be aware of the event, but also of its coverage by the media,

most especially the print media. All the Congolese I met who were in Hamilton at that

time met this criterion. Most members of the Black community encountered in the field

remembered the incident, and had their own impressions, but were not interviewed for

the study because they knew little about the media coverage. Therefore, all the

participants in the study were in the Hamilton area at the time, and remembered the

nature of the coverage of the Ebola story. Eighteen members, nine non-Congolese Black,

and nine Congolese, were selected for the study. Interviewing of members of the Black

community stopped at the point when data saturation was reached; that is when the

researcher could not gain new information about the case (see Ragin, 1994: 86-87).

For the category of non-Congolese, their 'sub-ethnic affiliations' were taken into

consideration. Five were first generation immigrants from Africa; three were first

generation immigrants from the Caribbean, and one was Canadian-born whose ancestors

include ex-slaves who escaped to Canada via the underground railway of the mid-19th

century (see table 2.1a below). Nine members of the Congolese were selected because

they did not have exactly the same experience and interpretation of the incident as the other Black ethnic groups. For example, all Congolese encountered in the field still had a strong sense of awareness of the case. While non-Congolese Blacks were still aware of the incident, they did not tend to remember much of what happened. Taking all this into consideration, more members of the Congolese community than other Black 'sub-ethnic groups' were selected.

Table 2.1(a): Non-Congolese-Black Participants

Participants	Occupation	Gender	Age-Range	Duration of Interview	Mode	Nationality	Level of Education	Venue	Year of Arrival
R1	Student	Female	18-28	26 mins.	Tape Recorded	Nigeria	B.A	Home	1990
R2	Student	Female	18-28	53 mins.	Tape Recorded	Ethiopia	Post-secondary	Office	1983
R3	Self-employed	Female	50-59	90 mins.	Tape Recorded	Trinidad & Tobago	Post-secondary	Home	1974
R4	Program manager	Female	40-49	39 mins.	Tape Recorded	Eritrea	MD	Office	1991
R5	Nursing	Female	50-59	60 mins.	Type-written	Jamaica	Post-secondary	Home	1973
R6	Social services	Female	40-49	45 mins.	Tape-recorded	Central African Rep.	Post-secondary	Phone Int.	1989
R7	Secretary	Female	40-49	55 mins.	Tape Recorded	Barbados	Post-secondary	Office	1964
R8	Clergy	Male	40-49	50 mins.	Tape Recorded	Sierra-Leone	MA	Church	1994
R9	Social Worker	Male	50-59	30 mins.	Tape Recorded	Canadian	BA	Office	Born in Canada

Table 2.1(b): Congolese Participants

Name	Occupation	Gender	Age-Range	Duration of Interview	Mode	Level of Education	Venue	Year of Arrival
R1	Nursing	Female	18-28	28 mins.	Tape-Recorded	College	Workplace	1997
R2	Unemployed	Male	40-49	60 mins.	Tape-Recorded	MD	Home	2001
R3	Consultancy	Male	50-59	60 mins.	Tape Recorded	Ph.D.	Home	1993
R4	Unemployed	Male	40-49	78 mins.	Tape Recorded	MD	Home	1999
R5	Personal Supp. Worker	Female	40-49	30 mins.	Type-written	BA	Home	1999
R6	Unemployed	Female	29-39	30 mins.	Tape-Recorded	College	Home	1999
R7	Minister	Male	29-39	60 mins.	Tape Recorded	BA	Pub. Park	1996
R8	Customer Administrator	Male	40-49	55 mins.	Tape Recorded	BA	Home	2000
R9	Research	Male	50-59	60 mins.	Tape Recorded	Ph.D.	Office	1996

The four journalists interviewed for the study were selected on the basis of 1) interest to participate; and 2) their extensive coverage of the news for their respective newspapers. Two medical doctors who attended to the patient, and the director for media communications for the hospital were contacted for interviews largely because of their direct involvement in the care for the patient.

Most members of the Black community were interviewed in person in their homes. One person was interviewed at a park in Hamilton, one in my office at McMaster, and one at her place of work. Only one person was interviewed on the phone. All participants, but two, agreed to the audio-taping of the interviews. In the two events where interviews were not tape-recorded, they were type-written as the interviewees spoke. For the most part, important statements were type-written verbatim. Durations of

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interviews ranged from 26 minutes to 1.5 hours. The interviews were semi-structured. The questionnaire was used as a guide to the kinds of questions to ask the interviewees.

Most of the interviewees were contacted at least twice. The first contacts were usually over the phone, and were for the purpose of seeking their participation. Interviews were conducted at the second meeting. Prior to interviews, my usual strategy was to start a general discussion around some social issues. With the Congolese men, I could start up a conversation about soccer, which many Africans seem to like to discuss, or African politics. For the women, both Congolese and non-Congolese, I would talk about the weather, job prospects, travel, and family. My style of initiating conversations with Congolese females was also adopted for non-Congolese Black participants. After the initial conversation, informed consent was obtained from the participant either in writing or verbally. Interviews were conducted in the English language. All of the Congolese participants were fluent French speakers, and would rather speak in French if I could speak the language (which I could not). However, they had a working knowledge of the English language, and had little problem with understanding and expressing themselves in English.

Two of the journalists for the *Hamilton Spectator* were interviewed in their newspaper's office in Hamilton; the third one at a coffee shop in a neighboring town. The journalist with the *Globe and Mail* was interviewed in my office at the university. The first few minutes of the interview were spent on introductions, and my describing the research objectives. Informed consent procedures were then followed. Unlike with members of the Black community, where I generated discussions with them before

interviews, journalists often initiated conversations with me prior to our interviews. At the research design stage, there was a concern that journalists might feel embarrassed with having to answer questions related to how they report on issues concerning racial minorities. The questionnaire was organized in a way that general questions, such as the nature of their job, work experiences with covering news, and running of local news were first asked. This was not only important to understanding how news was produced, but also to establish some cordiality and feelings of comfort with one another. Following general questions were specific ones related to the coverage of the Ebola case. All the journalists agreed to the tape recording of the interviews.

The director of media relations and communications for the hospital and one of the medical doctors were interviewed at their Hamilton offices. The director of media relations was aware of the informed consent; he filled it out and did not bother to keep a copy for himself. The second medical doctor opted for an over the phone interview because of his busy schedule. All interviews were tape-recorded. The informed consent form given to the first doctor was similar to those given to the journalists. The informed consent for the over the phone interview was sought by word of mouth. As with the journalists, general questions came before specific ones.

Taped interviews for all participants were transcribed, read and re-read, and were coded. I analyzed the interviews and field studies according to the following general questions:

a. What is the Black community's account of the incident?
b. What is the Black community's perception of the coverage?
c. Are there differential interpretations of the Ebola case by members of the Black community?

d. What is the Black community's impression of medical and media institutions?
e. What is the nature of the impact on members of the Black community?
f. What is the Black community in Hamilton?
g. What is the nature of Blacks' resistance to the coverage?
h. What is the news making process of the Ebola story like?
i. What subjective conditions influence the production of the Ebola story by the media?
j. What is the nature of relationships between the hospital and the media on one hand, and members of the Black community on the other?
k. What subjective and institutional conditions drive the medical diagnosis?
l. How can the Ebola story be retold?

2.9. Content Analysis

The press coverage of Ebola lasted for six weeks. A qualitative analysis of all

articles in the four newspapers for the duration of time that the news lasted was

undertaken. The analysis of the framing of the incident was influenced by the critical

discourse analysis (CDA) techniques of van Dijk (1993a); and Henry and Tator (2002).

van Dijk (1993a) describes CDA as an effective way of understanding the role of

language use, and discourse or communicative systems in the reproduction of inequality.

Henry and Tator (2002: 72) indicate that critical discourse analysis studies and provides

tools for 'identifying and defining social, economic, and historical power relations

between dominant and subordinate groups'. Sociologically, critical discourse analysis

argues that what we identify as 'discourse'--language, texts, and other communicative

sign systems--and as 'social' are intertwined. That is, all thinking and all texts have

social contexts. van Dijk (1993a) lays out a number of 'principles' guiding critical

discourse analysis. Most important of these principles, as they apply to this study, are:

one, a discourse cannot be divested from its broader social, political, economic, and

ideological contexts. The analyst must pay attention to the role of discourse in the

reproduction of inequality and dominance; and two, critical discourse analysis is not decoupled from the analyst's sociopolitical stance, and textual appreciation must be seen from the point of view of marginal members of society. As an African immigrant, I concur with van Dijk's (2001) assertion that 'theory formation, description, and explanation, also in discourse analysis, are sociopolitically "situated", whether we like it or not' (van Dijk, 2001: 353). However, as indicated earlier, standards of good scientific work are strongly adhered to (see Becker, 1967).

Access to discourse is equivalent to access to power. van Dijk (1993a) argues that a group's power can be measured in relation to its control of public discourse. The group which controls the public discourse in various forms, including everyday talk, and media space, have control over people's mind. In other words, it dominates by hegemony, rather than by force. Critical discourse analysis, van Dijk (2001) claims, works 'to understand, expose and ultimately resist social inequality' (van Dijk, 2001: 352). In this study, critical discourse analysis of media content is used to identify the relationship between language use and discourse and their relation to broader social issues, most especially the macro-structure of power. For example, in the view of critical discourse analysts, discourse mutes or suppresses problematic social agency. According to Fiske (1994), discourse 'disarticulates' and 'rearticulates'. Using the Clarence Thomas case to illustrate how discourse 'disarticulates' and 'rearticulates', Fiske (1994) states: 'By calling the hearings a "lynching," Clarence Thomas disarticulated them from gender behavior in the workplace and rearticulated them to racist behavior in history and thus changed their meanings' (Fiske, 1994: 6). Critical discourse analysis is employed in this

study to examine the struggle over the definition of events, and the advantage that

discourses of racially dominant groups and institutions have over non-official and

ordinary groups like the Congolese.

Janesick (1998) recommends that the qualitative researcher use 'inductive

analysis', meaning that 'categories, themes, and patterns' are generated from the data

(Janesick, 1998: 47). In so doing, themes and categories that emerge from the data are

not imposed prior to data collection. While a social researcher cannot easily eliminate

pre-conceived concepts, in this study pre-conceived concepts were converted into

sensitizing concepts (see Glaser & Strauss, 1967) to avert imposition of thematic issues.

Thus the collection and analysis of the newspaper articles take three steps. First, I read

through all the articles twice to familiarize myself with their content and major topics and

themes. Like research interviews, sensitizing concepts were mapped out and developed.

According to Clarke and Robinson (1999) cursory read of articles 'offers the function of

providing the analyst with a "superficial" glimpse of the range of possibilities for later,

more systematic data analysis and collection' (Clarke & Robinson, 1999: 267). The

second stage involves reading through to identify topics and themes. At this stage, I

decided to divide into two periods—Ebola and post-Ebola periods—the analysis of

themes that emerged in the media. Clarke and Robinson (1999) in their study of

newspaper coverage of testicular cancer observe 'manifest' and 'latent' content in the

newspaper articles examined. As I read the newspapers again, I took note of the

denotative meanings in the news articles. Towards this end, some quantification is

employed to identify source quotes, for the purpose of understanding the nature of voice

representation, and for frequency counts of 'panic-stricken' words such as 'Ebola' and 'deadly' in the headlines, rather than a less threatening word like 'malaria'. I also counted and coded frequencies of themes around identity, immigration, and health care as they appeared in the news articles and in their headlines. Concerning source quotes, two or more quotes of a single speaker in one paragraph were taken as one, and quotes in separate paragraphs constituted one unit. Frequency counts were limited to the 'hard news', that is, news items that meet the professional journalistic criterion of 'objectivity'.

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

In the third stage, I painstakingly shifted to the examination of the connotative meanings of the coverage. Attention was paid to photographs, maps and diagrams. In semiotic analysis, photographs, maps and diagrams are texts, and can be read as such (see Bryman, 2004: 393-394; Barthes, 1972). They signify important meanings beyond and beneath the manifest meanings of texts. Photographs, for example, can be read as a sign and linked to broader cultural and ideological themes. Clarke and Robinson (1999) have also hinted that 'objectivity' and 'subjectivity' are germinal to consideration in any research project. Most readers would agree with the manifest point of an article, but

latent meanings are subject to the 'subjectivity' of a researcher. I approach my interpretation of the latent meanings of the manifest categories using the literature that poses that racial categorization results from the anxieties of the late modern period, owing in part to the growing racial diversity in Canadian society in recent years (Li, 2001; Satzewich, 1998a: 219; Zong, 1997).

Critical discourse is employed for this study, as it has been used to interpret anti-immigrant subtexts in government documents and the media (see van Dijk, 1993a; Li, 2001; Henry & Tator, 2002).

2.10. Ethical Considerations

In fieldwork, Shaffir and Stebbins (1991) list three ethical issues that often confront social scientists in the data collection stage. They are: ethics of concealment, changes in research interests, and violations of the researcher's moral code (Shaffir & Stebbins, 1991: 17). With the first issue (ethics of concealment), participants' rights to know the purpose of the study were communicated to them verbally and through the informed consent procedure. Also, participants were given the option to refuse the tape recording of interviews, including the two over the phone interviews. Concerning the second issue, there was no change of research interest. The objective of the study remained consistent throughout. The third issue relates to whether researchers should participate or report criminal activities witnessed or observed in the field. This aspect of ethical issues is not applicable to the study.

Other ethical issues in the field are not so straightforward as Shaffir and Stebbins (1991) state. There are less obvious aspects of ethical consideration in field research.

Barrett (1984b) conceives of ethnographic endeavors as a 'subversive activity'. He

states:

> Ethnographers ingratiate themselves with communities by a number of devices that can
> be collectively labeled forms of bribery; traditionally, these have ranged from an
> amateurish medical services to gifts of books, teaching in local schools and offering rides
> in one's vehicle—perhaps the only one in a poor and isolated community (Barrett, 1984b:
> 2).

Part of 'subversive activities' may be construed as not telling participants the latent

benefits that a researcher gains through conducting a study, and the importance of

participants' consented involvement. Social researchers hardly ever inform their

participants of the avenues of improving their life chances by conducting research and

gaining access to what Olin Wright (1985) refers to as 'skill/credential assets'. Likewise,

the prestige that a field of study can earn researchers among their peers at conferences

and in the larger academic community is hardly ever conveyed to prospective subjects. If

'subjects' of a study were aware of opportunities that 'studying them' can offer the

person 'studying' them, and also that a study can make a research subject's 'private' life

'public', would they be more open to sharing their life experiences by granting

interviews? Obviously, clear-cut boundaries between ethical and non-ethical issues are

difficult to determine.

I believe a researcher needs to be conscious of his/her social position, especially

the opportunities of 'studying a people' for the purpose of 'telling about society' (Becker,

1986), and make efforts to communicate to 'research subjects' an appreciation of their

participation. I undertook the study as a route to possibly enhance my 'life-chances', that

is, as a partial contribution to a professional career. In view of this, apart from having

some sincere emotional support for these participants, I made conscious efforts to pay back in kind, part of the Black community's contribution to the research. Some of the efforts made in this regard are as follows. After collecting data for the study, I became aware that a daughter of one of the participants was sick. In the middle of the night I volunteered to drive the sick child and her mother to the hospital and picked them up two days after she recovered. In another instance, I helped an elderly man, introduced to me by one of the participants, in the Black community draft a letter of protest for what he perceived as a racist incident at his work place. Also, when a leader in the Congolese community died, I attended the funeral to pay him my last respect, consoled his surviving sons, kept in touch with one of them, and sympathized with some members of their community. There was no way of reciprocating the 'support' given by medical practitioners and journalists for participating, other than sending them thank you messages by electronic mail or phone.

Barrett (1984b), in his study of white supremacist groups in Canada, labels his form of role-playing in the field a 'deceptive candor'. Not many social researchers own up to the fact that their comportment in the presence of their 'research subjects' can be interpreted as 'deceptive'. This is a bold revelation by Barrett (1984b). Role-playing or Goffman's (1959) 'impression management' in the 'presentation of self' in the field can be a contentious ethical issue. In my role as a field researcher, I had to comport myself at different settings in ways that were unlike my personality. As mentioned earlier, to gain the trust of a member of the community, I had to attend his church; and before I started an interview I had to initiate 'non-related' conversations to endear the interviewer. When

I met with journalists and members of the medical community, I maintained eye contact (a norm that is considered inappropriate in my Nigerian-Yoruba culture) and broke the gaze at appropriate intervals.

Like members of the Black community, who participated in the study, efforts were made to avoid 'harming' those journalists and medical practitioners who took part in the study. Rainwater and Pittman (1967), in their study of housing projects in the US, argue that sociologists are not ethically bound to protect the confidentiality of public figures because as individuals they 'are necessarily responsible for the behavior of all other members as well as their own. In such a situation there is really no way of presenting findings about the group and at the same time protecting their identities' (Rainwater & Pittman, 1967: 364). The confidentiality of all those who took part in this study is protected. Protecting the confidentiality of media workers and hospital staff who took part in this study is not only taken as an ethical necessity, but also as a form of inducement to take part in the study and subsequent academic research.

At the research design stage of the study, I envisaged that some participating members of the Black community may be sensitive to the subject matter of this research. This prior consideration prepared me for ways to handle emotional distress that might arise in the field. Lack of concern for participants' emotional state is an ethical issue; therefore a researcher must think ahead of time about how participants would respond to questions or issues that are sensitive. In one particular case, I encountered a non-Congolese Black participant, who broke down in tears when asked at the early stage of interview what she remembered to be the key highlights of the media coverage of the

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Ebola case. Her response was: 'I became quite upset, quite angry, and even now that I am thinking about it, I became pretty angry again. What I did at that time is to write a prayer. Anybody I spoke with, any of our people I spoke with, telephone, at meetings, I asked them to pray for her'. Her crying became uncontrollable and the interview had to be postponed till another day and time. Later, I left messages on the woman's answering machine to confirm a subsequent interview appointment, but she did not return my calls. Her non-response to my phone calls suggested to me that she was no longer interested in the study. There were some ways I could get her involved: I could either influence one of her close friends who was my acquaintance to persuade her, or start attending her church so I could be close to her. I chose not to do either because I thought the research was a bit too emotional for her to handle.

Although, escalated anger was perceived at the research proposal stage, there was no major incident. In the field, reactions were mixed. While some participants showed some anger, for a number of participants the interview session was 'therapeutic'. The therapeutic influence of the interview for some participants was expressed in two ways. First, it served as an opportunity for some of them to express their views on the incident. For example, at the completion of an interview, one participant said to me: 'thanks for speaking to me, I had wanted to talk about this but did not have the opportunity'. Second, negative experiences for some were turned into jokes. Some participants expressed this humorously that I had to laugh out loud with them. One of such example was when one interviewee recounted how his child was mocked at school. He put it this way:

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They said you are from the Congo! You must have Ebola! People start to know about Congo, o.k.? Where is Congo? Congo is in Africa! Is it in the North of Canada?...you know they don't know. But that time, people learn a little bit about Congo (laugh)...for me it was great because (laugh) they knew a little bit, they learn about Congo (burst out laughing) (Face-to-face Interview: May 03, 2003).

Nevertheless, it would be too simplistic to state that their emotional state at interview and non-interview sessions was either of the two ways discussed above. For many it was an admixture of anger and relief or pure anger.

Conclusion

This chapter has set out the methods and methodology employed to collect data for this study. I have also indicated how I became involved in the study: my ethno-racial background has some influence in the way I make sense of the incident. However, I have pointed out that my social location is a subjective position that does not in any way undermine the scientific credibility of the study, as necessary measures for guarding against bias have been taken.

As has been indicated, the two research methods—content analysis and semi-structured interviews with four journalists, two medical practitioners, the director of media communications for Henderson Incorporation, and eighteen members of the Black community, all of whom were aware of the incident—used for the collection of data for the study are complementary, rather than contradictory. In particular, the semi-structured interviews have a methodological significance in the sense that it enables the researcher to understand the inter-subjective interpretations of the case study by those who were involved.

My encounters with those involved in the case, ranging from doctors and journalists to members of the Black community, affirm the sensitive nature of the case, the delicate issues involving infectious diseases and ethno-racial matters, and people's sensitivity to them. Getting information from participants involves negotiations, and exposes the power dynamics, that cut across social identity such as 'race', and their dispersal in the field. Gaining access after a relatively lengthy attempt confirms the epistemological assumption of qualitative research—as an effective research method for getting information about subjects' position in complex cases.

CHAPTER III: 'THERE WILL BE A NEXT TIME': MEDIA DISCOURSE OF AN 'APOCALYPTIC' VISION OF IMMIGRATION AND HEALTH RISKS

Introduction

Social institutions like the media are capable of translating events into a panic by problematizing them. Risk, as indicated in chapter one, is rarely an objective condition as people's interpretation of degrees of risk is influenced by any given discourse. The problematization of events by the media is not a fortuitous exercise because a discourse of problematization has an ultimate goal of instituting social regulation and social control (see Hall *et al.*, 1978). As discussed in Chapter I, there is a relationship between risk and moral panic discourses and the precipitation of social control agents in times of social change and ambiguity. Further, as pointed out earlier in Chapter I, health risks require a human agency in order to be effective in activating a moral panic. Therefore the problematization of a socio-human issue such as immigration is an essential component of panic and risk discourse. As such, the mass media as a major mode of communication in modern societies, have the power to engage the public synchronously with local, national and international issues. When the mass media communicate risk, risk can carry an apocalyptic meaning in the minds of members of society.

In this chapter, I discuss the problematization of the non-Ebola case and its translation into a generalized problem of immigration and racial diversity. The chapter is organized into five main sections. The first section presents the manifest themes of media coverage of the non-Ebola event. Section two develops latent interpretations from the manifest themes using critical discourse analysis. This entails a close reading of the manifest themes of panic, identity, immigration and health, and crime and suspicion.

Section three examines the media coverage in relation to its broader ideological context. Quoted sources and images, such as photographs, maps and diagrams, are analyzed in connection with how inequalities are reproduced by the media. In addition, this section examines and analyzes letters to the editor and newspaper editorials. These news items are part of the unconscious media strategy for deploying the ideology of racial inequality in a multi-racial society. Section four focuses on the ideology of racism and the new racism in the media coverage of the non-Ebola event. Finally, the last section examines the translation of a panic of disease into racialization. Using twin-concepts of articulation/disarticulation, I argue that racialization and racial stratification are attained through problematization. Problematization is reinforced through cross-articulation of the non-Ebola panic with immigration, racial diversity, health care costs, and criminality. Interviews with journalists complement media texts in the analysis.

This chapter argues that ideology functions through the media by substituting 'immigration' for racial minorities of non-European descent. Ideology is about how discourse manages power (see Foucault, 1980), and conceals power by representing differences of evaluation to assume consensus. What ideology does in the representation of this case is to produce broad values of consensus through problematization. As a result, power gets translated into control and common values. In this case, media discourse is able to have a plausibility with the Canadian public largely because it finds resonance with the pre-existing perceptions of Africans. In this process, the translation of 'nationality' and 'immigration' into 'race' is critical.

Based on the latent interpretation of the coverage by newspapers, the chapter

concludes that the anti-racial diversity discourse in the newspaper articles is not

deliberate, as people are constituted by discourse which they in turn shape into social

practice and social action, and in relation to their understanding of the external material

world. Despite the differentiated ideological views of the newspapers examined, the

evidence suggests that there is no substantial difference in their coverage of this event.

Before the discussion and analysis, the chronicle of major developments of the

event, as reported in the newspaper articles, is presented as follows:

February 6th, 2001: Newspapers report that a woman from Africa may be suffering from the Ebola virus. It is mentioned that the patient arrived at the Pearson International Airport in Toronto from Africa via Newark, New Jersey by Air Canada.

February 7th, 2001: It is reported that the government has launched an emergency plan through Health Canada, in response to fear that the patient might be carrying Ebola. It is reported that Canada invoked its contingency plan for hemorrhagic fevers for the first time. The plan outlines how such patients with hemorrhagic fevers should be hospitalized, transported, isolated and treated.

February 8th, 2001: All the newspapers report that medical tests have ruled out Ebola. However, the patient is still being tested for other viruses that cause viral hemorrhagic fevers. Members of the community are concerned about spread of infection. The *Globe and Mail* is the only newspaper that published the patient's name in its news report. Her name is reported as Colette Matshimoseka.

February 9th, 2001. Other newspapers reveal her name in their news reports. It is also reported that members of the Hamilton community are concerned over the possible spread of the patients' 'mystery' infection. The *Hamilton Spectator* posts photographs of the house where the patient stayed in its front and center pages.

February 10th, 2001: Newspapers report that tests have ruled out all viral hemorrhagic fevers. While members of the Hamilton community are relieved, the medical community continues to be 'mystified' about the cause of the patient's illness.

February 12th, 2001: The Heritage Front, a self-acclaimed racist organization, is reported by the *Hamilton Spectator* to have distributed flyers titled 'Immigration can kill you' in the hospital vicinity. The *Hamilton Spectator* and the *Toronto Star* carry a report that members of the Congolese community complain that they have been prevented by the hospital from getting

involved in the care of the patient. It is also reported that they express the view that the patient is suffering from malaria.

February 14th, 2001: The patient is reported to remain in intensive care.

February 26th, 2001: The college student who 'hosted' the patient is reported by the *Hamilton Spectator* to be concerned about her health and reputation in the community. She worried that the public would consider her as the person who brought Ebola to Canada.

March 3rd, 2001: The *National Post* breaks the news that the patient is being investigated by the RCMP for diamond smuggling.

March 5th, 2001: The patient is reported checked out of the hospital.

March 7th, 2001: Newspapers run stories that the RCMP has cleared the patient of any connection with diamond smuggling.

March 13th, 2001: Newspapers report that the patient's medical treatment is costly for the hospital. Reference is made to the fact that she was a visitor with no medical coverage.

3.1. Manifest Themes

Manifest themes in the media coverage are determined by the frequency of certain

words in the newspapers. Manifest themes are panic, identity, crime and suspicion, and

immigration (see table 3.1.). These themes are obvious in news stories and in headlines.

The most dominant theme is 'panic'. These are determined by the frequency of words

like 'Ebola', 'Lassa fever', 'Crimean-Congo', 'Meningitis', 'hemorrhagic fevers',

'Marburg', 'deadly', 'bleeding', and 'mysterious'. The identity of the patient is also of

primary significance as her name and nationality were stressed throughout the coverage.

Regarding the patient's immigration status, her 'visitor' status is continually emphasized.

Towards the end of the second part of the coverage (the 'post-Ebola period' coverage) the

issue of smuggling and crime is featured. This is given significant attention by the four

newspapers (Table 3.1 shows the frequency of words in the news stories while table 3.2 has the frequency of key words in the headlines).

3.2. Latent Themes and Critical Discourse Analysis

Critical discourse analysis is a method for 'unpacking' and 'exposing' the role of media ideology in the reproduction of social inequalities. As an ideological apparatus of the 'powerful', the media mask levels of contradictions in society. Critical discourse analysis pays close attention to the manifest and latent meanings of media texts. From the standpoint of critical discourse analysis, media texts are understood connotatively rather than denotatively (see Henry & Tator, 2002; van Dijk, 1993a). Unlike manifest data analysis, latent data analysis is a product of an analyst's interpretation of manifest themes in media texts.

3.2.1. 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. They are also communicated in photographs and the captions that explain them.

3.2.1.1. Headlines

According to van Dijk (1991), headlines have both cognitive and textual functions (van Dijk, 1991: 50). Most readers do not read the remainder of an article, taking with them the summarized version of the news in the headline. However, headline messages, like other media texts, do not have direct effects on people, but they are capable of influencing public opinion. While there is no indication in the early coverage that the

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hospital had diagnosed Ebola, the word was already embedded in some of the news

headlines. Other possible infections are meningitis and malaria, and a broad category of

hemorrhagic fevers, including Marburg, and Crimean-Congo. Out of these possibilities,

'Ebola' is the choice word for the headlines. It constitutes 40% of key words in headlines

of the *National Post*; about 17% of the *Hamilton Spectator's*; 55.6% of the *Globe and*

Mail's; and 33.3% of those of the *Toronto Star* at the early stage when Ebola was

suspected (see table 3.2). 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)

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, when

Ebola 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.

Apart from the use of words like Ebola, another notable 'panicky' word is

'mystery'. Giddens (1991) distinguishes between 'anxiety' and 'fear': 'fear is a response

to a specific threat and therefore has a definite object' (Giddens, 1991: 43), whereas

'anxiety is diffuse, it is free floating: lacking a specific object' (Giddens, 1991: 44).

While 'Ebola' signifies a detectable fear, 'mystery' relates to 'anxiety'--an unknown

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enemy, no cure and 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)

Other key words in the headlines are 'risk', 'deadly' and 'virus' (see table 3.2).

3.2.1.2. Quotes and Expressions

Apart from headlines, the choice of words and statements attributed to medical

authorities and individuals in the medical institution have a tendency to promote fear.

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).

Concerning the fear of infection by some members of hospital staff, the president of

CUPE Local 794 is quoted: 'They are scared to death. They're scared not just for

themselves, but for their children' (*Hamilton Spectator*, February 9, 2001). Relatedly,

the *Hamilton Spectator* comments:

> 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 (*Hamilton
> Spectator*, February 9, 2001).

Table 3.1: Frequency of key words in the media coverage

Themes	Key Words	National Post		Hamilton Spectator		Globe and Mail		Toronto Star	
		N_1 %	N_2 %	N_1 %	N_2 %	N_1 %	N_2 %	N_1 %	N_2 %
Diseases	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)
	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)
Panic	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)
	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)
Identity	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)
	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)
Immigration	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)
	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 'the post-Ebola period coverage': from February 9, 2001 to March 7, 2001.

In a similar vein, the *National Post* writes:

> 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.

3.2.2. 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 are safe from the 'third world's' deadly diseases. The quest

for the identity of the patient 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 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 (*National Post*, February 6, 2001).

The other newspapers also show an interest in her identity.

Altheide (2002) 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 (Altheide, 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

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headlines contain 'Congolese woman', 21.4% ('Post-Ebola') for those of the *Hamilton Spectator*; 6.7% ('Ebola Period') and 22.2% ('Post-Ebola') for the *Toronto Star;* and 27.3% ('Post-Ebola) for the *Globe and Mail* (see table 3.1). Also, 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 3.1). Key words such as 'Congolese woman', name, nationality and her continent are indicative of how imperative her identity is to the news media.

Interestingly, the patient assumes different identities in the development of the media stories. Bureaucratically, she is a 'visitor'. She is also represented as a 'Congolese woman', 'African', 'French-speaking', 'refugee', and 'criminal'. Converging around her personae exists as a carrier of threat and risk, an immigrant and Black. She is an embodiment of 'danger' posed by immigration: she represents the consequence of a dangerous immigration system. She has an ambivalent identity: she is 'innocent', and at the same time 'harmful'. She is 'innocent' because she is unknowingly carrying a virus: 'the woman probably had no knowledge she was carrying something vicious, and about to become ill' (*Hamilton Spectator*, February 7, 2001). On the other hand, she is dangerous because she is carrying a lethal virus. In this case, she personifies the 'folk devil'. She is represented as the negative side of immigration. This is exemplified in her association with her racially defined 'Otherness'. Historically, the racial 'Other' is a social construction, signified for his/her somatic features. She is ambivalent: she is pitied

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Table 3.2: Key words in the newspapers' headlines

Key Words	National Post		Hamilton Spectator		Globe and Mail		Toronto Star	
	N_1 (%)	N_2 (%)	N_1 (%)	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)	18(100)	28(100)	9(100)	11(100)	15(100)	9(100)

N_1 denotes the frequencies of words in the newspaper headlines in 'the Ebola period coverage': from February 6, 2001 to February 8, 2001.
N_2 denotes the frequencies of key words in the newspaper headlines in the '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.

and at the same time assailed; she represents a dangerous immigration system; and at the same time an unwitting cause of a crisis.

The *Toronto Star*, in its February 9, 2001 news article, symbolically expresses her dangerousness vis-à-vis her physiology thus: 'it was cold and dark outside. They had no idea they were carrying a patient who might have a potentially virulent hemorrhagic fever from the heart of Africa'. In this comment are implicit relationships among her 'dark skin color', 'cold and dark outside', 'the heart of Africa', and a threat to humanity from a 'dark continent'.

She is also shown some 'compassion'. In one instance, the *Toronto Star* of February 10, 2001 makes the following comments:

> What a lonely visit it has been. She lies alone in her own room in the intensive care unit in an unfamiliar country. For roughly five days, every staff member she has come into contact with has approached her wearing a protective face shield, gloves, gown and hair net. Hospital staff say they have delivered few cards, but a friend has been in to see her.

The patient's ambivalent identity, as represented in the media is not an anomaly in the representation of Blacks that have assumed popularity/notoriety. Using the concept of a 'floating signifier' to describe the representation of African-American basketball players in the media, Wilson (1997) shows how the Black identity can be ambivalent: vacillating between 'good black' and 'bad black'. Black athletes are 'good' when they are not doing 'harm', and are expected to be bad when they conform to the dominant stereotypes about them. The patient is also a popular figure, albeit a notorious one to some extent, in her own right. Her identity vacillates between being 'pitied' and being 'vilified'. She personifies threat, danger, and evil, but at the same time 'innocence'. On the negative side, she is projected as a folk devil and embodies the negative side of Blacks as a

category. On the positive side, she is a pitiable subject, oblivious and ignorant of the 'danger' she is carrying.

3.2.3. Immigration and Health Risks

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' (Beck, 1992: 75). Further, Doyle and Lacombe (2000) poignantly show that the media play a significant role in the construction of 'scapegoats' in late modern societies.

Unlike the other newspapers, the *Toronto Star* brings up the issue around 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* news articles, published on 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' (*Toronto Star*, February 6, 2001). The article concludes by bringing up the topic of her immigration status in a way that connotes disfavor: 'Immigration officials noted that Canada does not do medical screening for legitimate visitors to the country, unless they appear ill on arrival'. The news article closes by quoting an immigration official as saying: 'There is no way you can insulate Canada from the rest of the world' (*Toronto Star*, February 6, 2001).

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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' (*Toronto Star*, February 7, 2001). 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' (*Toronto Star*, February 7, 2001).

The news article 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, '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'.

News reports on medical coverage and immigration come later in the other

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newspapers. The suspected case is also used to criticize the health care system and

inadequate funding for the hospitals. The *Globe and Mail* uses the case to recall that

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 spokesman for the Hamilton Sciences Corporation is quoted: '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 'mouth piece'

for the powerful.

The case also leads to a call for immigration reforms. This concern is expressed

through the President of the Ontario Medical Association in the *National Post*: '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 is further quoted as saying: 'We don't have any policy in this country to

make sure visitors from abroad carry medical insurance of any sort'. It continues, 'When

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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 news article further comments that:

> 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 (*National Post*, March 13, 2001)

The spokesman for the Hamilton Health Sciences Corporation is quoted as saying: ' "our

budgets are so razor-thin that we're committed to funding $15-million in [cost] savings,"

said Jay Robb, spokesman for the Hamilton Health Sciences Corporation. "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 the

declining social welfare under the regime of neo-liberalism.

Stallings (1990) has remarked that journalists practice a 'trickle-up principle' by

continually seeking 'smoking guns' (Stallings, 1990: 90). Interestingly, part of the blame

for the insufficient funding is shared by the government, a more powerful entity. There

are apparent shifts from a causal blame (the patient) to the attribution of remedial

responsibility (government), in large part to implicate government as an actor with the

power and capacity to act in a way to resolve and reassure. Although the patient is a

symbolic 'alien' scapegoat, she does not carry the totality of the blame because she does

not have as much power as the government, who has the power to avert her presence in Canada.

3.2.4. Crime and Immigration

Pratt and Valverde (2002) note that the Canadian public is often suspicious of refugees and has perceived them as 'masters of confusion' and as potential criminals. Prevailing stereotypes held by members of a dominant racial group about a 'racial Other' can lead to a 'self-fulfilling prophesy'. That is, the former is always conscious of activities of the latter to confirm its 'hypothesis'. The development of a theme of crime and suspicion in the latter coverage of the non-Ebola event seems to have affirmed the pre-existing negative perception of the 'Other'. On the 3rd of March, 2001, the *National Post* carried a headline on its front page, titled: ' "Ebola" victim investigated for diamond smuggling: sick woman caused panic'. In the days that followed other newspapers joined in developing the story.

Although the theme of crime appears in the latter part of the coverage, a close reading of the overall coverage of the event reveals that suspicion develops in tandem with other themes in a non-obvious way. Before discussing the specific crime related coverage, I want to point out the way the journalists' impressions of the patient precede her representation as a potential criminal. The *Hamilton Spectator* of February 10, 2001 makes the following comments:

> Federal officials have said Matshimoseka arrived on a business visa and reporters have been told she was due to travel to Montreal for a conference involving the energy sector. Efforts to find such a conference through Tourism Montreal or Hydro Quebec were unsuccessful.

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Interviews with journalists further reveal that suspicions precede the news of her

involvement in diamond smuggling. This is based on the following interview statement

of a journalist:

> There are so many irregularities around, or there appeared to be I should say, there
> appeared to be some irregularities around why she came here, and what she told
> Canadian officials she was here for. That it looked as though she was coming for, I'm
> sorry my memory of this is...as I recall a conference or something in Montreal...but her
> arriving in Hamilton, the timing of it made it look as though she wasn't going to the
> conference in Montreal at all, and that made everyone suspicious...so it appears as
> though she was trying to hide her real purpose for coming here. That raises the question
> why diamond smuggling was one kind of an answer...(Face-to-face interview; May 05,
> 2003).

The journalist who makes the above remarks is a crime investigator. He describes

himself as follows:

> ...when journalists talk about investigative reporting they usually mean stories that are
> more complex, where the truths are perhaps hidden or shielded and you have to spend
> more time to get at that information so you might work for weeks or months to produce a
> single story...I would go out with a specific goal, such as where did she live? Find out
> where she lived, talk to her neighbors to see when she got here, what you can find out
> about how she got here, and what she did when she was here...(Face-to-face interview;
> May 05, 2003).

That the first news linking her to diamond smuggling was run by the *National Post* is not

surprising. Henry and Tator (2002: 120-137) have shown in their analysis that the

National Post categorized Tamils in Toronto as 'terrorists' and criminals, and that the

National Post is blatantly anti-immigrant. One of the ways that the *National Post*

problematizes immigration, according to Henry and Tator (2002), is by racializing crime.

The headline of the first breaking news on crime in the newspaper reads thus:

'Ebola' victim investigated for diamond smuggling: sick woman caused panic
(*National Post*, March 5, 2001)

While it is the *National Post* that first ran the news, the other newspapers' accounts have

the similar themes. All the newspapers eventually published stories implying that the

motive for her coming to Canada was diamond smuggling. Her nationality in association

with Ebola and smuggling made headlines. The following are some examples:

'Ebola' patient in smuggling probe:
Left hospital Friday, went into hiding
(*Hamilton Spectator*, March 05, 2001)

Congolese woman draws RCMP's interest
Mounties will meet Immigration officials to discuss Hamilton visit
(*Hamilton Spectator*, March 6, 2001)

The representation of the woman as a suspect of crime is congruent with van

Dijk's (1993b) assertion that topics such as crime are ethnicized. That is, crime is

topicalized and cross-articulated with 'race'/ethnicity in the media (van Dijk, 1993b:

249). Expressions that characterize her as an ardent criminal, such as: 'the Congolese

woman at the source of an Ebola scare last month has been released from hospital, and

has gone into hiding amid news reports she is being investigated for links to a diamond

smuggling' (*Toronto Star*, March 5, 2001); and 'an official said her condition could not

have been caused by swallowing diamonds, a tactic sometimes used by smugglers'

(*National Post*, March 3, 2001) are found in the newspaper articles examined.

3.3. Broader Ideological Contexts

This case needs to be situated within the broader ideological contexts of 'race',

and racial diversity in Canada. Canadian society is said to be conceived of in racio-ethnic

terms. Li (2003b) refers to the racio-ethnic conception of Canada as a 'racialization of

Canada's space'. The racio-ethnic conception of Canada includes attribution of negative

evaluation to the racial origin of immigrants. Immigrants of African and Asian origins, in

particular, have often been represented in the mainstream media as being security risks,

and criminally prone (Li, 2003b). In societies where there are ethno-racial inequalities,

the media participate in the reproduction of the existing racial domination (Henry &

Tator, 2002; van Dijk, 1993a).

In this section, using quoted sources, I examine the representation of 'voice' in

the media. Further I discuss the ideological implications of news images, such as photos,

maps and diagrams, as well as the ideological import of non-hard news items of the news

coverage.

Concerning quoted sources, Stallings (1990), in his study of the social

construction of risk in news accounts of a bridge collapse, has shown that journalists'

views of organizational prestige are of central importance to their selection of news

sources. The allocation of more space and quotes to representatives of official

institutions inadvertently reproduces inequality in the sense that the views of those with

weak or no ties with social institutions are screened out. The under-representation of

Blacks in major institutions translates into their low representation in the media.

3.3.1. Voices, Representation and Power

'Secondary news sources' or 'ordinary voices' represent unofficial voices of the

victimized. Generally, secondary news sources are represented in terms of anger,

frustration, anxiety, or fear (Knight, 1998b: 115). Ordinary voices, if they are not

eyewitnesses, are usually positioned as the personification of what is bad about negative

news, and it is given less space in the media. Knight (1998b) characterizes ordinary

voices in the media as 'relatively powerless, passive, and socially dependent--but noisy

nevertheless' (Knight, 1998b: 115). Therefore, one index of power imbalance between

different sides is indicated in the amount of quoted and summarized statements of news actors in the media.

It is not unreasonable that quoted sources in the four newspapers cluster around 'official actors' (doctors, government officials, union leaders, and hospital staff) (see table 3.3). Compared to other groups and organizations, doctors are quoted more often by journalists. This is not unusual, as Stallings (1990) points out that the media often rely on sources affiliated with the established institutions involved in the particular issue in question. Thus, doctors as sources represent 66.7% ('Ebola Period') and 35.3% ('Post Ebola') in the *National Post*; 54.8% ('Ebola Period') and 40.3% ('Post Ebola') in the *Hamilton Spectator*; 63.2% ('Ebola Period') and 46.7% ('Post Ebola') in the *Globe and Mail*; and 46.3% ('Ebola Period') and 57.1% ('Post Ebola') for the *Toronto Star*.

It is common for health workers, most especially physicians, to be well represented in health related matters. However, voices of 'consumers' of health are under-represented because they are 'laypersons'. While it may seem logical for the media to rely on physicians for information pertaining to medical matters, it needs to be stressed that in 'real' situations physicians and health providers rely on their patients, clients or health consumers for diagnosis. In other words, the relationship between a doctor and his/her patient is bi-directional rather than one-dimensional as is generally portrayed to the public (see Persson *et al.*, 2003).

Members of the Black community, like the hospital staff, were affected by the Ebola news. The *Hamilton Spectator* and the *Toronto Star* give Blacks/Congolese more 'voice' in both 'Ebola Period' and 'Post Ebola' than the *National Post*, while the *Globe*

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and Mail has no quotes from Blacks (see table 3.3). The *Hamilton Spectator* gives

Blacks 3.2% ('Ebola Period') and 18.1% ('Post Ebola Period'), compared to 11.8%

('Post Ebola Period') of the *National Post*, and 2.4% ('Ebola Period') and 14.3% ('Post

Ebola Period') for the *Toronto Star* (see table 3.3).

Despite the higher number of source quotes given to the Congolese/Black

community in the *Hamilton Spectator*, the qualitative dimension of the 'voice' reveals the

undermining of Blacks and their social agency. A Congolese doctor connected with

McMaster University's medical school insisted that the patient was suffering from

malaria. However, apart from being given only a minor 'voice' in the media as a member

of the 'mainstream medical community' of the university medical establishment, but as a

'Congolese born radiologist', his perspective is also framed as being in a weak position

relative to that of the medical institution. On only two occasions he is 'given' voice by

the *Hamilton Spectator* and the *Toronto Star;* and in a couple of instances he is

paraphrased. One of the few statements attributed to him focuses on his critical

antagonism toward the diagnosis as follows: ' "when someone is on such a long trip,

changing jets, and this kind of time, you end up with a situation of tremendous bodily

stress,", said Dr. Eli Tumba Tshibwabwa' (*Toronto Star*, February 8, 2001). His voice in

this media passage can be seen as evasive or unclear, as it does not clarify his position on

what the cause of the patient's illness is.

In a related instance, and without specifically quoting the radiologist in the

February 10, 2001 news item, the *Hamilton Spectator* writes:

> Congolese-born radiologist Dr. Eli Tuma Tshibwabwa, who has lived in Hamilton for
> five years, sounded a note of concern. He said nobody from the hospital contacted

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physicians in Hamilton's Congolese community for their advice, even though they've had first-hand experience in the Congo dealing with viral hemorrhagic fever (*Hamilton Spectator*, February 10, 2001).

The above quote can be read in multiple ways. However, there are two main views. First, it lends him extra authority because he is Congolese with 'first-hand experience' of the disease. Second, he is-'a Congolese-born radiologist', a specialist with a non-expert credential, being a 'radiologist'. Thus his identity is ambiguous and he occupies a contradictory position, which may undermine his authority in speaking on the issue in the public realm.

Samuel Kalonji, who is quoted twice by the *National Post* and the *Toronto Star*, is of Congolese background and a non-practicing medical doctor in Hamilton. Like many Congolese, Kalonji doubts the early suspicion of Ebola; and like Tshibwabwa, his insight as a trained medical doctor who is familiar with tropical diseases lacks substance in the coverage: 'She had a headache, no appetite, she was confused...they called the ambulance for her and went to the emergency ward with them' (*Toronto Star*, February 9, 2001). There is no tone of expertise in the sentence attributed to him.

The Congolese, including the medical doctors within the community, insist that the patient exhibits symptoms that are consistent with malaria. 'Malaria' is not given much attention in the coverage. The word 'Malaria' appears less than either 'Ebola' or 'hemorrhagic fevers' in the coverage (see table 3.1); and appears once in the *National Post's* ('Ebola Period') headline and once in the *Hamilton Spectator's* headline ('Post Ebola'). Malaria as an alternative diagnosis is under-emphasized by the media. The newspapers suggest that malaria could never have been the cause of her illness. For

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example, the *Hamilton Spectator* of February 12, 2001 is cynical of the Congolese'

insistence that it is malaria and not something more serious: 'The men gathered in

Lufuma-Manuel's shop are not doctors, but all insist she is likely suffering from malaria'.

Other examples relating to the undermining of Black social agency involve non-

medical practitioners of the Congolese community. On the 26th of February, 2001, the

Hamilton Spectator has a coverage on the patient's 'hostess'. She is quoted as follows:

> My life is destroyed…I was looking around my apartment for something to use. I was
> thinking I would stop my life…I know Ebola—it will kill you. People stop their own
> life…my life to this time is destroyed…everyone is going to know, is going to say, "Oh!
> That is the woman who brought Ebola to Canada" (*Hamilton Spectator*, February 26,
> 2001).

This depiction of her seems to illustrate a helpless and powerless woman, overwhelmed

with emotion, fear, and insecurity. However this overly emotional and sensationalized

representation of the woman lacks any other details about her. It contrasts with the

impressions that some members of the Black community have of the woman. Some of

them have considered her a good Samaritan for taking care of a sick member in the

community, and also as an 'ordinary' woman; an immigrant woman who is working and

attending college.

In another instance, the *Hamilton Spectator,* in its post-Ebola period coverage,

quotes members of the Congolese community who were concerned about the health of

the patient:

> Everybody's worried that she's not getting the right treatment. Everybody's worried that
> we might lose this woman…everyone wants to go up to the hospital and visit this woman,
> they tell us it is not time…they have not spoken to our community. If we could meet
> with them, sit down with them, then we could may be get better results (*Hamilton
> Spectator*, February 12, 2001).

The *Toronto Star* also quotes one Paul Mukaba, complaining about the association of the Congolese with the virus: 'This has demoralized our community, this suggestion that we brought this disease to Canada, to North America. It is bad for our community...' (*Hamilton Spectator*, February 12, 2001). Not only are the Congolese represented as 'victims', but their desire to 'help', as expressed in the quoted sources are ignored by authorities.

The media undermining competing viewpoints arising from the Congolese or the broader Black community is ideological. But, the skewed representation of events in the coverage is a partial manifestation of the Blacks' weaker ties to social institutions. For example, many of the medical doctors of Congolese origin in Hamilton are not practicing. Stallings (1990) and Knight (2001; 1998a) have indicated that there is a relationship between a group's strong attachments to official institutions and the corresponding quoted sources in the media. In this case study, the power structures that have limited participation of Black immigrants in medical institutions, for example, are part of the reason for the marginalization of the Congolese voice. In addition to this, the social value attached to 'race' is also responsible for the limits of Blacks' points of view. Li (1998), for example, finds an association between the social value of 'race' and the market values of 'race'. The social value associated with 'race', according to Li, has an influence on how their competence in the labor market is perceived. By the same token, 'race' matters to journalists and news organizations in determining the weight of what is 'credible', 'incredible' or 'truthful'.

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3.3.2. Imageries and Ideology

According to Purvis and Hunt (1993), discourse, in a sociological sense, is not restricted to language, but encompasses entire communicative sign systems. Newsphotos, as a discourse, complement the ideological goals of the news (Goldman & Beeker, 1985; Hall, 1981b). Photos serve the same ideological purpose as the news, not only in 'concealing' and 'masking' unequal social relations and suppressing opposing viewpoints, but also reinforcing what Foucault (1980) calls the 'reigning regime of truth'. As with the news, newsphotos are occlusive, and insidiously reproduce unequal relations. As an ideology, photos attune people to some aspects of social reality, by 'displaying' images that they want people to see, know, and comprehend. Newsphotos are therefore for the most part, a construction.

Exposure to threatening images may lead to negative public perceptions of an item or object. Gaskell *et al.* (1999) find a relationship between threatening images of food bio-technology and food safety scares. There is no direct relationship between media texts and people's behavior. However, media texts such as photographs can participate in influencing people's perception. Newsphotos in the coverage of the non-Ebola event have ideological capacities to incite panic, reinforce stereotypes, and reproduce existing unequal racial relations. In the coverage of Ebola, threatening imageries in the form of photographs are not a fortuitous media practice. Photographs are included with intention. In this case study, they serve two main purposes. First, they are meant to sensationalize the event to activate people's fear and concern over the infectious disease; and second, photos of the non-Ebola panic reproduce racial inequality.

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For the purposes of illustration, I draw on a sample of newsphotos that has ideological import. In the first coverage by the *Hamilton Spectator*, February 6, 2001, there is a large photograph on the cover page measuring 7.5" by 7.5", of three serious-looking medical doctors with the caption: 'Doctors Mark Loeb, left, Monir Taha and Douglas MacPherson discuss woman's mystery illness at Henderson Hospital yesterday'.

The second photograph appears in the *Hamilton Spectator* of February 7, 2001. It (measuring 7.5" by 4.8") is a photograph of a large press conference accompanied by the caption: 'Health officials spoke to the media at Henderson Hospital yesterday about the condition of a woman believed to have a deadly fever'. On top is a passport size photograph of a White male with hospital apparel, stern-faced with a caption: 'Operating room attendant Rick Nutter listens to officials'. These photographs are on the cover page.

Another photograph measuring 7.5" by 11.8" of a stern-looking White male, captioned 'Mike Walters, president of CUPE Local 794, says those exposed to the ill woman, including a pregnant lab technologist, are 'trying to keep a stiff upper lip, but it's getting harder and harder' (*Hamilton Spectator*, February 9, 2001). In the *Globe and Mail* of February 10, 2001 is a photograph of a paramedic with the caption:

> A week of being treated warily by colleagues ended yesterday for Hamilton paramedic Michael Escobar when he found out that a Congolese woman he dealt with is not suffering from a hemorrhagic fever.

In the news story, the paramedic is said to have examined the patient 'without wearing gloves'. He later heard from one of the hospital staff that the patient might have carried a hemorrhagic fever. The article quotes the paramedic and comments on his initial reaction

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to the news about a possible Ebola virus thus: "'I stewed—I sat and smoked for three hours", adding that he slept separately from his partner, afraid he might put her at risk'.

The institutional exclusion of racial minorities partially explains their invisibility in newsphotos. If they are not active participants in dominant social institutions they would correspondingly be absent in the coverage of events pertaining to particular institutions of media interest. The inadvertent implication of this is that such photographs of predominantly White doctors and members of medical institutions, including union staff and paramedics on the pages of newspapers affirm in the public's mind the ideology of 'race' and confirm 'the institutional "success" of racial exclusion', apropos Goldberg (1990: 304).

In most of the newsphotos the *visibility* of mostly White health practitioners communicating to predominantly White audiences is noticeable, as is the *invisibility* of *visible* minorities. In rare instances when Blacks appear, they are in the background or on the periphery. On February 8, 2001, the *National Post* carried a photograph measuring 4" by 5", with a Black male in casual dress standing behind a Dr. Lionell Mandell, a White male in a medical gown. Another photograph in the *Globe and Mail* of February 8, 2001 features a Black woman on the periphery of the press conference as an on-looker.

Table 3.3: Frequency of news reports with quoted sources

SOURCE	National Post		Hamilton Spectator		Globe and Mail		Toronto Star	
	N_1(%)	N_2(%)	N_1 (%)	N_2 (%)	N_1(%)	N_2(%)	N_1(%)	N_2(%)
Doctors	10(66.7)	6(35.3)	34(54.8)	60(40.3)	12(63.2)	7(46.7)	19(46.3)	16(57.1)
*Experts	0(0)	0(0)	1(1.6)	8(5.4)	0(0)	0(0)	1(2.4)	1(3.6)
**Govt. officials	0(0)	4(23.5)	5(8.1)	20(13.4)	2(10.5)	2(13.3)	15(36.6)	0(0)
Union leaders	3(20.0)	1(5.9)	13(21.0)	4(2.7)	1(5.3)	1(6.7)	1(2.4)	4(14.3)
***Blacks	0(0)	2(11.8)	2(3.2)	27(18.1)	0(0)	0(0)	1(2.4)	4(14.3)
Hosp. Staff	2(13.3)	4(23.5)	4(6.5)	17(11.4)	3(15.8)	5(33.3)	2(4.9)	1(3.6)
****Other	0(0.0)	0(0.0)	3(4.8)	13(8.7)	1(5.3)	0(0.0)	2(4.9)	2(7.1)
Total	15(100)	17(100)	62(100)	149(100)	19(100)	15(100)	41(100)	28(100)

N_1 denotes quoted sources in the newspaper articles in 'the Ebola period coverage': from February 6, 2001 to February 8, 2001.
N_2 denotes quoted sources in the newspaper articles in the 'the post-Ebola period coverage': from February 9, 2001 to March 7, 2001.
*Experts: university professors.
**Government officials: Spokespersons for the Centers for Disease Control, Immigration and Citizenship Canada officials; Canada customs; police officers, government ministers, and the staff of Canada Customs.
***Blacks: these are mainly Congolese.
****Other: Air Canada, SISSO, ABC, and the Congolese embassy official.

Other text images include maps and diagrams. The *Globe and Mail* of February 7, 2001, for example, posts the map of the world and illustrates how the disease may have traveled across the world: from the Congo, through Addis Ababa (Ethiopia), Rome (Italy), Newark (New Jersey, US), Toronto, to Hamilton. While these texts, at the manifest level, make it apparent that diseases cannot be confined to geographic locations in the current age, it also implies that the world has become a dangerous place for Canadians who are vulnerable to diseases originating from Africa.

3.3.3. Agenda Setting: Editorials and Letters to the Editor

Risk and moral panic discourses are apocalyptic. An apocalypse is a metaphorical expression of future catastrophe. The fear of events to come may actually be as detrimental than those that have already happened or are happening. In other words, a non-Ebola case can produce an equal amount of fear as a real case of Ebola if it is articulated in relation to the future. The fact that the case 'this time' was not Ebola, but could potentially have been, provides an opportunity for future risk discourse. Beck (1992) has noted that the risk society is risky because of the uncertain future. Where there is a 'racial capacity', the discourse of risk involving what immigration portends in the future becomes scarier because non-Whites are often identified as 'immigrants' (see Li, 2003a).

Knight (2001) states that the amount of opinion columns, editorials and other interpretative news formats in the print media is a measure of the extent of consensus or contestation of events (Knight, 2001: 83). Galtung and Ruge (1981) indicate that negative news will more easily be consensual and unambiguous in the sense that people

can easily agree on an interpretation of events as negative. Two letters to the editor are

published by the *Hamilton Spectator;* one by the *Toronto Star;* two by the *National Post;*

and none by the *Globe and Mail.* The relatively few letters to the editor, given the level

of attention paid to the case, affirm the weakness of alternative discourse, and acceptance

of the dominant position by the readership.

Hier (2002b) points out that moral panic is an ideology, or what he refers to as a

'critical ideology'. As an ideology, it is used to regulate the conduct of others and to

establish boundaries between 'we' and 'them'--the folk devil. He states that

> [By] intuiting a level of harm believed to be posed by a particular person or population
> through an externally defined object (e.g. threat of disease, strangers, crime), the
> discursive conflation of the dangerous Other with the symbolic signification of harm
> precipitates the development of an *apparatus of security* and the symbolic fortification of
> an inclusive sense of collective safety (Hier, 2002b: 323; emphasis original).

In his conception of moral panic as a 'critical ideology', in the sense that individuals are

not passive recipients of ideology but rather active agents who find resonance in the

articulation of variegated discourses of problematized risks, Hier (2002b) also argues that

there is a relationship between panics and 'moral regulation'. Moral panic ensues in

situations where moral regulation is perceived to be compromised. As will be argued in

this sub-section, the problematization of the event by the media is an appeal to social

control agencies for intervention.

On the 9th of February 2001, the *Hamilton Spectator* published two 'letters to the

editor'; one from Niagara Falls, Ontario and the other one from Calgary, Alberta. They

take somewhat different standpoints. The first letter sets to oppose Immigration Minister

Elinor Caplan's comments on the case, opening with: 'With respect to concerns over the

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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"". It 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'. They 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: 'both groups are identifiable', and states that it is imperative to protect Canada from the danger posed by these groups. 'Refugees/refugee claimants,' singled out by this writer, can be read as substitution for racial minority immigrants. Just as Li (2003a) 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"' (Li, 2003a: 46), this writer may be using 'refugee claimant' as a code phrase for racial minorities. 'High-risk locations' refer to non- Western countries of Asia and Africa where it is presumed that deadly diseases are preponderant. The subtexts of the letter writer's proposition are that '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 by the *Toronto Star* on February 9, 2001 points

out 'the difficulty of "shrink wrapping" the Canadian border', as expressed by Witmer.

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 is concluded 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 *ipso*

facto an 'immigration problem'. The panacea to this immigration problem is their de-

legitimization through border control.

Letters to the editor are normally a reaction to op-ed, including the editorial, and

'hard news' that are previously published by the newspaper. The day prior to the

publication of the above letters to the editor, February 8, 2001, 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'. Further, it 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: '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' (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 to 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 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 note of 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 by the editorial, is ambiguous and seldom clear (see

Goldring, 1996). Its usage in this editorial allows readers to take the term in different

ways. Some may see it in terms more exclusionary than others.

'Opinion discourses', including editorials, op-ed articles and guest columns,

Greenberg (2000) claims, are important in the construction of the 'Other' in 'conjunctural

moments'. 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' (Greenberg, 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) refer

to this mode of recruiting audience as 'constructive strategies', which 'are all persuasive

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linguistic devices which help invite identification and solidarity with the "we-group",

which, however, simultaneously implies distancing from and marginalization of "others'"

(De Cillia *et al.*, 1999: 160).

According to Beck (1992), risks pertain to anxiety about the future. He indicates

that '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'

(Beck, 1992: 33). 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

of the *Hamilton Spectator*, the editorial of the *National Post* of 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 of 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 a possible future presence of a virus like Ebola in

Canada by the editorial, like that of the *Hamilton Spectator*, is a call for state intervention

in the form of immigration control and screening of certain immigrants.

According to van Dijk (1993b), the editorial is the 'official' position of the newspaper on a topic. van Dijk (1993b) also states that editorials often appeal to authorities to take decisions on 'pressing issues' (van Dijk, 1993b: 265). The reference made by the *Hamilton Spectator* to the inability of the government to keep 'us' safe and the 'immeasurable stress' on the health system is a direct appeal to the government to take action in the form of reforming policies. Hall *et al.* (1978) claim that an 'editorial seems to provide an objective and external point of reference which can be used either to justify official action or to mobilize public opinion' (Hall *et al.*, 1978: 63). The warning at the end of the article ('there will be a next time') is 'apocalyptic' and is not only a strong appeal for decisive state action on immigration, but also an ideological project of translating the event into the production of consensus.

Knight (1998b) notes that alternative points may compete with dominant values in the media, but towards an attainment of hegemony:

> Hegemony entails the need to appear objective, so the media sometimes allow dissenting voices to offer alternative or oppositional definitions of an event or issue that break with the dominant definition by primary sources (Knight, 1999b: 116).

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 of 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

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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*: 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 of foreign deadly diseases, differing positions in the newspaper may exonerate it of partiality. This is in essence ideological or hegemonic as Knight (1998b) points out.

3.4. Racism, New Racism, and Ideology

There is no single reference to 'race' or 'Black' in the media coverage. The terms of reference are 'Congo' and 'Africa', and in connection to the etiology of Ebola and other 'deadly' diseases (see tables 3.1 and 3.2). It is not unusual for the media to couch views of anti-racial diversity in non-racial terms. Li (2001) has addressed this in his analysis of anti-immigration rhetoric in public consultations organized by Canadian Immigration and Citizenship. His analysis is partially influenced by Henry *et al.*'s (2000) notion of 'democratic racism'--the condition where overt racism subsides because of democratic principles of egalitarianism and minority rights. In his analysis of opinion polls, government documents and the media, Li (2001) 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 (Li, 2001: 81).

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Words like 'diversity' and 'visible minorities' serve as a sobriquet for racially different groups. Li states that:

> 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 (Li, 2001: 79).

However, van Dijk (1993b) 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 (van Dijk, 1993b: 256; italics 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 is 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. The readership would rarely think of the 'man' as White.

Like Li (2001), Miles (1988) shows in his study of Britain's post war immigration

policy that racism can be coded by politicians and the public in non-racist terms. With a

specific reference to Enoch Powel, who launched a campaign against 'colored

immigration' in the late 1960s, Miles (1988) maintains in his analysis that racism was

tactfully articulated in the public sphere by the politician with minimal reference to

'race'. Miles (1988) 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 (Miles, 1988: 13).

The following newspaper quote 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 (*Globe and Mail*, 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

who 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 identify the Congolese from other Blacks,

for the purpose of isolation, it then implies that every Black person in Hamilton is a potential carrier of the deadly virus.

van Dijk (2000) 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' (van Dijk, 2000: 40). 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" '(van Dijk, 2000: 40). The newspapers examined do not categorically claim that the Congolese are carriers of the deadly disease. However, it is implicit in some of the media texts. The following is an example. In regards to whether her illness is caused by malaria or some more serious virus, the *Hamilton Spectator* writes: 'she was diagnosed with malaria, but tropical disease specialists concluded she had to be suffering from something else as well'. The newspaper quotes 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 (*Hamilton Spectator*, February 9, 2001).

In medical parlance, people get exposed to the malaria plasmodium/parasite if they live in an environment where malaria-carrying mosquitoes are rife. However, this quote seems to imply that the risk that the patient poses is greater because visible signs of the problem may remain latent longer among some populations rather than others. The statement 'that part of the world' implies the 'othering' of the disease in a way that Canadians are believed to be at greater risk than people from 'that part of the world'. Moreover, the

comparison makes it look like Africans are natural hosts of deadly viruses, as compared to 'you' or 'I' the Canadians, as the statement implies. Whatever scientific validity that this statement may have, it may unwittingly reinforce in the public the perception of racial differences and attribute contagious diseases to phenotypical variations.

The use of the patient's name is an example of what van Dijk (1993b) refers to as 'overcompleteness'. van Dijk (1993b) claims that 'the most pervasive form' of overcompleteness 'is the very mention of origin, color, race, or ethnicity of news actors where this information is clearly irrelevant' (van Dijk, 1993b: 258). Her name appears in all the newspapers examined (see table 3.1). Naming a person suspected of carrying a 'deadly disease' is denigrating; and the fact that it is an 'un-Canadian practice' and unethical makes some members of the Black community feel that the coverage was blatantly racist (see chapters four and five for more detail and analysis).

3.4.1. Journalists' Perspectives

It needs to be pointed out that journalists who are members of dominant culture infuse their subjectivity into their writings, even though the news is meant to be 'objective' and 'value neutral'. What 'objectivity' and 'value neutrality' entail is 'impartiality', meaning that journalists should divest themselves of their personal inclination and take no side. The possibility of people to believe that there is impartial journalism is ideological, in the sense that the preferred intention of journalists is 'concealed' from their readers. In this section, I argue that the journalistic notion of impartiality, while it might be possible, is very difficult to attain, most especially in societies where people have a 'racial capacity'. Bryman (2004) states that 'a further level

of interpretation is likely to be entailed when the researcher seeks to demonstrate a disposition in the texts being analyzed' (Bryman, 2004: 189). According to Bryman (2004), 'disposition' involves finding out 'whether journalists, in the reporting of an issue in the news media, are favourably inclined or hostile towards an aspect of it...' (Bryman, 2004: 189). The disposition of journalists does not necessarily have to be ascertained from the content of their texts. It can be affirmed from interviews where journalists' inter-subjective lifeworld is expressed. In this study, some journalists' anathema for immigration and racial diversity and their problematization are explicit.

On a discussion of the role of the media in revealing the identity of the patient, one journalist digresses from the question and frankly expresses his dissatisfaction with the way the government handles current immigration matters:

> ...I think one of the things I would have been happy with is if we could have established the federal government's role sooner, and the difficulties with the screening process for it really concerned me a lot. It seems to be that there were issues around the processing of prospective immigrants that didn't make sense to me, they were processing far too many people, far too quickly, and that seems to me to be one of the issues that I'm not sure was explored enough. I mean in terms of where the...the importance of this story to me wasn't the individual or...it was that there were bigger problems umm with the system, if I can put it that way. There were larger systemic problems that might have implications for more people in the future, may be next time we won't be so lucky, and so that's something that I regretted...(Face-to-face interview; March 20, 2003).

Another journalist is not as blunt but has a more nuanced expression of his views. He attributes the cause of the problem to the government, but eventually, when probed, he communicates that he too believes that part of the solution lies in tougher immigration screening and border control. He attributes blame toward the government for not being open enough in the following:

> ....the truth is we don't have a lot to fear directly from Ebola, with the systems that we had in place, but we didn't get to know the truth in this situation. And the government is

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able to hide mistakes, errors in judgment or reaction. They were able to hide those by refusing to answer questions they say they must protect the woman's privacy (Face-to-face interview: May 05, 2003).

When probed, he expresses his anti-diversity rhetoric as follows:

(Probe):
So what was actually the problem, the issues that were not so obvious? I mean what did the public want to know about the disease, and the woman?

(pause) I think one of the things that we don't have a good answer to is, does...do diseases like Ebola pose a realistic threat to Canada? Do our immigration *screening and border control protect* us in a reasonable way? I don't know the answers to that question, because we had to fight for every little bit of information to understand what happened in this case. This is a question that is reappearing very strongly with this SARS case, and you see that the World Health Organization felt that we weren't *screening people* well enough internationally (Face-to-face interview; May 05, 2003).

His response partly reflects the possibility of immigration to cause Canadians harm. He

questions the current immigration policy, implying there should be more strict

'screening' and 'border control' for the 'protection' of Canadians, drawing links between

the Ebola case and the on-going SARS epidemic in Toronto at the time. As Ebola and

SARS are exogenous to Canada, this journalist associates their presence in Canada to the

problem of immigration and lax border control.

As Li (1995) points out, the extreme position of the white supremacists attenuates

the gravity of less extreme forms of racism expressed in the concern over border control.

For example, the *Hamilton Spectator* runs a story that discredits members of the Heritage

Front who distributed leaflets titled 'immigration can kill you', on February 12, 2001.

Although the above quoted interview statements of the two journalists do not articulate

anti-immigration rhetoric in a crude form by not referring to 'race', if their perspectives

on immigration did make their way into the realm of policy-making, for example, they

would have had disadvantageous effects on racial minority immigrants. These anti-

diversity views are subtle but are congruent with the 'new racism' thesis (Sniderman *et al*, 1991).

As indicated in chapter two regarding the conception of Africa, the discursive construction of Africa as the 'Other' permeates the Western mind. In effect, Africa and Africans exist in the image of the West as an 'anthropological oddity'; as a difference rather than a part of shared humanity. Even when a journalist tried to communicate his newspaper's tolerance for racial diversity, he ended up exposing his underlying stereotypical belief about Africa. In response to the concern expressed by some members of the Black community over the portrayal of their community, one journalist remarked:

> We saw the Ebola story as a story about a disease not a story about a diverse community in Hamilton. There may be a difference in view of what that story was. We saw it as a story about a disease in a human being; a human being having come from another continent. A continent was...where the disease came from, but for us that was, it was about a disease. Umm there may be others who view the story differently from that...as we said, our view was that it was a disease that came to Canada, that may have come to Canada through a carrier from another continent. It wasn't about a diverse community (Face-to-face Interview: March 20, 2003).

This journalist has the conception that the African continent is partly a geographical expression of diseases. This is one indication that journalists' perspectives about life have some congruence with what they write in the media. For example, consider how the above comments parallel the following quotes from the *Hamilton Spectator*:

> The Boeing 767 aircraft made one stop after leaving Africa, the continent where most of today's deadly hemorrhagic fevers are sourced. Ebola, Lassa fever, Marburg, and other killer viruses have gestated for decades there (*Hamilton Spectator*, February 7, 2001).

In the pluralist perspective of society, a nation or continent is an aggregate of its individual members or 'individuals socialized' (see Alford & Friedland, 1985). People identify with their nationality and continent and are recognized by 'out-groups' as distinct

in accordance to their nationality. By referring to Africa as a contaminated continent, the journalist may be implying that all Africans are infectious. As Miles (1989) has pointed out, racialization is a dialectic process of ascribing real or alleged biological characteristics with meaning to define the 'Other', which simultaneously involves defining 'Self' by the same criteria (Miles, 1989: 75). By representing the African continent in terms of where 'killer viruses' 'gestate', North America is defined by the opposite criterion. By the same token, invariant binary oppositions are established between members of the two continents.

3.5. Ideological Articulation/Disarticulation

Ideologies and discourses are dirigible. This is why they can be 'disarticulated' and 'articulated' at different moments. Ideologies are disarticulated when competing discourses are separated and mutually excluded: 'disarticulation establishes the discursive boundaries of frames and narratives, and arrest the chain of equivalences through which meaning travels and expands' (Knight, 2001: 88). The framing of this incident as a threat of immigration rather than 'medical error' or 'medical ambiguity' is actualized through the marginalization of oppositional discourses.

Disarticulation adumbrates the benefits of immigration to nation building and interdependence among nations. More specifically, the process of disarticulation mutes the benefits of African immigration in terms of globalizing Canadian capital, for one. What is obvious from media representations, are the articulations of health risks, immigration and pressure on health care delivery by 'foreign visitors'. In the process of articulation/disarticulation, ambiguities in medical diagnosis, the negative impact of the

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coverage on a segment of society, the Congolese/Blacks' points of view, neo-liberalism

and shrinking transfer funds for social services sectors, including health, were

adumbrated. Articulation/disarticulation serves the media project of problematization in

the sense that immigration is articulated with health risks while it is disarticulated from

socio-economic benefits of immigrants and Canada's international reputation. Moreover,

the possible inter-continental spread of disease is not taken as a reality of globalization,

but is viewed as a racial problem.

The Comaroffs' conception of the power of hegemony as lying 'in what it

silences, what it prevents people from thinking and saying, what it puts beyond the limits

of the rational and credible...it is rarely contested directly...' (Comaroff & Comaroff,

1991: 23) illustrates how articulation/disarticulation undermines competing perspectives.

By translating the event into an immigration issue, international migration from certain

parts of the world gets displaced into a logic of control--'sealing the border' against

certain groups as a solution to health risk. The focus then is on spatial control. There is

the urgency to control the patient, as an epitome of 'immigration', now. In the quest for

screening risky immigration, 'development discourse' gets excluded. As a preventative

measure, assisting with the development of public health in the Congo or in the

'economic periphery' of the world is not discussed by the journalists interviewed and in

the media. The emphasis is on social distance and social control.

Problematization is influenced by a mentality of those that Li (2003a) refers to as

'old timer Canadians'. Historically, this mentality was sustained by state policy (see

Porter, 1965). An old timer mentality perceives of Canadian society as traditionally

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White. The presence of immigrants of non-European origins is perceived as a challenge to the old standing mentality that Canada is 'White'. The moral panic and risk discourse are then able to feed on social anxieties and fears about the future of Canada given the challenge of current 'rate' of immigration to the 'old timer mentality' of 'White Canada'. *Ipso facto*, the case provides an avenue for expressing anxieties over the perceived 'swamping' of Canada by 'aliens'. Moral panic and risk discourse are about the future. They put forward questions such as: 'What is going to happen to my children? What is going to happen to my neighborhood, livelihood, health care and security?' Moral panic and risk discourse are effective because they can tap into those feelings of anxiety about the future.

In times of social change, people make sense of their social world through the scapegoating of the 'Other': sexual, racial, or otherwise. Scapegoating of the 'racial Other' emerges from individuals' endowment of 'racial capacity'. 'Racial capacity', according to Barrett (1994), is a pan-human psychological phenomenon that cannot be confined to a time and place. Barrett's notion of 'racial capacity' relates to the 'psycho-dynamic concept of social representations' (see Joffe, 1996).

Regarding the case at hand, the excision of the negative side of the 'self' and the retention of a positive image is carried out through problematization of immigration. Li (2001) has noted that the problematization of immigration and diversity is an antecedent to immigration control:

> ...the coded messages tend to attribute Canadians' increased concerns over immigration to the social problems "caused" by recent immigrants and their differences. Thus the solution to these social problems—from weakening national values to overburdening the

health care system—lies in better control of the immigration system and of the composition of immigrants (Li, 2001: 86).

In the non-Ebola case, the 'Other' which is part of the 'self' in the sense of shared humanity, is expurgated through the problematization of immigration by the media, non-fortuitously. It is through articulation/disarticulation of events that problematization appeals to the public and necessitates a call to the agents of social control to take decisive and swift action.

Conclusion

On the surface, it appears that the four newspapers examined have varied ideological orientations and differentiated audiences and market niches. For example, the *National Post* is popularly considered to be more critical of immigration and racial diversity than other newspapers (see Henry & Tator, 2002). But beneath the surface there do not appear to be appreciable differences in coverage between the newspapers. While some words and themes appear more or less frequently in the newspapers, they all 'single out' the 'Other'--an alien/immigrant as the problem, and celebrate the persecution of the categorized 'racial Other' in the image of the woman in question. Their seemingly different accounts of events, nevertheless, converge to reproduce the dominant stereotypes of the 'Other'. In regard to this convergence, Hall *et al.*'s (1978) view that the media do not necessarily represent 'the vast pluralistic range of voices', but 'a range within certain distinct ideological limits' (Hall *et al.*, 1978: 61) is relevant to this case.

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, the representation of the specific 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. Joffe's (1996) illustration of

how research participants interpret the origins of HIV/AIDS in relation to their racial and

sexual subject positions are instructive. Her illustration shows that people interpret

events and phenomena based on their social identity and broader life experience (see

Joffe, 1996: 202-203).

An elaborate explanation of how the ideology of 'race' manifests in ordinary

people's practices has been provided by Miles and Brown (2003), albeit from a neo-

Marxist perspective. Miles and Brown (2003) have argued that working class racism in

the specific historical formation of Britain was not an ideology that was imposed from the

top, rather racism was used by the working class to make sense of their social world and

experiences in times of 'capitalist production and the decay of the urban infrastructure'

(Miles & Brown, 2003: 106). Concerning the British working class racist reaction to

Caribbean and Asian migrants, Miles and Brown (2003) assert that:

> The idea of 'race' is used to define the Caribbean and/or Asian migrants as an
> illegitimate, competing Other whose presence has either caused or intensified the struggle
> for housing, social services and employment, from which it is concluded, apparently
> logically, that the problems could be resolved by excluding the Other. For this reason,
> this specific instance of working-class racism does not have to be explained by proposing
> a capitalist conspiracy or by identifying small groups of people who gather to celebrate
> Hitler's birthday and can only see Jewish and 'black' people as biologically degenerate
> (Miles & Brown, 2003: 106).

From an extra-economic explanation, racism is organic to society. Racism is not imposed from the top by institutional authorities, such as the political, judiciary, educational or the media as van Dijk (1993b) claims; it is a means of making sense of the world and selves in times of social complexities.

It is noteworthy that the construction of the non-Ebola event as a concomitant of immigration by journalists and their readership in the letters to the editor, for example, is a 'true', and not a 'false', reflection of the concern of Canadian society. Both the journalists and their readership are products of society, who share in the cultural mode of thought of their society. They are socialized in the society, and constituted by its reining discourses, which they in turn shape.

The negative representation of Africa by the media has some effects because the media content is able to resonate with the dominant image of Africa in the Western mind. Pieterse (1992) uses fundraising campaigns by agencies for relief aid for Africa to illustrate how a particular stereotype about Africa becomes reproduced and gain acceptance in the West. He explains:

> the appeal of children and victim imagery are clichés of the genre, a matrix exploited by organizations ranging from Oxfam to the Leprosy Foundation, and well entrenched in the popular media. The dominant images of Africa are of famine, disaster, war or military coup, an imagery of danger, ill fate and apathy (Pieterse, 1992: 208).

Using the Gramscian notion of 'traces', Hall (1981a) illustrates how old stereotypes about Africa and Blacks have been modified to suit contemporary actualities. These 'traces' have their source/originality in slavery, colonial discourse, and observable material imbalances between Europeans and Africans. The media's constant reference to a 'Congolese woman' with 'Ebola' can reinforce in the public an image that may already

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exist, of the differential material condition of Africans, apropos Pieterse (1992: 208); 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.

Ideology functions effectively when it can recruit the commonsense or resonate

with people's '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, 2002b:
> 318).

When a word or phrase is continuously mentioned, it begins to be retained in the memory

and have mass contagion. The media emphasis on the 'Congo' and the 'Congolese

woman' in relation to 'deadly Ebola' and 'deadly hemorrhagic fevers' implicitly directs

the public's attention to immigration and racial minorities. However, the media do not

directly change people's minds, but can influence people's opinion or assist in rehashing

their viewpoints about the social world. Concerning ordinary Canadians with their own

notion of Africa, they do not have to be taught 'from above' (i.e. media) to understand

that Africans and racial minorities are a threat because of their 'race', culture or

nationality.

One critique of the term 'moral panic' is that it purports people's reaction to harm

as 'irrational', largely because the reaction is not commensurate with the objective threat.

Waddington (1986) strongly criticizes Hall *et al.*'s (1978) application of the term to

explain the British state's 'over-reaction' to 'mugging' in the 1970s. Apart from

criticizing Hall *et al.* on empirical grounds, Waddington (1986) asserts that the concept of

moral panic, in terms of its stress on the public's disproportional reaction to a socially

constructed problem, is a 'value judgment'. In addition, he maintains that calling the

concerns expressed over rapes or racial attacks, for example, as moral panics has

'derogatory connotations' because 'it implies that official and media concern is merely a

"moral panic" without substance or justification' (Waddington, 1986: 258). What is

interesting about Waddington's critique is the fact that people's reactions to what they

perceive as threatening are real and cannot be conceived as disproportional in the absence

of 'criteria of proportionality'.

Taking Waddington's (1986) concern seriously, the fear of Ebola is not

'irrational', but genuine. Improved technology, socio-cultural change, and global

interconnectedness has accelerated transnational migration and permitted a phenomenon

referred to by Giddens (1991) as 'the intrusion of distant events into everyday

consciousness' (Giddens, 1991: 189). Apart from the vulnerability of nation-states to

health risks that are 'exogenous' to them, the ideas (in the absence of objective risk) of

risk have become globalized by the mass media. Amid fast paced social change is a

growing feeling of 'insecurity' over 'third world viruses' among members of Western

societies (see Garrett, 2000). Members of the Western world have come to develop a

sense that modern life is potentially dangerous. Regarding the riskiness of modern life,

Furedi (1997) claims that the media have a role to play in shaping the public's perception

of risks. He also adds that the fear of risk is organic to modernity, but the media

exaggerate the risk:

> There exists a disposition towards the expectation of adverse outcomes, which is then engaged by the mass media. The result of this engagement is media which are continually warning of some danger. But the media's preoccupation *with risk is a symptom of the problem and not its cause*. It is unlikely that an otherwise placid and content public is influenced into a permanent state of panic through media manipulation (Furedi, 1997: 53; emphasis added).

Evidently there is a genuine fear of Ebola in the public: the media tap into this fear by

amplifying the risk.

Miles (1989) also argues against a 'conceptual inflation' (and 'deflation' (Miles

and Brown, 2003)) of the concept of racism. He is concerned about factors that confound

the determinacy of racial exclusivity. He suggests that a 'systematic comparative

analysis' needs to be made between cases before establishing the determinacy of racism.

One comparative medical case of a disease not 'originating' from Canada is the Severe

Acute Respiratory Syndrome (SARS), a contagious and deadly disease. The China

connection with this disease led to anti-Asian sentiments in the Toronto area in the

summer of 2003, even at a time that the virus was infecting non-Asians.

Miles (1989) also employs the concept of 'ideological articulation' to explain how

racism overlaps with other ideologies, such as gender and nationalism. In Miles' terms,

'ideological articulation' means instances where ideologies 'share a common or

generalized object which allows them to be joined together or interrelated, to be

expressed in ways in which elements of one are incorporated in the other' (Miles, 1989:

87). Beyond the patient's ethno-racial origin, other factors may explain the discourses of

the 'other-definition' that emerged in the coverage. Other factors that may have

contributed to her definition as the 'Other' are her 'visitor's' status, her class background, global change and fear of a 'deadly virus'. Her presence in Canada as a visitor on a business trip was doubted. As a visitor she was not entitled to 'free' medical care sustained by Canadian taxpayers. Had she been a Canadian permanent resident or citizen, the discourse of taking advantage of the Canadian social welfare would not have been foregrounded. Regarding her social class position, if she had been of a different category of immigrant, for example a 'post-modern capitalist' (see Miles & Satzewich, 1990), the issue of high medical costs would have been absent in the articulation and also in the photographing of the 'seedy neighborhood' she 'inhabited'.

Global change has heightened ontological insecurity in relation to the global awareness of health risks. Fear as a reaction to what is perceived as deadly is an existential part of the human condition. People would react to any media information about Ebola out of fear for their lives, their children and their community. All of this is by no means to purport that 'racism' did not play a part in the way the patient was represented. However, 'race' is not the only determinant of social inequality. Other bases for inequality in contemporary societies include gender and class (see McMullin, 2004; Grabb, 2002). In order to avoid 'inflating' the concept of racism, it is necessary to take factors that may confound and interact with racism into consideration rather than engaging in 'race reductionism'. In the words of Wodak and Reisigl (2001), 'racialization is criss-crossed by ethnic, national, gender, class, and other social constructions and divisions' (Wodak & Reisigl, 2001: 377). In addition to the patient's racial background, other factors have also contributed to, and interacted with her 'other-

construction'. They include her immigration status (visitor), class, myths surrounding

Ebola and global change. In essence, other social and psychological factors need to be

considered at least partially responsible for her construction as a dangerous 'Other'. This

is also to lend credence to the notion that discourse is not static, but flexible and variable.

CHAPTER IV: AN ANALYSIS OF TWO 'CONFLICTING CULTURES'

Introduction

One of the ways that journalists meet their professional requirement of

'objectivity' and 'value neutrality' is reliance on 'official sources' (Hall *et al.*, 1978;

Knight, 1998a; 1998b). Experts, in general, are placed at a higher level of credibility

than ordinary/lay persons in society. The reliance on experts requires that matters

concerning the health of members of society would attract more source quotes from

health practitioners; and in cases of crime, law enforcement officers are given more

voice. Concerning medicine and its practice, Lupton and McLean (1998) write:

'overwhelmingly it is the providers of medical services who speak about issues

concerning medicine and health care, not the consumers' (Lupton & McLean, 1998: 956).

This assertion implies the supremacy of medical science in the production of scientific

knowledge, and denies the fact that the patient is still a source of knowledge for the

physician (see Persson *et al.*, 2003).

The reliance of the media on experts constrains multiple and diverse discourses.

This reliance inadvertently reproduces the dominant ideologies. In a story regarding a

copper mine in the US, for example, Coleman (1995) argues that the media endorse

'scientific rationality', in lieu of 'socio-cultural rationality', because 'science' and

'technology' are considered independent of ethics and values. Scientific rationality,

Coleman (1995) also claims, is very important to the media because science meshes with

journalistic norms of 'objectivity' in news:

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News media, in turn, accord science a privileged status. In this respect the news media system responds like other components of a social system (courts, government agencies, etc.) by regarding scientific solutions as paramount. Moreover, scientific values of objectivity and detachment strike a resonant chord with news values, providing a coupling of values—'objective' science with 'objective news reporting' (Coleman, 1995: 70).

Contra value neutral science, Coleman (1995) contends that scientific rationality not only constrains alternative discourses, but it is also subjective and qualitative in its own right. Apart from this, the relationship between journalists and scientists is far from 'harmonious'. Peters (1995), in an empirical study of the interactions between journalists and experts, finds some differences between the two professions. He finds, through survey questionnaires administered to scientists, that the scientists feel their research findings are not accurately represented by journalists. Seale (2002) refers to the differing traditions of the mass media and medicine as 'two cultures' (Seale, 2002: 52-54). Central to the concept of 'two cultures' is the notion that media reporting of science is often inaccurate.

This chapter examines the media representation of the medical diagnosis of Ebola. Specifically, it looks at the complex relationships between the medical diagnosis of Ebola and its representation by the media. The relationship between the medical doctors and journalists are contradictory, but also interdependent: that is, the scientific community needs the media to reach the public, and the media draw on scientific knowledge to maintain their credibility. The relationship between these 'two cultures' in regard to the non-Ebola case corroborates other studies that claim that the media often rely on the dominant group for 'credible' information and in so doing marginalize lay alternative perspectives (Coleman, 1995; Stallings, 1990; Hall *et al.*, 1978).

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The possibility of medical science to be faulty and to be challenged by diverse groups in society tells much about the reflexivity of science in late modernity (Beck, 1994; 1992; Lash & Wynne, 1992; Giddens, 1991). One attribute of the risk society, according to Beck (1992), is growing consciousness of the lay public to detect scientific mistakes and errors. In what follows, it is argued that the doubt expressed about 'expert systems' by members of the Black community is a concomitant of a lack of trust in inter-personal relations that patterns ethno-racial relations in Canadian society, and *ipso facto* is projected to major institutions that are disproportionately over-represented by the dominant racial group. The substance of this claim is inferred from the interpretation of members of the local Black community who view both the medical and media institutions as 'unfair'. Ironically, some members of the Black community still rely on the media as their major source of information, in spite of their low level of faith in them.

4.1. The Medical Framework

The substance of the scientific community's version of the incident comes from: a publication in a science journal by specialists, two of whom are infectious disease specialists directly involved in the case (see Loeb *et al.*, 2003); documents produced by the Director of Media Communications for Henderson Incorporation; interviews with two of the doctors who attended to the patient; and news workers who covered the story. Dissenting perspectives emerge within the medical establishment, but also from laypersons and non-practicing medical doctors of African descent. Before examining the nature of the relationship between these two social systems (the media and medical sector), a brief overview of the role of the medical doctors is warranted.

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The case was presented to the emergency department of a university hospital on

February 4, 2001, the day after the patient arrived in Canada from the Democratic

Republic of Congo via Europe and the US. According to Loeb *et al.* (2003), on

presentation the patient had a temperature of 38.5 degrees Celsius. It was observed that

'there was bleeding from her nose, mouth, and urinary tract' but 'there were no

conjunctival, meningeal, or focal neurologic abnormalities' (Loeb *et al.*, 2003: 281).

On February 5, 2001, the day following her presentation at the emergency unit,

her condition was assessed by:

> a specialist in tropical medicine whose differential diagnosis included meningococcemia,
> bacterial sepsis, dengue fever, leptospirosis, rickettisial disease, viral encephalitis, and
> VHF. Congo-Crimean hemorrhagic fever, yellow fever, Lassa fever, Ebola hemorrhagic
> fever, and Marburg virus hemorrhagic fever were all considered possibilities (Loeb *et al.*,
> 2003).

According to the medical report, malaria was part of the broader diagnosis, and the

patient was treated for it. However, given her 'low level of parasitemia', malaria was

considered as an inadequate cause of her illness. Since hemorrhagic fever was a

suspicion, Health Canada's contingency plan for Viral Hemorrhagic Fever (VHF) was

implemented for the first time.

Over the course of her hospitalization, different tests were done to determine the

specific hemorrhagic fever responsible for her illness. On the third day, results

confirmed Ebola and Marburg viruses to be negative. Over time, her condition

deteriorated and a plan was put in place for her impending death. In the words of Loeb *et*

al. (2003):

> Arrangements for consent were made should an autopsy be needed. However, local
> pathologists said they would refuse to perform the autopsy based on their perceptions that

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the facilities were not suitably equipped for such a case. Arrangements therefore were made with another tertiary-care facility should the need for an autopsy arise (Loeb *et al.*, 2003: 283).

On the fifth day of her hospitalization, tests for other possible VHF were negative, and over a period of two weeks, she gradually recovered. Two weeks later, she was discharged. From the medical perspective, 'no etiologic agent was detected despite extensive testing' (Loeb *et al.*, 2003).

Three categories of at risk individuals are identified by the hospital, based on the Canadian contingency plan for hemorrhagic fevers. They are high-risk contacts, close contacts and casual contacts. The first category comprised of three physicians: one was exposed to the patient's saliva, and the other two to her blood. Twenty-two close contacts include sixteen individuals who were healthcare workers and six laboratory workers. The third category consists of sixty health care workers and individuals who were at the intensive care units with no direct contact with the patient before the patient was isolated (see Loeb *et al.*, 2003: 281-282).

The high level of attention that the case generated is described by the Director of Media Communications for the hospital in a document released titled, *Managing a Mystery Virus*. In the document he explains,

> Two news conferences were held on day two (Tuesday), and one on each of the next three days as the situation evolved. It was Tuesday morning when reporters from most major news outlets, including a fleet of satellite trucks, converged on the Henderson expecting to set up camp. To accommodate the technology and the number of reporters, I designated the hospital's cafeteria as the centre for media conferences, the place for the latest information, and a holding area for media. To protect the privacy of our patients and to minimize disruption in the hospital, I requested additional security staff to assist in restricting media access to the rest of the hospital and, in particular, the Intensive Care Unit where our patient lay fighting for her life (Vallentin, 2002: 6).

4.2. Techno-Scientific Rationality vs. Socio-Cultural Rationality

The official position of the medical establishment, as expressed in the science journal reviewed above, is an indication that doctors are always dealing with ambiguity and uncertainty (Beck, 1992). Physicians need to present a public face of 'competence', even in the face of uncertainty and ambiguity (see Haas & Shaffir, 1987). Recognizing the 'fallibility' of science, Coleman (1995) equates 'scientific rationality' to ideology in the same vein as 'socio-cultural rationality' because the former is also an epistemological 'perspective'. However, when the mass media rely on expert scientists they narrow the ideological field by placing science at a higher level of credibility than common sense. Scientific rationality, as Coleman (1995) claims, 'adopts a reductionist, rational and technical approach to social issues, while at the same time, rejecting individual, qualitative, experiential and ethical approaches to solutions' (Coleman, 1995: 70).

Beck (1992) has forcefully asserted that scientific rationality is becoming interdependent with social rationality:

> ...strictly speaking, even this distinction is becoming less and less possible. The scientific concern with the risks of industrial development in fact relies on social expectations and value judgments, just as the social discussion and perception of risks depend on scientific arguments...scientific rationality without social rationality remains *empty*, but social rationality without scientific rationality remains *blind* (Beck, 1992: 30; emphasis original).

In this case study, the experts who attended to the patient were partially guided by their 'extra-curricular orientations', including their subjectivity and pre-conceived notions. This also partly explains the struggles over correct diagnoses within the medical discipline.

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4.2.1. Intra-Cultural Divides

One of the doctors interviewed, a professor of medicine at McMaster University's medical school, revealed that on presentation of the case, he immediately advised members of the medical staff on duty to treat her for malaria. The symptoms and travel history impressed upon him to diagnose malaria:

> I got the initial phone call about her, and my initial diagnosis was I thought perhaps she might have had malaria, which it turned out to be what she did have, and Ebola when I was first called was not an issue, and then I left and went out of town, and when I came back a couple of days later Ebola had become an issue (Phone Interview: July 29, 2003).

When asked what accounts for the bleeding in the patient's nose and mouth, the professor explains that it was probably caused by the insertion of an 'endo-trachea tube' into the patient's nose:

> Well I think she had an endo-trachea tube in place or a nasal trachea tube, and whenever there is a nasal trachea tube, that could damage the nose and you can get blood, so you always have to be careful. I think it was over-called, and when they saw that bit of blood, it might just have been from the tube irritating the nose (Phone Interview: July 29, 2003).

This doctor insists that her illness was due to what he refers to as 'partially treated malaria':

> She was given some medicine for malaria before, which partially, I think masked the findings that she had and so that was the diagnosis that it was probably a partially treated malaria. I don't know if there was any other diagnosis (Phone Interview: July 29, 2003).

One of the doctors who 'suspected' 'hemorrhagic fever' is not certain of the diagnosis as well. In the interview, he broadens the diagnosis to include a reaction to anti-malaria pills:

> We knew that she did have malaria, but it was felt that her, that the keeping her symptoms, we were out of keeping with malaria because...like we, that's sorry...that she did have malaria, but that her, you know, her presentation was out of keeping with, what simply meant malaria, because she was semi-immune, so she'd already been exposed to malaria. So profound presentation, and you know, wasn't compatible. So I'm not sure,

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my best guess might be that she's been treated with, you know, anti-malaria pills, and she had a, a idiosyncratic reaction to the pills, that's probably the best bet. But we didn't, we never found any particular diagnosis (Face- to-face Interview: July 23, 2003).

The divergent assessments of the incident, as presented above, relate to the state of the production and reproduction of science in late modernity. Under the condition of late modernity, or what Giddens (1994) refers to as 'reflexive modernization', abstract systems, such as the medical system, are more prone to scrutiny and doubt. Greater knowledge, he points out, has also led to greater uncertainty: 'the fact that experts frequently disagree becomes familiar for everyone' (Giddens, 1994: 186). Reality has become prone to increased individualization and contingency. What these physicians are each getting at is not only uncertainty but also particularization of her symptoms. The more that medical science knows, the more it reveals how individualized medical biographies may differ.

4.2.2. Outside Experts vs. Inside Experts

The official medical diagnosis was contested on medical grounds by doctors of the Congolese community. Like the dominant diagnosis, medical doctors of Congolese origin have a competing systematized explanation of the medical condition. The doctors interviewed point out why it could never have been Ebola for the following three reasons. First, Ebola comes in the form of 'epideme'; an isolated single incident is rare if not impossible. At the time she arrived in Canada there was no case of Ebola outbreak in the Congo and in the neighboring countries. A doctor of Congolese descent teaching at the hospital rejects the 'hemorrhagic fever/Ebola hypothesis' thus:

...so my reaction was that I refused to accept from the start that it was a case of Ebola virus, and there is an incubation period, and that if she was a genuine case we should have got many other cases with it in Kinshasa, in which case my colleagues should have told me this, and my colleagues, all of them professors at the university, and professor ...was among the experts involved in the first outbreak in Congo (Face-to-face Interview: October 05, 2003).

The doctor insists that the case was malaria based on his personal findings:

Prior to her departure on Friday, she, on a Thursday she had, she was put on the malaria drug, anti-malaria, and the doctor...I heard it from her personal doctor on Wednesday evening I was interviewed, Wednesday evening when I called the Congo and the people were even, they were angry, they were not happy with the news, because there was no such a case from the tropics where she came, where she flew. When I called I was told she had malaria, and she was taking a course for malaria which might have been interrupted during the flight...(Face-to-face Interview: October 05, 2003).

He further gives the reason why he doubted the diagnosis:

...So from the start that was my reaction, that it was a wrong diagnosis, wrong label, so there was no such other concomitant, concomitant outbreak in Congo, there was no such case. And then she was coming from the Congo (Face-to-face Interview: October 05, 2003).

Secondly, since malaria is rampant in Africa, perhaps like 'the common cold' in North America, they argue the former should have been given a high priority in the 'differential diagnosis' by the medical team. They further explain that the transition from the tropics to an extreme temperate Canadian winter condition worsened the patient's existing medical condition of malaria fever. Two of the medical doctors of Congolese descent interviewed affirm that the patient was undergoing her menstrual period, with 'a normal menstrual bleeding'. Finally, based on the Congolese knowledge of the Ebola virus that it only breaks out in rural areas, and never in the city, the patient would not have been suffering from it because she lived in Kinshasa, a city of about 5 million people.

Concerning bleeding as part of the presentation, one of the non-practicing Congolese doctors indicated why Ebola should not have been a consideration, thus:

As I said before you don't have somebody who comes with Ebola presenting with the symptoms that lady presented. That couldn't be Ebola, because she didn't have any other generalized bleeding. No subcutaneous bleeding, nothing, no bleeding through the ears, no bleeding through the eyes (opens his eye lids with his fingers to demonstrate to me)...you bleed from everywhere! Every hole you bleed, from the nose, from the eyes, from the mouth, from the ears, you bleed. And when they examine you if they see that even subcutaneous, you're bleeding, sub-conjunctival bleeding, right? Sub-mucosa bleeding...(Face-to-face Interview, April 21, 2003).

He adds:

You bleed, and a doctor can see that this patient has got what we call hemorrhagic diathesis, tendency of bleeding from everywhere. That patient didn't have it. And that's one of the things which could make them exclude Ebola. The other one, it was an outbreak. There was no outbreak in the environment where that lady lived—either here in Canada or in Congo where she was coming from. There was no outbreak, so that was a very important element; because they don't have anybody with Ebola living in the community, which and that disease does not spread. That's not Ebola (Face-to-face Interview: April 21, 2003).

Another non-practicing medical doctor also 'diagnoses' malaria:

...It's cerebral malaria. Here she had a menstruation. Ebola makes people to bleed. The nickname of Ebola is hemorrhagic fever so you bleed when you have Ebola. You have diarrhea and all that, so it happened that this lady was having her menstruation, she had a fever, they label it, Ebola! So the head diagnosis was cerebral malaria, and she was treated for malaria, and she was healed. She was treated effectively for malaria (Face-to-face Interview: May 06, 2003).

The difference between the 'official' and 'non-official' positions is that the 'differential

diagnosis' approach of the former is more extensive in the search for the cause of the

patient's illness.

4.2.3. Lay Perspective vs. Scientific Knowledge

In this case study, the medical standpoint is countered by laypersons in the Black

community. Science is not only subject to review among scientists; laypersons have

continuously doubted science, and perhaps now more than ever. While discourse

produces knowledge that regulates the conducts of others (see Foucault, 1980), Persson *et*

al. (2003) have shown empirically that laypersons contest the dominance of biomedicine

with their experiential knowledge. As Lupton (1999b) explains, the imprecise measure of

risk has made the public become more critical of science. In her own words:

> The reflexive organization of knowledge environments requires the constant prediction of
> the nature of outcomes in the future, or risk assessment. This assessment, by its very
> nature, is always imprecise, for these calculations rely upon abstract knowledge systems
> which are subject to contestation and change. As a result, people have become
> increasingly cynical about the claims to progress offered by traditional modernity
> (Lupton, 1999b: 75).

Cynicism about 'modern progress' can only add to the anxiety that risk poses in late

modernity. As such, cynicism can intensify demands for control by authorities. In

situations of risk, the rational option is to assume the worst and act accordingly until

faced with significant counter-evidence. This usually means acting in a way that entails

restriction and control.

According to Giddens (1990), one major feature of modernity is its

'disembedding mechanism'. He defines 'disembedding' as ' "lifting out" of social

relations from local contexts of interaction and their restructuring across indefinite spans

of time-space' (Giddens, 1990: 21). One type of 'disembedding mechanism' Giddens

refers to as 'expert systems': 'systems of technical accomplishment or professional

expertise that organize large areas of the material and social environments in which we

live today'. Expert systems have influence in all aspects of life in modern society, and

they 'remove social relations from the immediacies of context' (Giddens, 1990: 28). In

other words, they foster the sequestration of time from space. Since expert systems are

'abstract systems', they imply an attitude of trust from their consumers who are

laypersons. 'Trust', according to Giddens (1990), is 'inevitably in part an article of

"faith"' (Giddens, 1990: 29). He writes: 'there is a pragmatic element in "faith", based upon the experience that such systems generally work as they are supposed to do. In addition, there are often regulatory agencies over and above professional associations designed to protect the consumers of expert systems' (Giddens, 1990: 29).

Wynne (1996) forcefully argues that laypersons, based on their direct experience with the natural ecology, have an expertise in the interpretation of natural phenomena. Lay persons or non-experts also doubt and contest scientific knowledge. Wynne (1996) maintains that lay people do not automatically concede to experts' claims of competence and infallibility; rather they question expert authority. In a particular case involving Cumbrian shepherds in Britain after the Chernobyl nuclear leakage, scientists' recommendation of soil contamination is found imprecise and is challenged by farmers, who are laypersons in ecological science. The farmers detected flaws in science based on their working experience with, and knowledge of, the land. Wynne (1996) uses this as an example of the fallibility of science, and growing public challenge to scientific orthodoxy by lay members of society.

On the basis of their 'experiential' knowledge of Ebola in the Congo, ordinary members of the Congolese community, like the physicians, and those from the Black community who participated in the study, disagree with the official position as portrayed in the media. Non-Congolese members of the Black community who took part in the study doubt the diagnosis not because of any close encounters with Ebola or any scientific knowledge of Ebola and cases of hemorrhagic fevers, but mainly because of their generalized low level of trust in public institutions and their representatives.

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Lay Congolese consistently maintain that it was malaria, and not Ebola or any of

the hemorrhagic fevers. When one of them was probed on how sure he was that it was

malaria, he responds:

> Yea, we're (laughing) about, because we know it's malaria. If she is not...if you don't
> take care, for the malaria, you can die. We know that, but and...all of us has been
> suffering from, with malaria, anyone out of Congolese, o.k.? We suffer once with this
> disease, o.k.? So but we know if we have, you have the medicine, and you take it there
> wasn't a problem, but if you have not taken the medicine and you don't take care, you
> can die. So now we get the confirmation from Kinshasa that this lady was sick for
> malaria, we confirmed that and we say yes it's malaria this is the manifestation for
> malaria (pause). Yea malaria is a very, very...you cannot...it's very, very strong
> diseases. And when it starts you can think you're mad. You will start to, to talk like
> somebody who's crazy. It's very, very,...you know that, you're African (Face-to-face
> Interview, May 09, 2003).

Another Congolese states:

> She was tired from Congo, when she took the airplane. They said she should eat
> something. When they arrived in Hamilton, the lady (the hostess) asked if she could
> cook something for her. She said no, I can't eat, I'm not feeling well. She was taking
> medication for malaria. She did not complete the dosage. She made a mistake, she
> stopped. That's why she became sick again on the plane. She did not finish the
> medication. The very night they came to Hamilton, she became sick. The lady (the
> 'hostess') said you have to go to the hospital. If you die, I'll be held responsible. When
> they went to the hospital, she had a menstruation, she was not feeling well. This is a
> woman, she came from the Congo, she had blood everywhere, this is Ebola, they said
> (Face-to-face Interview: March 22, 2003).

The above-quoted Congolese respondents interpret the illness in the context of

their experiential knowledge of malaria as a common illness in the Congo. From their

perspective, they do not need to be told the difference between Ebola and malaria. Their

reliance on experience is congruent to Persson *et al.*'s (2003) point that laypersons

negotiate scientific-medical diagnosis with their lived experience.

In response to a probe on the level of Congolese acceptance of the diagnosis,

another member of the Congolese community says thus:

> You see people tend to ask, if it was not Ebola, what was it?; and people would say no...and many people in the community know what it was, what exactly it was. They don't know what it was through the news, they know it through mouth-to-mouth or when they meet. They know that the news made well a lot of noise, that it's not Ebola, the news didn't do it. But it's not unusual for the journalists to do that. They go, they make news, something that is making the news, they talk about it. When no longer making the news, they don't think there is...That is not their job (Face-to-face Interview: May 06, 2003).

The above respondent corroborates Kitzinger's (1998b) study of the relationship between the media and their audience. Kitzinger (1998b) argues that people make sense of the media discourse in relation to what is familiar to them. Apart from the Congolese' skepticism of the medical diagnosis, they also give more credibility to information from members of their community.

As illuminating as Giddens' (1990; 1991) theory of modernity is, it fails to account for the pervasiveness of gender, class, and ethno-racial exclusion and divides in modernity. According to Moores, globalization generates anxieties for some people more than others (Moores, 1995: 15). Miles (1994) views the existence of racism alongside the 'universalizing tendencies' of modernity as part of structural contradictions. One of such contradictions, according to Miles (1994), is:

> on the one hand, the tendency towards 'commodification of everything' ...and, on the other, the necessary reproduction of social inequality, not only between classes but also that expressed in uneven spatial development. For those whose political and economic interests are rooted in the reproduction of capitalist social formations, this contradiction can be mediated ideologically by the naturalization of social inequality and uneven development: racisms (as one form of naturalization) can therefore 'fix' economic and political disadvantage 'in nature' by attributing specified social collectivities with essential attributes (Miles, 1994: 205).

While Giddens (1990) focuses on the 'universalizing tendencies' and 'celebratory aspects' of modernity, he totally omits the other side modernity: i.e. the persistence of inequalities in modernity. Racial minorities, for example, experience what Essed (1991)

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refers to as 'everyday racism' (Essed, 1991), and are underrepresented in major

institutions. They interpret their material condition in terms of 'racial' differences. In

effect, racial minorities' mistrust of institutions is connected with their experience of and

perception of racism in larger society. A perception of discrimination by a minority

group may lead to mistrust of those considered to be part of the dominant group.

Generalized mistrust may translate into a 'self-fulfilling prophesy'. A perception of

discrimination by a minority group may translate into mistrust of those considered to be

part of the dominant group.

Attitudes of distrust and suspicion towards institutional authorities are a *sine qua*

non of late modern societies (Beck, 1992; Giddens, 1990). What is interesting in this

case is the racial dimension to the distrust and suspicion towards doctors, the media and

health care establishment by members of the Black community. Non-Congolese

members of the Black community in Hamilton identify with the patient largely because

of their presumed physical similarity, meanings associated with 'race', their experience,

and generalized suspicion of the racially dominant group. This point is developed in the

next chapter, but in the meantime I present their perspectives on the handling of the

situation by the medical institution. Their concerns range from racial profiling by the

doctors who diagnosed, to exclusionary practices in the medical institution. When one

member of the 'non-Congolese category' was asked to explain what she believed

happened, she says:

> The truth was that a woman who came to the country had a high fever, and was ill.
> Without diagnosis...the hospital couldn't get the fever down, and so they made an
> arbitrary diagnosis personally based on the country she came from (Face-to-face
> Interview: May 08, 2003).

Another non-Congolese Black member of the community expresses her concerns as

follows:

> One of the things that I'd like to ask, you know, the contribution of the attending medical
> personnel, if for example it was let's say somebody a missionary, a white person coming
> from the Congo, coming to, you know with the... I'm talking with the same symptoms as
> Colette, would they have declared Ebola? I also need to know have they, any of them,
> treated anybody with Ebola symptoms before so that the person they could have thought
> of was saying she had Ebola? All these questions should have been answered, and if not,
> may be the health, Ministry of Health or whatever would help or world health
> organization, I don't care, should get involved. Because they turned people upside down.
> They turned the world upside down (Face-to-face Interview: May 09, 2003).

The following is the perspective of one member of the non-Congolese group regarding

the health establishment:

> ...And I remember in the last days when the lady left the hospital we met with the public
> relations of the hospital I think it was the vice president, and we asked about feedback,
> what they have done differently, and...they were innocent from the beginning to the end.
> I don't think they ever acknowledged that this was a case that was not handled
> properly...well, it's your voice against the well established mainstream health care
> system. Who will people go and get information from? (Face-to-face Interview: April
> 16, 2003).

Further, she points out that the patient was treated differently because of her nationality

as the following shows:

> ...there is a high exclusion that this person was seen as someone from mars or from any
> other planet, who didn't have connection with anybody, who never lived anywhere.
> Because usually when you go to a doctor and you are coming from Germany, people
> would ask you what's your past history, can you get information from your doctor, can
> you allow me to get information from your doctor? But this was not happening in this
> case (Face-to-face Interview: April 16, 2003).

A number of the participants persistently refer to a doctor of Congolese descent whose

medical expertise was not respected. The following is an example of a member of the

community expressing her cynicism of the medical establishment in connection with the

'exclusion' of the Congolese:

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When the news came out, and there were people who could have helped before it came, before it became that circus their advice was not accepted as far as we found out later. Especially, for example, we had the African doctor who actually told them that the symptoms don't look like nothing like, nobody listened, like Ebola. Nobody listened. May be if they had listened a bit, and know that well he is also a physician, and is also from that part of the world so he might have a better idea than people from the Western part of the world. May be we would not have got into that mess (Face-to-face Interview: May 09, 2003).

The respondent goes on to explain that the doctor of Congolese descent was 'excluded' because of his racial background:

...There is a Congolese doctor, who said that was not Ebola. He told them, it was in the paper, if you read the paper you will see he was quoted. Nobody actually took him on because I guess he's a Black...he's Black so he had no idea what he was talking about, and the medicine that, you know, he went to school for medicine is not like they go here so they think he's different you know that's why you're supposed to have Canadian standard of education (laugh) (Face-to-face Interview: May 09, 2003).

Further, the respondent relates the situation to the labour market experience of new immigrants in Canada:

...O God if you're a teacher somewhere else you're not a teacher until you pay to get the education here, if you're a doctor, we get how many doctors driving taxi cabs, and how many nurses cleaning toilets, you know I see nothing wrong in that but that's not what you went to school for and pay all this money for. You have a profession, you've got so many years and have suffered to get to where you are, you know...(Face-to-face Interview: May 09, 2003).

A priest in the community who knew the patient personally and accompanied her to the hospital also believes that the hospital did not yield to alternative diagnoses from the doctors of Congolese descent based in Hamilton and from an Ebola expert in the Congo:

...The hospital was in contact with them, and from what we were hearing, that individual [the expert in the Congo] had ruled out that it couldn't be Ebola based on the diagnosis that was given to him. But, you know, the hospital officials had sent samples of their diagnosis to the US, you know, laboratory or somewhere, and they were waiting on that report to be a lot more authentic rather than what this doctor is saying from Congo and so despite the doctor's recommendation they, they, they didn't take it on the face value, I mean from what we were hearing (Face-to-face Interview: April 30, 2003).

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Among members of the Black community, most especially the non-Congolese, the 'race' of the patient influenced the medical diagnosis and what they perceived to be 'mistreatment' of the patient.

4.3. Two Cultures

The media, as indicated in the previous chapter, often rely on institutions such as the medical community to valorize their sources as credible. In spite of this 'dependence', journalists often collide with medical practitioners based on different agendas of the two professionals. Science is distinguished from other forms of knowledge because it is considered objective, rational and value-neutral. One major source of conflict between the media and medicine relates to the concerns that the media often portray science news inaccurately. Seale (2002) calls this conflict 'two cultures'. He states that tensions ensue between scientists and journalists, because the latter often 'oversimplify, extrematise and therefore distort the true nature of scientific research and the content of scientific findings' (Seale, 2002: 52).

Contrary to Hall *et al.*' s assertion that representatives of institutions are the 'primary definers' of problems for the media, Miller (1993) posits that there are often definitional struggles that are subject to active negotiation and contestation. He shows, from the case of the conflict between Northern Ireland and England in the 1970s, the limits of official sources in gaining definitional advantage. Part of what drives the media interest is news value, such as journalistic focus on violence and conflicts. This suggests that an official source may not be prioritized by the media if it is not worth (news) value. For example, given the broad 'differential diagnosis' of the presentation, hemorrhagic

fevers such as Lassa or Dengue are of less news value partly because both of them are less known and are less virulent than Ebola and therefore less sensationalist.

Singer (1990), in an empirical study, focuses on the inaccurate reports of scientific research in print and electronic media. She indicates that inaccuracy takes three broad forms: First, outright error, which includes inaccurate reference to a published source, and substantially different statement; second, non-substantive alterations entailing changes of emphasis, misleading headlines, less precise formulation, and assimilation of speculation to fact; and third, omissions of important results, details of methods and overgeneralization. Inaccuracies, according to her, result from media's need to dramatize scientific findings--they 'serve to heighten the dramatic impact of a science report' (Singer, 1990: 111). In a similar vein, Nelkin (1987) provides examples of different ways that the media have mis-represented and inaccurately presented scientific knowledge. The reasons for inaccurate representation of science by the media, according to Seale (2002), lie in broader social, political and economic structures including capitalism, patriarchy, and medical influence.

To state that the media mis-represent or distort science is to assert a perfectly 'objective science' unmediated by common sense. Miller (1999) has posited that under social, political, and economic pressures, scientists can maintain positions that depart from strict scientific rules of objectivity. This reinforces the view that what is considered as science or scientific knowledge is not always objective. Using the case of Bovine Spongiform Encephalopathy (BSE) in Britain in the 1980s as a focus, Miller (1999) explains how British government officials influenced scientists attached to parastatals

such as the Ministry of Agriculture, or Fisheries and Food (MAFF) to restrict the

definitions of BSE to an animal/veterinary health issue, rather than conceiving it as a

potential public health issue. The emphasis in Miller's work is on the process of arriving

at scientific findings about risk, most especially the role played by exogenous social

forces in the construction of what is risky versus non-risky. This process encompasses

the vested interests of scientists and government officials:

> ...the privileging of the contingency of science as an explanation directs our attention
> away from the political and economic contexts in which scientists actually work and
> which also contribute to the specific ways in which science is communicated...(Miller,
> 1999: 1252).

Nevertheless, regardless of antimonies between the two professions, medical doctors still

assume a status of 'medical aristocracy' not only because journalists more often than not

depend on them as a credible source of information but also because medical

practitioners are held in a high esteem by the public. For example, Lupton and Mclean

(1998) find in their study of the Australian press, representations of medical doctors and

the medical practice that while portrayed as a mixture of negative and positive publicities,

they still enjoy a significant amount of social authority. The reliance of the media on

institutions for credibility, and de-legitimation of lay knowledge is evident in the

following interview statements made by one of the journalists:

> The university tropical disease expert they had involved said quite clearly earlier on, no it
> is not malaria. They denied it, they said, they said earlier on that's not the case. And
> that's what the community (Congolese community) feels, that it's malaria. But I don't
> know which is right. I don't think the community is necessarily right at all. I mean that's
> the best guess I have, but I don't think they have any better knowledge than I have ...they
> have some broader experience, but they don't, few of them know the real facts other than
> what was reported in the papers about this. So they are not in possession of better facts to
> apply to their experience, to come up with better answer (Face-to-face Interview: May
> 05, 2003).

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In a similar vein, another journalist responds to the question of why malaria was not a

consideration in the newspaper coverage:

> ...in terms of whether the diagnosis was malaria or Ebola, we took our lead from the medical experts. The medical experts can be wrong, but the judgment we made was that because the medical experts were worrying that that was a possibility, and the consequences of that were so serious, um that it would be wrong not to tell the community that that was a possibility...We were told by medical experts in Hamilton that they feared that this is what is going on, and our first and last instinct is to inform as quickly as we can the community of what possibilities are. For no other reason, that would allow the community to do what the community thinks it should do. I have the right to know if there is a catastrophic disease in my community or if the medical experts fear there is one. If they are wrong, they are wrong, but if they are right, I should be in a position to do something to protect my health (Face-to-face Interview: March 20, 2003).

What is interesting from these journalists' responses is that malaria was a possibility,

among others, but was not given any attention. In other words, the only 'real' possibility

that gets recognized are the worst ones.

Two major aspects of the media coverage that these differing cultures feature

strongly are the source of Ebola as the diagnosis; and the disclosure of the patient's

identity, most especially the naming of the patient.

4.3.1. The Source of Ebola

For the medical establishment and the public the word 'Ebola' incurs images of

awe, devastation, and high morbidity. The word is key to the coverage of the incident by

the media, as it contributes to the global high level of panic. It is around this word that

other key issues, such as immigration, insecurity, and public health, are framed. Ebola is

frightening not only to Canadians, but also to the Congolese. Also, for the Congolese

who participated in the study, their knowledge of Ebola is highly mediated by the media

and by word of mouth in Congo, their home country. In other words, nearly all the

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participants in the study claimed they had had no direct experience with Ebola. The association of 'Congo' with a stigmatizing disease is interpreted as a collective national stigma. For Blacks in the sample, Ebola is stigmatizing and its appearance in newspaper headlines in connection with an immigrant and Black African country was taken to be stigmatizing as well.

Did the word come from the medical establishment or did the media 'fabricate' it? This question is relevant to the understanding of the conflicts between the 'two cultures' and the perceptions of the medical establishment and those in journalism by members of the Black community. In the *Managing a Mystery Virus*, the Director of Communications for the hospital states: 'Although we were careful not to use it, within minutes the word Ebola found its way into the airwaves and homes of Canadians. We knew a tidal wave of demand for information and interviews wasn't far off' (Vallentin, 2002: 5). One of the medical doctors interviewed claims that it emanated from the media searching for what is of news value or sensational:

> The word Ebola came through the media. You know, I mean we never said this is, you know, Ebola. We thought really that the viral hemorrhagic, that the viral hemorrhagic fever was a possibility, you know, and there's a number of viral hemorrhagic fever. The word Ebola was mainly stressed by the media, we didn't really feel that Ebola was the most slightly viral hemorrhagic that is, you know, that this woman would have had anyway (Face-to-face Interview: July 23, 2003).

Probe: so, did the word Ebola come from the hospital or it came from elsewhere?

> so, when the expert saw the patient, so they just, they suspected that he or she suspected that it could be one of the hemorrhagic fevers, right or?...yea there couldn't have been, you know, there could have been a long list of explanations for this. Within one category was a list of viral hemorrhagic fevers...so it wasn't that oh yes, this is a viral hemorrhagic fever, for sure; they don't know. This could be a lot, like it could have been bacteria or it could be this, but it also could be this, and because it could be this, we need to take precautions for this, as well (Face-to-face Interview: July 23, 2003).

Although the hospital might have been careful about its use of words, it implicitly

suggested Ebola. In fact, one of the medical doctors interviewed attributed the source of

Ebola to one of the infectious diseases experts. Further, he felt the hospital over-reacted:

> I mean personally, this, this case should never have gotten into the press, I think it was
> ridiculous that, you know, there are people coming from Africa much more frequently
> and other cities like you know, Berlin, London, Paris, and yet Hamilton has this one case
> that gets all around the world, it should never have been called to the press. I don't think,
> I don't think she had, she clearly didn't have Ebola, it was probably overcalled and it
> should never have been phoned to the press (Phone Interview: July 29, 2003).

A journalist indicates that the hospital confirmed the possibility of 'Ebola' at the press

conference:

> I think what happened was nobody used the word, but the question was asked if Ebola
> was on your suspect list, and the answer was affirmative. That was pretty clear, and that
> was pretty clear from the word go. In fact when...called me and I talked to him, I said
> did you ask the question outright? Did somebody ask it outright? He said yes, here's the
> quote, and he replayed the tape for me. I mean so it was pretty clear they may not have
> been using the words, but when somebody said are you leaving [out] Ebola? And they
> said yes, that's on our list (Face-to-face Interview: April 24, 2003).

As indicated in the journal publication, Ebola is included in the 'differential diagnosis'

and it was suspected because of the patient's travel history. Be this as it may, it is the

representation of Ebola, by way of sensationalism and constraining of other possibilities,

that has a more remarkable impact on the readership and the public in general.

Members of the Black community who participated in the study do not exonerate

the medical establishment from the source of 'Ebola'. One member of the Congolese

community, a medical doctor, comments:

> If they took this, it was because it was suggested...they said it was four diagnoses: Ebola,
> Crimean-Congo, Lassa fever, Rift Valley fever, Yellow fever. All those, these sites
> which were bleeding...it was a lack of good communication. When they were taking the
> history of this lady, they should have known that well she was bleeding because of the
> needles. Yea, that's the place where they were trying to get the blood. So you can see
> (showing the newspaper) so when I heard these diagnoses, there was no malaria (Face-to-
> face Interview: October 05, 2003).

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Another Congolese, also a medical doctor, comments:

> Even in the Congo, you can't throw something in the media as a doctor, you can't throw something in the door...just throw because it crossed your mind. I mean even if you come to me with a flu, in my head it won't be flu only. If there are many, what we call 'differential diagnosis' in our mind. So Ebola was one of the diagnoses. As doctors they should think, but they make it as if it was the only one--the only one they could think of-- you see, and with the high tech. that I thought that the Canadian medical staff used before coming to a diagnosis, I could never believe that they throw it in a media just the time it was still crossing their mind; the time they were still working on 'differential diagnosis' (Face -to-face Interview: May 06, 2003).

4.3.2. Naming

By medical ethical standards, persons with contagious diseases may not be publicly identified by the hospital. By the same token, names of people with contagious diseases are hardly printed in the media, especially if they do not pose any threat to the public. Media and medical establishments differ on the amount and nature of information about the patient that should be made public. For legal and ethical reasons, the hospital does not reveal personal information of its patients. On the contrary, journalists believe that good journalism requires paying attention to these types of details.

As mentioned in the last chapter, the identity of the patient is central to the 'othering' of the disease, and for establishing 'we' vs. 'them' feelings. The interview with the director of media relations reveals the quest for the identity of the patient, *ab initio:*

> ...I specifically dealt with our spokespeople to say that we have an obligation to protect her identity as much as possible, to the point of not even revealing whether our patient is male or female. Well, reporters are pretty clever, and the first question from the floor at the first news conference was 'doctor can you tell me if she is still alive, or if she's still conscious?' And of course, when a physician answered 'no she's not conscious'. Now they know she's female. So you know pretty tricky! We were careful not to reveal her identity, her name, but it wasn't long before her name was made known through the media (Face-to-face Interview: February 20, 2003).

In 'novel' health cases, it is not unusual for physicians or representatives of

medical institutions to violate patients' confidentiality in the course of informing the

public about health risk via the media. In a high-profile HIV contact tracing

investigation covered by the Australian press in 1994, Brown *et al.* (1996) show how the

hospital can unnecessarily reveal details about their patient's private life under media

pressure. In the non-Ebola case, the hospital made efforts to protect the identity of the

patient. Under pressure from the media, the hospital revealed more information than they

would have in a 'normal situation'. According to the director of media relations, the

hospital 'gave specific information about her condition, about her symptoms, about some

possible diagnoses that we suspected; about how she was being managed and cared for,

in terms of managing the risk of the infection issues' (Face-to-face Interview, February

20, 2003). Regarding the disclosure of the patient's name, he expresses his frustration

thus:

> ...you know reading from the papers was very disturbing because we were working so
> hard to protect her as much as we could, and there was a time when we were worried that
> there was someone at the hospital who had leaked that information, and that's very much
> against the hospital's values, the way we protect our ...all patients' right to privacy. That
> was very disturbing. I have to tell you I went through this entire process never knowing
> her name...(Face-to-face Interview, February 20, 2003).

It is evident that the hospital does not normally reveal personal information, but

had disclosed it in this case, given the panic that had generated. However, the

disclosure of the name did not come from the hospital.

4.4. Media, Inaccuracy, and Sensationalism

The Ebola disease is often likened to 'science fiction'. In Gwyn's observation

(2002), Ebola is one of the epidemics that are reported in the mass media with scary

details. Gwyn (2002) refers to the style of representing Ebola to

> an instance of intertextuality, in which representations from the cinema and television have been expropriated and applied to 'real life', rendering real life as being 'like' the simulated or cinematic version of itself (Gwyn, 2002: 93).

While direct effects of inaccurate portrayals of health by the media on audiences are

difficult to empirically demonstrate, the media have influence on the way people perceive

health risks and harm (see Kasperson *et al.*, 1988). For example, while malaria has killed

more people in one year in Sub-Saharan Africa than Ebola or other hemorrhagic fevers

have ever done, the former has been given less media attention than the latter. One

possible reason is the mode of contracting the Ebola virus and the malaria parasite: Ebola

can be passed from person to person through exposure to bodily fluid, while the malaria

plasmodium is transmitted by mosquitoes. But stories of emerging infectious diseases

and their outbreaks have always been newsworthy since the mid-1980s largely due to

their popularization by the entertainment industries (see Tomes, 2000).

4.4.1. Reality, Unreality, and Hyperreality

The representation of Ebola in popular culture has been sensationalistic to such an

extent that it has become the most popularly known hemorrhagic fever in the world.

Explicit in the representation of the etiology of what is referred to as the *Mutaba* virus in

the movie *Outbreak*, a parody of the Ebola virus, is its source in the Congo, the 'heart of

Africa', and its potential threat to a predominantly White suburb of America. Other

representations in the movie include the portrayal of Africa and African people in an

exotic way. For example, the 'local juju man' is a stereotype of Africans as primitives

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existing in the past. In one particular scene, the 'juju man's' face is enlarged to take up much of the screen to the point of striking and obvious similarity to that of a monkey's face. This representation parallels the portrayal of 'the Hottentot Venus' as observed by Hall (1997), who indicates that the African woman represents primitiveness, a binary opposition to 'civilization': ' "Primitive", not "civilized", she was assimilated to the Natural order--and therefore compared with wild beasts, like the ape or the orangutan--rather than to the Human Culture' (Hall, 1997: 266). The implications of stereotypical representations of Black-White relations, Hall (1997) states, involve equating 'primitivism' (Culture) with 'blackness' (Nature) (Hall, 1997: 245).

In addition to recognizing the 'gallantry' displayed by the military-medical practitioners in the Hollywood movie *Outbreak*, Gwyn (2002) identifies 'doctor-as-hero' subtexts in the movie. Other subtexts in the movie are dramatic adventure and intervention of the West in 'rescuing' the West and the world from an African virus. There is also an invariant construction of White-Black relations. It was a predominantly White middle class suburb in the US that was under threat by an African deadly virus.

Knight (1982) claims that 'the emphasis in news story construction upon "drama", "action", and "conflict/confrontation" points to the ways in which empiricism of news representation is blended into the emphasis upon extraordinariness as a primary criterion of newsworthiness' (Knight, 1982: 30). In connection with the movie *Outbreak*, the director of media relations for the hospital comments on the sensational reporting of the non-Ebola incident, thus:

> ...Our local newspaper, you know, made a request of me at one point to provide them an employee dressed up in all the protection equipment and so on, in order to illustrate

through a photograph what it would look like to be caring for someone like this. What they were trying to do is really give that image about the movie "outbreak"...and I did not accommodate that request. Interestingly though, they got someone who ran the ambulance to dress up in all their protective clothing so there she did get the picture. I remember another time when they actually did do a big article showing Dustin Hoffman in that movie "outbreak" dressed up in those things. They actually did a big picture like that so you know I don't think that stuff is necessary. It is those kinds of images that really fuel media anxiety (Face-to-face Interview: February 20, 2003).

Seale (2002) refers to 'inaccuracy' in media representations of scientific knowledge as 'unreality'. Another level of reality that has often been associated with film production is derived from Baudrilard's notion of 'hyper-reality'. That is, television or movies can create another version of 'reality'--'hyper-reality'. Hyper-reality results from the media saturated culture of the post-modern world. According to Fiske (1994), under the postmodern condition, 'media events' and 'real events' are indistinguishable. He defines the phrase 'media event' as:

> an indication that in the postmodern world we can no longer rely on a stable relationship or clear distinction between a "real" event and its mediated representation. Consequently, we can no longer work with the idea that the "real" is more important, significant, or even more "true" than the representation. A media event, then, is not a mere representation of what happened, but it has its own reality, which gathers up into itself the reality of the event that may or may not have preceded it (Fiske, 1994: 2).

Fiske (1994) also states that events that do not have media attention have no import in a media saturated world.

There is a similarity between the notion of media and hyper-reality and the popularization of Ebola. 'Ebola', as it is 'made', is known globally largely because it became a 'media event', especially through its representation in the Hollywood movie *Outbreak*. Diseases such as diarrhea and malaria, for example, that have claimed more lives in Sub-Saharan Africa and worldwide than Ebola, are not 'popular' partly because of the low level of attention given to them in popular culture and the media. By the same

token, other hemorrhagic fevers, such as Yellow fever, Dengue, and Lassa are not known

because they are not 'mediated' or made 'media events'.

On their reflection on low probabilities of an Ebola outbreak in the West due to its

'localization', the *Hamilton Spectator* of February 10, 2001 and the *Toronto Star* of

February 10, 2001 ran an article that 'critically' examines the effects of the Hollywood

movie *Outbreak* on the public reaction to the media coverage of the non-Ebola case. The

Hamilton Spectator comments:

> Ebola is the only viral hemorrhagic fever that the average North American has heard
> about. Lassa? Marburg? Crimean-Congo? They are all nasty and deadly, but public
> fear would have been limited to Hamilton had Matshimoseka been infected by one of
> these (*Hamilton Spectator*, February 10, 2001: A4).

The article adds:

> Ebola is different, not because it's more dangerous than other viruses. It's the one that's
> gone Hollywood...The book (by Preston) triggered a Blockbuster movie, called
> Outbreak, depicting an Ebola-like disease spreading like a cold, from one unsuspecting
> victim to another. Now when people think of Ebola, many conjure up memories from the
> film—actor Dustin Hoffman in a spacesuit, or a clever montage showing the killer virus
> wending its way through crowds of people (*Hamilton Spectator,* February 10, 2001:
> A4).

In the movie *Outbreak* the *Mutaba* virus is distinguished from Ebola: the former is more

virulent than the latter. The exchanges among a team of US army virologists (played by

Cuba Gooding, Jr., and Kevin Spacey) in the laboratory examining tissue samples

brought from Africa clarify the difference between the two viruses:

Cuba Gooding, Jr. (Major Salt):

> These pictures were taken over a period of 8 hours, and normal healthy kidney cells
> before they meet the virus. In the space of an hour, a single virus has invaded, multiplied
> and killed the cell; and in just over 2 hours, its offspring have invaded nearby cells here
> and here (pointing to monitor), continually multiplying.

Kevin Spacey (Major Casey Schuler):

> Jesus Christ, five hours? It infects the cell, replicates and kills this fast? These numbers can't be right! Ebola takes days to do this damage.

Cuba Gooding, Jr. (Major Salt):

> Sirs, the numbers are correct. I wish to God they weren't. One goes in, millions come out, every cell is dead. Now we see them individually, searching for the next victim until there is nothing left to kill.

Incessant allusion to the movie *Outbreak* by some participants in the study, and also the media, shows how film images can be equated to real life situations. In spite of the difference, as spelt out in the above conversation, an image in the entertainment industry comes to be taken as 'real'.

4.5. Reflexivity, Institutional Accountability, and 'Impression Management'

The media coverage of the non-Ebola case transcends lay-expert dichotomies. Nor can it be conceived as a simple refraction of the dominant official perspectives of the medical institution by the media. In a risk society, Ungar (2001) asserts that institutions involved in causing 'harm' are often held accountable and are subject to critical scrutiny by interest groups and the public. Using an environmental situation and the BSE scare as examples of the public holding institutions responsible, Ungar (2001) writes:

> Observations from several risk society accidents indicate that the hostility is indeed multi-faceted and volatile. With the Exxon Valdez, enmity was first directed against Captain Hazelwood. It then moved to the oil company, as claims about its cleanup efforts were discredited. Finally, government institutions were subject to the public pillory, as evidence emerged that promised safeguards were never established. Similar volatility can be seen in the BSE scare. As sample of more than 200 articles downloaded from the Internet revealed floating blame over a three week period. Initially, hostility was directed against British farmers. Then the British government carried the hot potato as claims of a cover-up emerged (Ungar, 2001: 281-282).

In his study of AIDS activism, Kirp (1997) documents hemophiliac rights campaigns in the 1980s and 1990s. According to Kirp (1997), hemophiliac groups in North America,

Europe and Japan mobilized against health institutions, pharmaceutical companies and

governments and held them accountable for infecting hemophiliacs with the HIV virus

through contaminated blood.

In the non-Ebola incident, it is necessary for the hospital to absolve itself of blame

from diverse sectors of society. If they (the experts) suspected malaria, for example, and

the disease ended up being 'Ebola', the medical establishment and the government would

be held accountable by different sectors in society for exposing the public to a high

consequence risk like Ebola. Expectations of accountability from institutions are

growing. One reason for this, according to Giddens (1990), is the growth in awareness

by laypersons. Laypersons are becoming more aware of modern risks. Giddens (1990)

notes:

> Widespread lay knowledge of modern risk environments leads to awareness of the limits
> of expertise and forms one of the "public relations" problems that has to be faced by
> those who seek to sustain lay trust in expert systems. The faith that supports trust in
> expert systems involves a blocking off of the ignorance of the lay person when faced with
> the claims of expertise; but realization of the areas of ignorance which confront the
> experts themselves, as individual practitioners and in terms of overall fields of
> knowledge, may weaken or undermine that faith on the part of lay individuals (Giddens,
> 1990: 130).

It is not only imperative for the doctors, as the representatives of the medical

institution, to diagnose so they can let off some steam from the public's quest for

'certitude' in an anxiety-ridden condition, it is ideal for them to assume the worst

(hemorrhagic fever) by being 'imprecise' and being wrong rather than being wrong by

diagnosing 'malaria' when it is 'Ebola'. Further, it is preferable to them to be blamed by

a less powerful group like the Black community, when they make a mistake, than by

more powerful groups in society. Most importantly, to give no name to a disease that

seemed lethal like Ebola, to them, is to promote 'uncertainty' and leave the public

vulnerable to anxiety.

Physicians are not immune to the fear of contracting deadly viruses. They are

also concerned, like laypersons, about their health. When doctors are confronted by

uncertainty and ambiguous health conditions, they meet the public's high expectations by

'hiding' under what Haas and Shaffir (1987) call 'cloak of competence'. They deal with

ambiguous and uncertain health conditions by 'concealing' their inadequacy. Hass and

Shaffir (1987) write:

> Expectations of competence are dealt with by strategies of impression management, specifically, manipulation and concealment. Interactional competencies depend on convincing presentations and much of professionalism requires the masking of insecurity and incompetence with the symbolic-interactional cloak of competence (Hass & Shaffir, 1987: 83).

Although fear and professional reputation partially account for the medical 'imprecision',

cultural 'difference' also influences the 'big leap' to hemorrhagic fevers in the diagnosis.

The doctors' suspicion of Ebola, when tests had not been concluded, was influenced by

their pre-conceived association between Congo and Ebola. According to De Cillia *et al.*

(1999: 157) discourse(s) constitute(s) 'social practice and is at the same time constituted

by it'. Individuals come to act out their perceptions and understanding of the world based

on how they have been discursively constituted by their society. Medical doctors can

also share in the discursive construction of Africa. They may have some 'sedimented'

stereotypical perceptions of Africans and foreign 'others'. For example, in an interview

session, one of the doctors commented in the course of asserting malaria as the diagnosis,

thus: 'My own understanding was, because we've actually...her village was telephoned

and they spoke to some people that knew her' (Phone Interview: July, 29, 2003). The notion of 'village' stems from the assumption that Africa is pre-industrial, and its inhabitants live in villages, which is an instance of old anthropological thinking. The patient was actually from Kinshasa, a city of about 5 million people.

4.6. Institutional Exclusionary Practice

At the situational-institutional level, an exclusionary practice does take place in the medical establishment. One form of institutional racism in Satzewich's (1998a) taxonomies is 'systemic racism': 'circumstances where institutions unintentionally restrict the life-chances of certain groups through a variety of seemingly neutral rules, regulations, and procedures' (Satzewich, 1998a: 220). What makes these rules seem neutral is that they are universal forms, that is, they treat unequal subjects in an equivalent way that generates 'new inequalities' as a result. In this case, under-representation of Blacks in major institutions makes them vulnerable to communal stigmatization. Requirements for credential accreditation in a profession like medicine, for example, preclude some racial minorities from practicing medicine. In Basran and Zong's (1998) study of the experience and perception of visible minority professional immigrants in Canada, it is shown that foreign professionals encounter difficulties in practicing their professions because their credentials are not recognized and also because employers require 'Canadian experience'. Basran and Zong (1998) find that most of their respondents perceived their ethno-racial backgrounds as the basis for their exclusion. Three medical doctors, two from the Congo and one from Eritrea, who participated in the

study are not practicing in Canada. They felt the hospital did not handle the case

appropriately and thought that their expertise would have averted the 'error'.

4.7. News Values and Media Agenda

It is evident that the media do not 'uncritically' subscribe to the regulation of the

medical establishment as an institution that primarily 'defines' 'medical problems' for

society. As Hall (1977) notes in one of his works, the media are relatively autonomous of

official dominant institutions. If this is correct, media coverage of events might be driven

by their news value rather than their definitions by primary definers. What constitutes

news value includes the 'extra-ordinaries' of events in terms of its 'outrageousness',

'immediacy', and its resonance with the public. For example, while malaria has killed

more people than Ebola, it does not have the news value of Ebola because the public had

had a prior knowledge of it (Ebola) as catastrophic and exotic. In addition, an

opportunity to generate scandal by implicating the medical establishments and the

government immigration policy also has news value. Allied to this is the role of

prejudice in the coverage of the event. For example, the name of the patient, her bio-data

and where she was 'hosted' are worth news value in a society where 'race' has social

meanings. The news value here entails Ebola as an exotic disease coupled with its

etiology (Africa). Their cross-articulation with immigration provides meaning for the

societal complexities in a time of change for a public disposed to making sense of the

changing world through 'race'. All of these factors are capable of having resonance with

the public's common sense.

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4.7.1. The Media and Institutional Constraint

Other factors that shape the news are editorial prerogatives and competition. One

journalist for the *Hamilton Spectator* explains the structure of news production, thus:

> When I say journalists use their own judgment, that judgment then is...that's not the end
> of that. There is an editor who then has to use their own judgment. So the journalist
> doesn't decide...As I said there are several layers of editors; between three and five
> different layers of editors and management have the authority to change what I write
> (Face-to-face Interview: May 05, 2003).

In the case of 'naming' the patient, another journalist explains her constraint by the

editorial discretionary power in the following words:

> A lot of times we don't put the name of somebody in the paper...we don't put the name
> of someone with an illness in the paper unless there is a reason to do it. In this case, the
> editors really made the decision to use her name. That wasn't my decision...it wasn't my
> decision so I wouldn't be able to tell you all of the reasons behind that, the editors would
> be better to tell you that...(Face-to-face Interview: March 27, 2003);

and regarding the photographing of the 'host's' residence, she states:

> ...I mean I would not have made the decision, so it would have been editors who made
> the decisions. It's about photographing the house and things like that, but that would not
> be something that was unusual, I mean that would be something we would do. We do
> that with crime scenes, we do that with, with, you know if there is something that...this
> was not a crime scene, but you know but we do that with a lot of different cases...so I
> mean, as I said editors and photo editors could give you a better idea of their decision
> making skills (Face-to-face Interview: March 27, 2003)

Concerning the role of competition in the newsmakers' quest for her identity, another

reporter, a reporter for the *Globe and Mail* (the paper that first published her name),

explains the divulgence in the context of competition:

> ...there's also the issue of, you know, something being publicly reportable, the, the
> disease itself is publicly reportable, so well it's really clear at the hospital by saying you
> know, we will not reveal anything about the patient's identity, one that involves
> something that a community is afraid of, it helps to have some information about you
> know, how many, you know, like just who this person is, where they are coming from *et
> cetera*. And again, it's due to the competitive nature of news gathering, it's as if you
> don't go after it, your competitor is going...it was a given that everybody, everybody was
> trying to get the same information. I didn't work that hard to get her identity, and the fact

that we had her identity first didn't come from me on the ground, it came from a bit of a fluke, and so, so the fact you know, that we included I think was just a matter of, of, of working on it (Face-to-face Interview: April 24, 2003).

Further, another journalist elaborates more on how competition drove the story:

What you are not aware of is that, you asked me about competition, intense international competition on this story. Reporters tried to work on the story for glory and prestige. The bad side is that they were devoting attention to it, they will devote time to that side of the story that is unimportant, so context of that will be lost. For example, if we wrote that the Ebola virus can only be contracted with direct contact at the second sentence of the story, it imposes confidence on the people. This example was not emphasized, it is a damage that competition does (Face-to-face Interview: May 05, 2001).

The motivating factors that drove the story, therefore, are a combination of situational and structural/organizational factors, which Henry and Tator (2002) summarize thusly:

A journalist's own social location, world view, experiences, and values, and those of his or her editor, publisher, and newspaper owner, filter out alternative perspectives...there is significant evidence that most news media are owned by corporate interests and are structured to sustain the economic interests of business and government elites (Henry & Tator, 2002: 235).

4.8. Mistrust of Social Institutions and Racial Capacity

In explaining the status of trust in inter-personal relations in the condition of modernity, Giddens (1990) notes that, 'Trust, ontological security, and a feeling of the continuity of things and persons' are 'closely bound up with one another in the adult personality' (Giddens, 1990: 97). Ontological security is sustained by routines of trust and habits; that is, it requires stability and regularity over time. Also, ontological security is maintained by 'emotional inoculation' that 'protects against the ontological anxieties to which all human beings are potentially subject' (Giddens, 1990: 94). It is a sense that things will remain the same: 'confidence that most human beings have in the continuity of their self-identity and in the constancy of the surrounding social and material environments of action' (Giddens, 1990: 92). However, momentous changes can break

this 'confidence' or the 'trust': 'when such routines are shattered--for whatever reason--anxieties come flooding in, and even very firmly founded aspects of the personality of the individual may become stripped away and altered' (Giddens, 1990: 98).

Global awareness of incurable deadly viruses and their potential to spread can 'shatter' the trust in institutions and lead to insecurity. Specifically, insatiability of individuals with scientific explanation of health risks has cast doubt in medical science. Lupton and Tulloch (1998) have linked individuals' sense of ontological insecurity to inability of scientific experts to appease the public's yearning for knowledge:

> individuals are placed in a situation of continually weighing up risks and benefits, wanting more and more information from experts about how to prevent illness and disease but often finding that such information does not serve their dilemma or provide ontological security (Lupton & Tulloch, 1998: 20).

As mentioned earlier, Moores (1995) posits in his reactions to Giddens' grand theory of modernity that he undermines the place of structural patterns of social inequalities. Perception of, and experience of, inequality by subdominant groups can interrupt trust in abstract systems, and in 'face work' at the 'access point' of interpersonal relations. Omi and Winant (1993) argue that 'race', while unscientific and putative is a fundamental principle of identity formation in modern society. 'Race' is a way that not only members of the dominant ethno-racial group in society make sense of the social world, it is also a symbol of resistance for members of the subdominant ethno-racial group in society. For example, if a subdominant ethno-racial group in a racially divided society does not trust the experts based on its perception of racial difference, it may not be that the 'abstract systems' are flawed; the group may only be projecting its 'mistrust' to the abstract systems, including its operators, in entirety. In other words, it is not the

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expert systems that are considered as flawed, but the lack of trust in the operators of

expert systems.

Giddens (1990) maintains that practicalities of daily living require reliance on

abstract systems. However, Giddens (1990) claims that lay individuals come into contact

with human representatives of abstract systems, such as doctors through 'face work'

commitments:

> At access points the facework commitments which tie lay actors into trust relations ordinarily involve displays of manifest trustworthiness and integrity, coupled with an attitude of "business-as-usual," or unflappability. Although everyone is aware that the real repository of trust is in abstract system, rather than the individuals who in specific contexts "represent" it, access points carry a reminder that it is flesh-and-blood people (who are potentially fallible) who are its operators (Giddens, 1990: 85).

An example of reliance on abstract systems and disappointment in their representatives

can be inferred from the only member of the Congolese community, a medical doctor by

profession, who believed the 'breaking news' of Ebola, but to be later disappointed in the

non-positive test result of Ebola:

> I believed right away, because you know when you are in Africa, you see the country like Canada, United States, you imagine the certain technology that they have. You started thinking the way...you think as a doctor in the Congo we don't think really low. Ebola is a deadly disease. To speak even about it, if a doctor with high tech like in Canada here, you rarely speak about it, you should be almost 80% sure that it's the disease (Face-to-face Interview: May 06, 2003).

As Giddens (1990) claims, at access points people come in contact with the

'operators' of an 'abstract system'. Some affected members of the Black community

have gone so far as considering the medical institution, in addition to the media, as a

racist establishment. This is not unconnected with their perception of the managers, or

representatives, of abstract system. Their conception of entire institutions as 'racist'

came against the backdrop of the 'meanings' associated with the disclosure of the

patient's personal identity; the social meanings associated with a disease like Ebola; and

the exclusion of the expertise of doctors of Congolese descent in the Hamilton area. A

non-Congolese responded to the disclosure of the patient's personal information, thus:

> Well, that was my question when I wanted to meet with the, the authority of the Henderson hospital....One of the questions that I'd ask is how you protect patient's information, because when I called you today and asked you about my son who was 19, you would not release anything unless I have consent from him...you know they go back to those policies that don't protect the people when is needed, that all this was a public safety issue (Face-to-face Interview: April 16, 2003).

The respondent further makes a comparison between the media coverage of the non-

Ebola and the SARS outbreak:

> ...are we hearing now other people who have SARS? You get any names in the newspapers? Any country of origin? Even they are avoiding it to mention China...If this person was from another background the hospital would be sued for a long time, but that's not happening because of who we are and what. But if that happened to a Jewish person or happened to another person, they would be sued until they regret forever what they have done. Now they are sitting there claiming their expenses never minding about the liability (Face-to-face Interview: April 16, 2003).

Responding to a specific question on her impression of how the hospital handled the

situation, she says:

> Oh they handled it very badly. I think they violated any professional code of conduct (pause). And all the basic human rights of that woman (pause). And the other thing that I'll be very curious is to reveal their treatment. I don't know if that is possible with the, what do you call that? Privacy Act...the treatment that that lady received...because when you walk into that darkness as they were walking in the darkness, I don't know what they did (laugh) (Face-to-face Interview: April 16, 2003).

A non-practicing medical practitioner of Congolese descent blames both institutions:

> the hospital is an accomplice with the media, because they don't, they didn't open the door to our physician, even if they are not allowed to practice here, but they knew, they knew a lot about tropical sickness so they should, open the door, discuss with them, and try to assist the lady like that...Or we have so many people here, physicians, good ones, they cannot practice here, but they could assist at that time with advice, with prompt advice and specific advice to assist the lady so the hospital at this point disappointed, was also complicit because they are the one who called the media to inform them about the ailment, that it is Ebola (Face-to-face Interview: May 08, 2003).

With respect to 'naming', while the hospital seemed to have revealed to the public more than what it should have in 'normal' situations, findings reveal that the naming of the patient did not come from the hospital. Journalists confirmed this. The source of the name was derived from one of the journalists who contacted the baggage handler at the airport for the manifest of airline passengers. It is important to note that in spite of the Black community's low level of 'faith' in the media, it is still one of the major sources of information it depends on. In this case, most members of the community automatically assume that the media derived most pieces of their information sources from the hospital. For example, on the question of the diagnosis and naming, a Congolese responds:

> ...they felt first because they didn't know how to do the diagnostic...and they [doctors] give the bad information to the news...it's like ehm, normally medical cannot do what they did, because if them...They give the news to the tv, the radio, everybody or they said to ask they have known in the hospital they cannot say the sickness to the another people. To the people who is not a medical. How did they do that? (Face-to-face Interview: April 30, 2003).

Probe:
> so in other words, would you say it was the hospital who said Ebola or the newspapers who made it up?

She responds with an angry voice:

> No if the hospital did not give them the...how the newspaper would know, if they didn't say anything? It means in Canada they don't have 'secret medical'. Even if it (Ebola) was real, they have the right to do that? This one is my question! (Face-to-face Interview: April 30, 2003).

The variations in the way members of the Black community apportion blame to both the medical and media institutions are consistent with a lack of trust in dominant institutions. They have thus come to perceive the institutions of society as alienating rather than serving them.

Studies of 'race' have largely focused on the imposition of racial category from the top. While 'race' is considered as a social construction used by the dominant group to exclude those with discernible physical and cultural differences, minorities have also used it to interpret their social condition. Racial minorities' sense of 'race' is not necessarily hegemonic in the sense of making them succumb to their racial categorization, as some have claimed (see Basch *et al.,* 1994). Rather, 'race consciousness' among racial minorities is part of their resistance to racism, and perception of it (Satzewich, 1998b: 33-34; Miles, 1989: 72-73). This type of 'racism' is a racism that the racism in the larger society creates. Lack of trust in abstract systems, including the experts that operate them, has implications for 'race essentialism' on the part of racial minorities in the sense that doctors and media workers are considered the same in their respective professions. However, their form of 'race essentialism' differs from a biologically based race essentialism that was used to justify white supremacy (see Frankenberg, 1993: 14-15).

Conceivably, the media have a major influence on members of modern societies. Dependence on different modes of media, in a media saturated world, makes it difficult to distinguish between reality and its representation. In other words, the representation of an exotic virus from the 'heart of Africa' as the enemy of the world and the West in popular culture has a capacity to tap into people's fear and anxiety in a moment when 'Ebola' was suspected. However, racism is an ideology for rationalizing inequalities and exclusionary practices (see Miles, 1982). Therefore, to think in terms of direct effects of a movie, or movies, on the public is to subscribe to a hypodermic needle model. As Fiske

(1994) insists, people's mental capacity to distinguish cannot be easily extinguished by postmodernism:

> The hyperreal may destroy the categories that once organized the differences between representation and reality or between different modes of representation, but our sense of those differences is not killed off as easily as postmodernism assumes (Fiske, 1994: 62-63).

Relatedly, Joffe and Haarhoff (2002) find in their study of the relationship between the British press coverage of Ebola outbreaks in Africa in the mid-1990s and the perception of readers that a significant number of 'lay audiences' do *detach* themselves from sensational, science-fiction, media coverage. Joffe and Haarhoff (2002) demonstrate that 'lay persons' accounts are characterized by an even greater sense of detachment from Ebola than the media advocate' (Joffe & Haarhoff, 2002: 967). Joffe and Haarhoff aim to hone the point that the audience can distinguish between media sensationalism and 'reality'. In the context of this study, the non-Ebola case provides an opportunity for some members of the Canadian public to express their collective anxiety around social change that is related to immigration and racial diversity. Like the European countries of the Netherlands, Britain, Germany (see Husbands, 1994), and Austria (see Wodak & Matouschek, 1993), that are undergoing social change in the form of globalization and immigration of 'culturally distinct' groups, and reacting by scapegoating the latter, Canadians also have a 'racial capacity' (see Barrett, 1994). 'Racial capacity' in this context relates to a cognitive aspect of 'race thinking' and attribution of social significance to 'race'. In the case of racialization of AIDS, for example, Kitzinger (1998a) has shown that the ready acceptance of African AIDS/Black AIDS among Whites conforms to their pre-exiting images of Africa as a 'dark continent'. The racial

interpretation given to Ebola finds resonance in the already existing conception of the 'African other'.

Conclusion

This chapter has examined the relationship between the media and the medical establishment in their dealing with the non-Ebola case. The relationship between these two institutions is complex, not only because they are interdependent, conflictual, and co-operative, but also because members of society can be critical of them as dominant institutions. Also, in relation to the reflexive quality of modernity, most especially the fecundity of knowledge in late modernity, the chapter has shown that experts disagree within themselves, and that their expertise is questioned, (re)assessed and contested by laypersons. This conflict-riddled condition characterizing the operations of institutions in general draws attention to science as involving human subjectivity. It is evident in the data presented that the medical doctors who diagnosed Ebola were partially influenced by the ethno-racial profiling of the patient; and the doctor's cognizance of public's scrutiny of the medical profession in the event of error in a case of high consequence risk.

Despite the reliance of the media on professional institutions for 'credibility', the media have their own agenda. In this study it is clear that Ebola is over-dramatized and sensationalized as a suspected case because of its news value, which is not necessarily the goal of the medical establishment, which was pre-occupied with keeping the public 'safe', and perhaps for institutional and personal glory that may ensue from containing a potential threat.

Racial minority groups have their own reading of the case, in racial terms. They do not absolve both the medical and media institutions of blame. Their reaction is largely influenced by their personal experience vis-à-vis their material condition in Canadian society. However, the media are still a key source of information for this local Black community who base part of its evaluation of the medical profession and institution on what they gather from the media.

CHAPTER V: 'THE UNRESPECTABLE VIEW OF SOCIETY': BLACKS' EXPERIENCES AND INTERPRETATIONS

Introduction

The last 'hard news' items on Ebola were on the 14th of March 2001, titled

'visitor health insurance not likely in Canada'; 'Ontarians leave trail of hospital debts,

too: Suspected Ebola victim's tab unpaid, but official says residents also fail to pay up';

and 'Ontario: Mystery illness bills unpaid' for the *Hamilton Spectator*; the *Globe and*

Mail and the *National Post* respectively; and the one for the *Toronto Star* on March 20,

2001 is titled 'No Mandatory Insurance'. As stressed in chapter three, there was a

systematic under-representation of Congolese/Blacks' voices in the news coverage. As

explained, the dominant discourse suppresses alternative positions in the media not only

because the latter lack strong institutional connections, but also because they pose a

challenge to the dominant frame.

The *Hamilton Spectator* of March 9, 2002 covered a story (with the headline

'Spectator reporter nominated for top newspaper award') about the nomination of one of

its journalists for reporting on the Ebola scare. The reporter is commended for doing 'a

terrific job on a specific story' and for bringing 'great credit to the newspaper'. Not

much is known about the perspectives of Blacks in the four newspapers examined for this

study. However, much about the feelings of racial minorities to the coverage were

known in letters to the editor that appeared in the *Hamilton Spectator* of March 20, 2001.

The letters to the editor were written for the commemoration of the International Day for

the Elimination of Racism marked on March 21 of every year. The following are

excerpts of some of the letters written to the *Hamilton Spectator*:

A letter written by Quan Nguyen says: '...Did you know that blacks were the most targeted for these movements of racism, but there were many others also. An example was a visitor who was thought to have Ebola, and a group of racist people were handling out pamphlets that said, Immigration Can Kill You. It turns out that she did not have it' (*Hamilton Spectator*, March 20, 2001).

Miles Anderson writes:

In fact, in 1997 in the City of Hamilton, numerous hate crimes were committed, the majority of these were against blacks. I'm sure you've all heard of the Congolese woman who came to Canada with a mysterious illness suspected of being the Ebola virus. Brochures were sent out by the Heritage Front Party containing the message, Immigration Can Kill You. The recent Hamilton Spectator headline, 'Sick visitor is our neighbor in the global village,' reminds readers that we should show compassion to people, no matter where they are from (*Hamilton Spectator*, March 20, 2001).

Excerpts from a letter by Josh Fortier read:

What is racism? Racism is the belief that one ethnic group, race or religion is superior. The Heritage Front handed out racist leaflets outside Henderson Hospital more than a month ago that stated, Immigration Can Kill You. Anti-racism groups reacted that week by calling on Hamilton Mayor Bob Wade and Police Chief Ken Robertson to protect visible minorities and natives. They want to create a special Anti-Racism Committee....A recent report by the Hamilton Social Planning Council found minority groups believe discrimination exists in the region such that it grows as a person's complexion gets darker... (*Hamilton Spectator*, March 20, 2001).

Chad Sanders writes: '...Just recently, the Heritage Front gave out flyers stating Immigration Can Kill You, when doctors thought a Congolese woman who was visiting Hamilton had the deadly Ebola Virus. After this big ordeal, it turned out that she did not have the virus in the first place. Many other racial hate crimes occur in Hamilton and around the world every day' (*Hamilton Spectator*, March 20, 2001). Part of Connor Warne's letter reads as follows: '...just a few weeks ago a Congolese woman came into Canada and was very sick. She was rushed to a hospital. The woman was thought to

have Ebola, a deadly virus. The Heritage Front Party, a racist organization, was handing

out flyers saying, Immigration Can Kill You. This tells us Canadians that we do need a

wake-up call on March 21' (*Hamilton Spectator*, March 20, 2001).

These letters mostly allude to the racialization of Ebola by the Heritage Front.

The Heritage Front is singled out because its own version of racism is blatant, overt, and

unpolished. The above reactions confirm part of the analysis in chapter three that the

focus on an old fashioned brand of racism by the media diverts people's attention away

from the new racism, which is as pernicious as any other racisms. This chapter presents

the perspectives of members of the Black community; the impact of the coverage on

members of the community; their forms of resistance and inhibitions to grassroots Black

mobilization; and the significance of racial identification to a racialized group's agency.

It is evident in the analysis of interviews with non-Congolese Blacks that 'race'

consciousness plays a key role in their interpretation and understanding of media

coverage and the reaction of the public to the Black population. For analytic

convenience, participants in the study are divided into two categories--Congolese and

non-Congolese. Nationality appears to be primary to the former, while 'race' is a rallying

point for the latter.

The discussion and analysis in this chapter are organized into six sections. The

first section presents the broad interpretations and perspectives of Blacks on the coverage

of the event. Section two pays special attention to Black community's divergent views

on racism in the context of the coverage. In section three, the impacts of the coverage

and public reaction to members of the Black community are discussed. The 'agency',

and actions taken by members of the Black community to re-define the event are given consideration in section four. Section five broaches factors that mitigate against effective resistance by the Black community; and the meanings of 'race' as a source of resistance for members of the Black community are discussed in the last section.

5.1. Blacks' Perspectives and Interpretations of the Coverage

Members of the local Black community have various explanations for what drove the story. Their perspectives on the high level of attention paid to the case by the media include the 'fear factor', nationality, and 'race' of the patient.

5.1.1. Motivating Factors

All the respondents felt that the story was made bigger than it should have been, but they offer different explanations for the amount of attention given to the case. For the participants, fear is one major factor, but 'race' and nationality of the patient also drove the story. One non-Congolese Black respondent who was quarantined as a result of his close contact with the patient, holds that fear motivated the story:

> Well, if it were true obviously then knowing what Ebola was explained to be, it was an infectious disease that if it, if it went out there it had a tendency to infect many Canadians, and so, you know...it was a health concern, and a big one. So obviously, if you look at the contingent of, of doctors and medical people and the team that worked around Colette, you will really know that it was a big concern for the people. I mean it's a big health hazard (Face-to-face Interview: April 30, 2003).

In a similar vein, a Congolese respondent responds that the story was driven by a 'public health' concern:

> public health protection...Because think about the nurse who came in contact with the victim, and that nurse goes home and she has a husband and a wife...husband and kids who go to the day care or school, see how the thing is gonna be. So whoever gonna be

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coming in contact with those people is exposed to the disease so I think it was a huge public health issue...(Face-to-face Interview: April 06, 2003).

Other explanations given by the respondents follow.

A Congolese respondent states:

> Ebola is not like any other disease. This is a serious disease, right? It is a killer! There is no cure for that disease, there is no cure for that disease as we all know if you have Ebola you survive it's...you have to praise the lord. Yes, because it's a killer disease, so it was that panic which went throughout the Canadian community that if the Ebola comes here to Canada it means people are going to die in big number, I think it was that fear which made it to be a very, very big news (Face-to-face Interview: April 21, 2003).

A non-Congolese Black respondent states:

> It was a big story because it was different...people actually started comparing. There is a movie that was made years ago, um, it was the monkeys? Was it about Ebola or something else?...People actually started to think...I mean the media carry so much weight, you know, so that was about it. And to make it even worse, it was a Black person, o.k. so we don't have to keep anything under wraps...(Face-to-face Interview: May 09, 2003).

There are others who hold that 'race' *per se* was the driving factor. One of the respondents, a non-Congolese, explains: 'because they have all the ingredients that people like to hear. They have a Black person, they have a person who they thought was an immigrant. They have a disease that was making headlines, so they combined all these ingredients' (Face-to-face Interview: April 16, 2003).

Journalist Laurie Garrett (2000) witnessed and covered the outbreak of the 1996 Ebola outbreak in the Bandundu province of the Congo. From her own account, Ebola generated a generalized state of panic and anxiety among the Congolese. It is then not a surprise that the Congolese feel that Ebola is worth giving public attention and concern and that it might not necessarily be racist. However, some of the participants have expressed concerns about its representation in the media as a Black disease.

5.2. Perception of Racism

Only once was the concept of 'race' or 'racist' mentioned in the questionnaire; with the question indirectly posed to the interviewee. The exact wording of the question was: 'some people have claimed that the media was racist in its coverage, what did you think of this claim?' In most cases, interviewees brought up the concept of 'race', 'racism' or 'racist'; and when this happened they were probed for elaboration. Contemporary racisms have been differentiated because of its emphasis on 'culture'/nationality, as opposed to a racism articulated around physical differences, such as skin color. The contemporary form of racism is referred to as a 'new racism' or neo-racism (see Balibar, 1991; Barker, 1981). A new racism shares with an 'old racism' a hierarchical ordering of *homo sapiens:* cultural differences for the new racism and presumed physical differences by the old racism. However, unlike the pseudo-scientific racism that is more obvious and blatant in expression and practice, the new racism is very ambiguous (see Satzewich, 1998a: 218-219) because it is less detectable in conception and execution. As Balibar (1991) explains, the new racism is a 'racism without race':

> It is a racism whose dominant theme is not biological heredity but the insurmountability of cultural differences, a racism which, at first sight, does not postulate the superiority of certain groups or peoples in relation to others but 'only' the harmfulness of abolishing frontiers, the incompatibility of life-styles and traditions...(Balibar, 1991: 21).

Members of the Congolese community are less consensual on their interpretations of what constitutes racist media coverage of the case than non-Congolese Blacks in the sample. In the following sub-sections, I discuss the perspectives of the non-Congolese group followed by those of the Congolese.

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5.2.1. Non-Congolese Blacks' Perspectives

Among non-Congolese participants, only one member feels the media were not

racist, but, however, responded that the coverage could incite racism:

> I don't know if the media was racist, but I did think it's a sensationalist coverage, and non stop coverage, in the fact that it had...the coverage after a while tends to almost seal the decision. I think that could perpetuate some racist tendencies that other people may already have, and especially when you look at the polls about how visitors into Canada should be screened and things like that, and visitors from which country should be screened more than other countries, so I think, I think it allowed itself to, yes, play into racist hands. Although, I'm not sure if the media itself particularly was racist...(Face-to-face Interview: May 26, 2003).

However, in another context, the respondent states that she was offended by the way

'immigration' was singled out in the coverage:

> I think just coverages that said that immigrants from particular countries should be screened more or...the ways in which the immigration itself was put into a bad light or so, as if the arrival of people itself is just bad in the first place (Face-to-face Interview: May 26, 2003).

The remainder of the participants maintain that the coverage was racist. The following

are their responses:

> I think any time that they kinda have a big divide between people or like it's a media portrayal sort of like in us and them over there sort of mentality, then there is always racism somewhere you know around that. And that was definitely the case. We have never seen this virus, us, experts do not know what is. This is a foreign virus, it came from Africa. You know all of this kind of catch phrases and stuff like that, foreign, exotic, you know, it definitely hyped into a kind of racism (Face-to-face Interview: April 28, 2003).

> ...We're all here so some form of sensitivity must go into any form of reporting. No matter how bad it is, as such you have to have proof. Without proof it becomes more devastating because then you have to backtrack and try to do the apologizing which is not necessary if you get your facts straight before you come out, before the media comes out. So the form of insensitivity that was the most racist, blatantness, you know, happened. It was in the paper, people can read it...the wording that was chosen for explaining, you know, the situation [Pause] I still get chills when I talk about this. How could it have gone so far so quickly ?(Face-to-face Interview: May 09, 2003).

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very much [racist]. It was very racist, very systematically excluding. Any other piece of information, except what was coming from the mainstream, and picturing the whole continent as a place where you have only diseases (Face-to-face Interview: April 16, 2003).

well, well, in my view that it is racist coverage, and it's very discriminatory, and dangerous. When you have people writing and they don't have a proper analysis of racism, they are just writing from...I think they are filling spots, and their knowledge base is...if you are not aware or trained to understand how oppression works, you're gonna write the same view learnt and seen (Face-to-face Interview: April 15, 2003).

...the way it was reported made it look like that. It was as if that this person was a Black person that was why the issue is very critical, and that if any other nationality, either British or German or whatever, came into the country and fell that sick, chances were, that the attention would not have been the same (Face–to-face Interview: April 30, 2003).

One of the respondents drew on the later SARS outbreak and the impact on the Asian population to buttress her point that the coverage was racist:

I think it was racist. It was...she as a Black person. I thought, maybe, you know, it doesn't matter where you came from, especially coming from Central Africa you know, I just thought...it is because she came from Congo. Just look at the SARS now, and think about how the Chinese people now are treated...every Chinese now are...feel like maybe we have SARS. So people have stopped going to their restaurants, and a lot of people have stopped buying their food. And...you know, it is good to alert people, but sometimes it does a lot of damage. It might be...it might last long. Yea, yea (Phone Interview: April 29, 2003).

These participants have a strong conviction that the patient was treated differently in the media because of her ethnic origin (nationality) and 'race'. From their perspectives, this constitutes racism. It is implicit from their expressions that if she had been of European descent, she would have been treated differently.

5.2.2. The Congolese Perspectives

Members of the Congolese community are more divided when the question was posed, indirectly, to them. The following are their responses:

A respondent who does not believe the coverage was racist explains why:

I can't say that it was racism. It's just a lack of information, which led to what made people label it as racist. At my level, in my opinion, I didn't see it as such a racist labeling in that. It's just a, the fact that she came from out of Canada, from Africa, she was labeled as a case of Ebola virus so the local community would have seen this a potential danger, to the health of the community, and, you know that fear might have been interpreted by the Black community as racist, but from my point of view, we can't say that the fear of potential infectious disease can be interpreted in terms of racism (Face-to-face Interview: October 05, 2003).

However, the respondent adds:

of course we can say rather we don't have this in this community, all of us don't have the same understanding. You may have people with such a...It's unfortunate with such kind of understanding who may just see that as an opportunity and then they may say "o.k. that's Black people who are bringing this disease here". At the end, some may take it with such a racist connotation. In my opinion I saw it differently, but I have to acknowledge it that in this society, people may have different ways of doing this, and of reacting and they may say that's the Blacks who brought it... (Face-to-face Interview: October 05, 2003).

Another Congolese responds: 'uhmmmmmm no, I wouldn't jump to that conclusion, not racist because I don't have anything to base my judgment on that' (Face-to-face Interview: April 21, 2003). In a similar vein, one member responds to the question as follows:

People in the community gave it quite a racist note. But my personal feeling is that I don't think that it is a racist note. It's like any new disease, if it comes for the very first time to North America, and it's deadly, they would talk about it, I'm telling you, and in a high note (Face-to-face Interview: May 06, 2003).

Li (2001), in his analysis of racist subtexts in Canadian immigration documents, claims that racism becomes insidious when its discourse is encoded in a non-race, neutral way. In a state of new racism, the appearance of inter-racial diversity might occlude a systemic form of racism. The response of the following participant is an example of a person's perception of incompatibility of racism with multiculturalism:

Oh, I will not say really racist, that I will not say that, but information,...they need to do their work and sell newspaper, they need to get more people to, you know, more information they got, more information they, you know. For the racist, I cannot say that,

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because Canada is a multicultural country and a multi-racial country... because in the media we have Black, we have everyone, you know I cannot say it was racist, no, that is not the point, no (Face-to-face Interview: May 03, 2003).

However, a participant thinks the coverage was racist:

It was a big issue because the person was black and she was coming from Congo, and they were looking at immigration itself, like how can someone who is sick and getting into Canada and she's coming from a high risk country so putting all together with the color, I think in my case, it's just...I don't think that would have happened if that was a Canadian who went to Africa and came back bringing Ebola, right? It's just because the person really came from Africa and they think that person has it so even though, it...may be something different so I think the color issue was in place too...I don't think they would have done the same with the Canadian who came to Africa for two weeks and came back, I don't think so (Face-to-face Interview: April 06, 2003).

The Congolese responses are not unique. In fact they represent the divisiveness in the Canadian public of what constitutes racism. This is not only because the definitions of racism can be politicized by claims makers (see Miles & Brown, 2003; especially on their notion of conceptual inflation and deflation), but also because racism has different components (Kallen, 1995: 41-57) which makes the concept problematic.

5.3. Public Reactions and Community Impacts

Some members of the Black community felt stigmatized by the public. Public reactions to health scares often stem from panic. Panics can lead to discrimination against marginal groups (Power, 1995). Some members of the Black community feel stigmatized by members of the larger Hamilton community who distanced themselves in public settings, such as schools and children's playgrounds, where inter-racial interactions often take place. Most encounters of members of the Black community with discrimination (de)generated into what Murray refers to as micro-panics--'interactional processes that occur within local contexts' (Murray, 2001: 513).

There is an interesting pattern to research participants' experience of rejection and stigma associated with the disease. For example, while an average Congolese would relate to how it directly affected him/her or persons that were very close to him/her, such as close friends or relatives, it was not common to find in the sample a non-Congolese Black person claiming a direct effect. One main reason for this 'difference' is the spatial distribution of the Black population in Hamilton. In regard to three metropolitan areas of Toronto, Montreal, and Vancouver, Menzah (2002) points out that Blacks are less spatially segregated than Indo-Pakistanis, and Chinese and non-visible minority groups such as the Portuguese, Jews, and Greeks (Menzah, 2002: 82). Blacks in Hamilton do not tend to cluster in a geographic area of the city. Moreover, the Congolese community in Hamilton is relatively small and homologous in social strata. Most Congolese in Hamilton are recent immigrants and mostly do non-standard jobs.

The public reaction has a general impact on Blacks in Hamilton for the fact that it was discursively constructed in the media as a racial disease, and it was difficult to distinguish Congolese from non-Congolese (Recall in chapter three the discussion, analysis, and implications of racializing the disease by framing it in a racial way). In the following sub-sections, I discuss the nature of the impact of public reactions to the news of Ebola on members of the Black community and those of the Congolese in turn.

5.3.1. Impacts on Non-Congolese Blacks

Only one person in this category claims that he was personally affected by the public reaction to the news. A 'personal effect' would entail effects on an individual and close relatives and acquaintances. Nevertheless, all the participants are aware that the

news had some impact on Blacks in Hamilton. In addition to the publicized news of

Black children being stigmatized in public elementary schools by their fellow students,

effects of the news on the Black community can be extended to include emotional

attachment of Blacks with the Congolese.

It is public knowledge in the community that Black children were taunted and

'segregated' in some schools in the Hamilton area. One of the participants in this

category who works with a social service agency in Hamilton recounts the encounters of

Black students in Franco-phone elementary schools and in children's playgrounds, based

on what she heard from people directly affected:

> And I remember a mother who was from Congo and her children in Francophone school
> that the children were coming home crying because the other children were running away
> from them, telling them you're bringing...all people from Africa bring diseases to us,...I
> think as African person, and the people I know from Congo, and we had a large number
> of Congolese, for a coincidence at that time in Hamilton, which was fairly new to the
> whole system; and as from the neighborhoods to the schools, people were harassing. I
> remember women telling me her child was asked to leave a playground in a town house
> because she would make them sick (Face-to-face interview: April 16, 2003).

Also, one of the participants who works with the City of Hamilton and who is active in

the community describes the interpersonal encounters of some Black school children with

what she calls 'racial profiling' in some of Hamilton elementary schools:

> ...I went to several schools, tried to mediate, tried to help some children, and their
> families, deal with the schools...it was a very uhm difficult timing. Some of the
> schools...I mean because, you know, Hamilton well we have a good percentage of people
> of color, they are located in pockets of the city so some of the schools have ...more
> children, you know, Black children and children of color than others. Some don't have
> any at all. So some of the schools that have problems...their Black population was really
> victimized, and it just became racial, I'd say profiling...anyway so that happened in
> schools, and we tried to help out with that, work with those issues, but then again you
> know the incident...escalated when the Heritage Front groups started picketing, and
> handling out fliers... (Face-to-face Interview: April 15, 2003).

The only person among this category with a close encounter with the patient and her 'hostess' is a community leader, who is also a church priest (will henceforth be referred to as the 'community leader'). He was quarantined because he had close contact with the patient at her residence, and when he accompanied her to the hospital. When the 'hostess' 'fled' from her place of residence out of fear of the media and 'hate stares' from her neighbors, she was accommodated by the community leader. He recounts his experience dealing with her 'emotional problem' thus:

> My family, we have to put up with the lady, the student, probably so because...that's the profession that I'm in, to help people as a pastor, just that and especially for my wife who had to be with her especially during those times. She would literally break down, weeping and stuff like that, and it was [an] emotional problem,...there were stories here and there that some Blacks were being shunned, some Black children being shunned at public school because of the suspicion that, you know, they may carry some deadly disease and if they got near to them, they might be transmitted to others (Face-to-face Interview: April 30, 2003).

Most members of this category make reference to the taunting of Black kids in elementary schools by their peers.

5.3.2. Impacts on the Congolese

The public reaction to the news, as recounted by the Congolese, has both individual and collective effects on their community. As stated earlier, it was easier to locate those affected directly among the Congolese population. Individuals recount their direct encounters with stigma and rejection based on their association with the patient as Congolese. One of the respondents who just arrived in Canada two months prior to the incident and was enrolled in an adult education course in Hamilton recounts that following the news about a possible Ebola virus in the community, a staff member at the adult education school was scared of sharing his pencil with him. In his own words:

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...and that time I was new, quite new in the country, at the adult education center, I was myself a victim...because when I went in the human resource...I couldn't share the pencil with...the officer in that center. That time I remember when I went there, I was looking for a pencil to write something and when I tried to take his pencil, he took it away, he said: "don't touch it I don't...I'm afraid to get sickness". So it's a big concern for us because some kids known as Congolese origin, have also been mistreated in school because the people started to be afraid of Congolese people (Face-to-face Interview, May 08, 2003).

The respondent later took part in the founding of a Congolese association in Hamilton, and was part of a group that initiated a coalition with other Black organizations.

As Hamilton and Trolier (1986: 133) point out, through interpersonal relations pre-existing stereotypes are confirmed by the perceiver of stereotypes. Pre-existing racial stereotypes of immigrants as likely carriers of infectious diseases might have confirmed the 'hypothesis' that racial minorities carry diseases. A respondent's children attended a local school that was close to where he lived with his family. With some emotion, he reluctantly responded to the question of how the coverage affected him, his family and people he knew:

> It affected us a lot, a lot, a lot...they got children who are attending schools here, some were subjects of abuse, you know, at school when other children learn that they are from Africa, they start avoiding them. My kids were included. It really had a serious impact on us...yes, my kids were schooling here, not far from here. They start asking them, even some teachers, are you from Congo? You have brought Ebola? (Face-to-face Interview: April 21, 2003).

Another Congolese participant claims that his 5-year old son was affected by the spread of the news:

> My son was very affected because in the school, friends were asking him, "o.k. you're from Congo, you have Ebola too"...he was very upset, he was asking me if he had Ebola too, yea...People were very upset in the community. Yea, they were very upset...We got some friends, whose children were in the same school, while traveling on the bus to the school, people were asking "you're from Congo? We want to know about Ebola, you're from Congo?" (Face-to-face Interview: May 03, 2003).

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As the above quotes show, the public has associated the disease with Congo and the

Congolese. This may not be unrelated to the emphasis placed on the Congo in the news

headlines. As earlier indicated, headlines have cognitive impacts on the readership.

News headlines, composed of a disease and a nationality, can have ideological effects on

those who read the news. They are capable of directing public attention to the

Congolese, and also immigrants, as carriers of the disease.

The 'student' who 'hosted' the patient left her apartment traumatized. She also

lost her babysitting job as her employers feared for their health and that of their children.

The community leader who accommodated her recounted her condition, thus:

> At some point in time because of all the things that had been put into the news media…you need to have an idea of what she went through…she was with us for close to five months, we really had to talk to her. There were times that she was contemplating suicide and all of that because of what the media put out about her, you know. Here's somebody who is a refugee claimant, her papers were not through yet, so the thought of: "what's going to happen to me, it would just jeopardize my application". Also, she had no family here, she was all by herself so the emotional trauma that she went through… (Face-to-face Interview: April 30, 2003).

This student is emotionally concerned because of the symbolic meaning of her link with

the Ebola virus. She was also concerned about the implications of it for her immigration

status.

Etoroma (1992) has noted that there is an ambiguity around the Black identity:

that is, racial identity competes with other social identities among Black Hamiltonians.

For the fact that the event is constructed by the media around the Congolese national

identity, the Congolese nationality takes precedence over the Black identity. As a group,

the Congolese view the coverage as a collective stigma, and a negative portrayal of their

nationality (see chapter three for a thorough analysis of identity and nation). Some

members of the Congolese community in the Toronto area and in the province of Quebec phoned members of the Congolese in Hamilton, and some of them came to Hamilton to provide them with support. Given the international attention that the case generated, Congolese in Europe and in the US phoned their family members and acquaintances in Hamilton to inquire about the condition of the patient, and the reaction of the local community.

The perceived negative portrayal of the Black community participated in generating local solidarity among its members. In the next section, I discuss the form of resistance to the coverage and efforts made by members of the Black community to re-define the problem.

5.4. Agency and Competing Perspectives

Discourse does not always succeed in silencing alternative perspectives. As Fiske (2000) points out, dominant discourse does not 'extinguish' competing discourses, even though it may contain them:

> ...the regime of truth produces, circulates and grants truth-effects to what we might call 'official' knowledge. While repressing and denying truth-effects to other knowledges which we might call situated, or local...but while they may be contained, these situated knowledges are not extinguished, and the containment is never total (Fiske, 2000: 56).

As discussed in chapter three, one ideological function of the media in their coverage of the incident is to suppress alternative perspectives. By so doing, they screen out the agency of the Black community. In the following sub-sections I discuss the Black community's forms of resistance. They range from communal support of the patient; to

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redefinition and silencing; to the formation of an association and of more enhanced Black consciousness.

5.4.1. Communal Support

Members of the Congolese community at the time came together as a group to support one another and to complement the institutional bio-medical care that was provided to the patient.

As discussed in the previous chapter (chapter four), the Congolese insisted that the Ebola virus was not responsible for the patient's illness. They followed this up by contacting the patient's medical doctor in the Congo, and getting a confirmation from a specialist, Professor Tamfum Muyembe--a world-renowned expert on Ebola (see Garrett, 2000: 50-120). They passed on the messages from the specialist to the treating team, recommending that the patient be treated for malaria.

In Congolese local churches in Hamilton, prayers were said for the quick recovery of the patient. A priest in the community visited the patient in the hospital to pray for her quick recovery. The Congolese community also sent a delegation to the hospital to meet with the patient, to pray and to provide her with social and emotional support. Members of the Congolese community met regularly in the house of one of their leaders in Hamilton to express their concerns about the negative impact of the coverage and to discuss ways to deal with the negative impact they believed was generated by the media. One Congolese describes the main goals of their meetings, thus:

> We held meetings as Congolese people with friends, Congolese from Toronto. We held meetings and we tried to find out how we can counter-attack...And how we can assist the young lady in hospital, and also how we can find out or inform Hamilton politicians

(Face-to-face Interview: May 08, 2003).

The Congolese' agenda includes care for the patient, counteracting the dominant frame in the media and politicizing the case in order to expose media misrepresentation.

5.4.2. Redefining the Situation

Members of the Black community made efforts to redefine the situation. The Congolese sent a delegation of members of their community, headed by a non-practicing medical doctor, to a political rally held by the Liberal Party at the Hamilton Convention Center. At the rally they argued that the patient was suffering from malaria, and indicated that the publicity given to the case had been devastating to their community[1].

The Black community leader (mentioned earlier) met some local journalists in the company of the patient's 'hostess' on two occasions. An interview they granted a *Hamilton Spectator*'s journalist was published in the *Hamilton Spectator* of February 23, 2001. The community leader and the hostess negotiated and managed to protect her personal information, including her name and photograph, which the journalist requested. The objective of the first interview is described by the community leader as follows:

> We were trying to tell her story and how that...rather than the media portraying her as somebody who is harboring, you know, and she's the person for all this confusion is about...I mean like...this girl had come from Congo, to, to literally,...spread the Ebola disease that would kill everybody in Canada or something...that was what she was made to feel like. She has hosted somebody who's become a medical risk to the country. So when I finally kind of got a hold of her to go, our hope was that we were gonna straighten up the issue and tell the story as to what is going on for her, to solicit sympathies from the public rather than the continuous barragement, you know, harassment from the media.

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[1] I could not get any hard evidence to support this. I relied on the information received in the field from more than three members of the Congolese community. The leader of the community, who was helping with documents related to this activity suddenly, and sadly, passed away three days before our scheduled meeting. Members of his family were not able to trace the documents for me.

> So we granted the guy the interview. At the end of the day...what was published was a little skewed (Face-to-face Interview: April 30, 2001).

In their dissatisfaction with the way the media 'skewed' the story, the community

leader and the 'hostess' decided not to grant further interviews to journalists. He states:

> It (the media) didn't really portray what we intended to tell to solicit the sympathy of the public...so that's when we said that we not gonna talk to no more person, but a lady from the *National Post* in Toronto called me here several times, and wanted to make an appointment, I said no. CH (a television station) wanted to come and talk to me, I said no, I don't wanna talk to nobody...I declined no more of that because it looked like they were not interested to tell our side of the story, they were just looking for information to feed what their suspicions were...I wasn't gonna go into all that (Face-to-face Interview: April 30, 2003).

The second interview was an initiative of the community leader. After the patient was

discharged from hospital and the news story about Ebola dropped, the community leader

went to the *Hamilton Spectator*'s office to grant the newspaper an interview for the

purpose of 'persuading' the journalists to write a story portraying the 'hostess' in a

positive light. According to him, the Ebola story had had devastating effects on the

hostess such that she could not function normally in the community without ridding her

association with the non-Ebola crisis:

> I actually went to the *Hamilton Spectator* office to talk to them, trying to get them to appreciate what they had done to her, and the fact that because of that she doesn't even have a place to stay, and that now that the Ebola thing is over if they could create some public awareness and get some, you know, well-meaning, individuals within the public to help resettle her, you know, and rehabilitate her, at least emotionally and they couldn't bother so much about that (Face-to-face Interview: April 30, 2003).

The newspaper granted an interview with the community leader but did not publish the

story because the journalist who conducted the interview was convinced that the

government would not grant the community leader's request for the hostess'

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rehabilitation. The community leader had the conviction that the media could positively influence the woman's life.

5.4.3. Formation of the Congolese Association

The non-Ebola crisis had a positive side effect in having reconstructed the Congolese community. Conflicts are not necessarily a disadvantage in ethno-racial relations. According to Cashmore (1990), conflicts signify a development of a sense of belonging by immigrant groups. Conflicts may be involved in the process of immigrants' claims of rights. An awareness of rights by immigrant groups may mean that they are adapting to their 'new society'. Conversely, acquiescence to perceived oppression and inaction may mean that an ethnic group is not aware of its rights, or lacks self-confidence. In situations where marginalized ethnic groups fight for their rights, they are affirming that they belong.

Coser (1956) points out that 'social conflict' may 'contribute to the maintenance of group boundaries and prevent the withdrawal of members from a group' (Coser, 1956: 8). Although, the incident did not lead to a collective grassroots Black mobilization for various reasons discussed later in the chapter, it indeed led to the birth of the Congolese association, *Amitie Canado-Congolaise (A.C.C.) (Canadian Congolese Friendship)*. Immigrants derive social and psychological empowerment from voluntary associations. Many voluntary organizations command greater participation, enthusiasm, and personal commitment than those in which activities are done for pay (Sorenson, 1990: 313) because they provide racial minorities with ontological security. Borrowing Giddens' (1990; 1991) terms of 'dis-embedded' and 're-embedded' social relations as an analogy;

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while migration 'dis-embeds' immigrants from their local moorings, family and friends, and voluntary associations 're-embed' them in their new country by integrating members into their new society and linking them with co-nationals in both 'host' and 'home' countries (see Goldring, 1998).

The experience of the Congolese with the Ebola incident motivated members of the community to found an association that would protect their collective interest. Lupton and Tulloch (2001) empirically explore Beck's (1992) notion of risk in late modernity by focusing on cross-border stories and narratives of immigrants and migrants in Australia. Beside environmental and health risks, other risks, such as conflicts and warfare, exist for immigrants, migrants or border crossers. Contrary to Beck's grand theorizing of late modernity's transition from distribution of 'goods' to that of 'risks', Lupton and Tulloch (2001) find that insufficient 'goods' or lack of them is still a major source of anxiety for some immigrants. Other sources of anxiety for immigrants and refugees in late modernity are violence in home country and loss of intimacy and contact with family/kin members left behind. It is evident that the non-Ebola incident gave the Congolese an impetus to form an association to confront other (pre) existing problems. The secretary of the association, who had not arrived in Canada at the time of the incident, describes the objective of the association as follows:

> The Ebola disease motivated us. Without the disease, there wouldn't have been a motivation. They did not have an organization that they could use to express themselves. There was no unity. The organization was created to fight for their cause. Ebola was the major reason (Face-to-face Interview: September 17, 2003).

The Congolese have looked at the non-Ebola incident from a positive angle. As explained by one of them, the incident provided an impetus for Congolese unity:

...it was because of that incident that we say: "eh guys we shouldn't submit like this, we must build a community, [a]Congolese community in Hamilton". As such if something happened we should stand up and talk about it. That is what made it possible, and we had a well-organized community in Hamilton because of that. If it was not for that we were not going to build it. Even in our meeting, when we see that lady we said: "God, thanks it's because of you that we've built this" (Face-to-face Interview: May 06, 2003).

The chief objective of the association was maintenance of group solidarity for the purpose of resisting related incidents in the future. They are also making a coalition arrangement with other Black associations in Hamilton. One founding member explains the efforts being made towards a coalition of Black organizations and objectives of such a coalition:

...we are trying to set up a committee of African people with the help of one of the organizations here to try to bring the Black community together. [So] those who are living here in Hamilton...see exactly what are our problems, the common problems [are] and try to address...them. We are in the process of setting up a committee. We have already had one meeting...and one of the problems...raised...will be that problem of Ebola (Face-to-face Interview: April 21, 2003).

Further, he says:

...we're more concerned about Black people. Because we don't have the same problem with Arab people, you see, we are of African Blacks ...Ebola will be one of our concerns, work discrimination, any kind of discrimination—problems we are having, so we've got...all those types of problems and [will] try to see exactly what we can do because we are in the process of going to meet the local authority (Face-to-face Interview: April 21, 2003).

One can infer from the above quote that 'racial conflict' is not necessarily disadvantageous. Apart from leading to group cohesion, it enables those who suffer from racial oppression to address other systemic issues, such as unemployment, and to demand for institutional reforms (see Cashmore, 1990).

A local Hamilton organization called the Community Coalition Against Racism (CCAR), which is made up of members of different ethno-racial groups committed to anti-racism, considered the coverage by the media anti-immigrant, and racist. They met

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on a number of occasions to discuss ways to address the damage that the incident was

doing to the Black minority ethno-racial group in Hamilton. The head of the

organization, Ken Stone, is quoted in the *Hamilton Spectator* of February 22, 2001

advocating for the rights of racial minorities. In the same article, there are reactions to

the presence of members of the Heritage Front and their leafleting of hate crime literature

in the neighborhoods around the hospital. There are appeals to the city council

administration to create an antiracism committee that is separate from equity

organizations dealing with sexism and homophobia.

5.5. Factors that Undermined Collective Black Mobilization

Etoroma identifies external and internal factors underlying the 'relatively weak

social organization of Blacks in Hamilton' (Etoroma, 1992: 289). Internal factors are a

lack of effective Black leadership, fragmentation along cultural and nationality lines

within the Black population, and the ambiguity of Black identity. The external

constraints to community building are racism and stigmatization. These factors--external

and internal--undermine community building, but do not imply absence of a Black

community; for, Etoroma (1992) notes, these inhibitions to community building are

neutralized by community efforts at building a unified Black community that undermines

those differences. The notion of a community among Black Hamiltonians is built around

the notion of 'race', through what Etoroma calls 'intra-group interaction' (Etoroma,

1992: 300). Intra-group relations among Blacks in Hamilton often take place through

voluntary organizations, including Black churches, national associations, social service

associations, fraternal organizations, and businesses. In addition, the growing perception

of Canada as home by Caribbean and African immigrants who have adapted to Canada

also facilitates interaction among Blacks in Hamilton and enhances Black cohesion.

This current study reveals the fissiparous nature of the Black community in

Hamilton. In a sense, the relatively modest amount of resistance to the perceived

negative coverage came from the Congolese. It was mainly the Congolese who alluded

to the intricacies of the case. Except for one member of the Black category (the

community leader), most members of the larger Black community knew little about the

patient's personal details and knew very little about her specific health condition.

In the next sub-sections, I discuss factors that undermine effective resistance to an

event perceived by members of the Black community as an attack on its community.

5.5.1. Fragmentation and Absence of Black Leadership

In situations of crass uneven power distributions, the dominant group is able to

use the media to assume 'ideological closure' (see van Dijk, 1993a). Effective counter-

discourse depends on organization and articulate presentation of counter-definitions by a

sub-dominant group. To this Hall *et al.* (1978) state as follows:

> Primary definers, acting in or through the media, would find it difficult to establish a
> complete closure around a definition of a controversial issue in, say, industrial relations
> without having to deal with an alternative definition generated by spokesmen for the
> trade unions, since the unions are now a recognized part of the system of institutionalized
> bargaining in the industrial field, possess an articulate view of their situation and
> interests, and have *won* 'legitimacy' in the terrain where economic conflict and consensus
> are debated and negotiated. Many emergent counter-definers, however, have no access to
> the defining process at all (Hall *et al.*, 1978: 64; emphasis original).

Hall *et al.* (1978) have also indicated that 'fissious' groups have difficulty

mobilizing against primary definers: 'the closure of the topic around its initial definition

is far easier to achieve against groups which are fragmented, relatively inarticulate...Any

of these characteristics make it easier for the privileged definers to label them freely, and

to refuse to take their counter-definitions into account' (Hall *et al.*, 1978: 65). In the case

of the non-Ebola scare, lack of leadership and fragmentation of the Black community

undermined collective resistance to what a segment of its membership perceived as

racially motivated negative publicity. However, a lack of effective leadership and

fragmentation of community do not imply an absence of community.

According to Etoroma (1992), early in the history of Hamilton Blacks the church

and its leadership were a unifying factor for the Black community in Hamilton.

Subsequent growth and ethnic plurality of the Black population in Hamilton have de-

centered the church from Blacks' socio-political life. The declining role of the church as

a unifying force in Black Hamiltonians' lives can be inferred from the community

leader's experience:

> ...when I had granted an interview, you know, to Bill or Humphrey, one of the church members saw my name in the national papers and, cautiously warned me not to go into the media because once you start with the media, you never know where they would take you to, you might have good intentions of wanting to disclose information but only heaven knows, they would start digging you, surveillance on you and all of that and so your life gets sparked with all this media attention...(Face-to-face interview: April 30, 2003).

Further, it is evident from the community leader's account of events that the individual

interests of some members of the church mitigate against collective action:

> ...a cross section of the church members were concerned that, you know media as it is, you never know what they would put up; you know even if you grant them interviews so a cross section of the church members who had businesses were concerned that if I got too much into the media, one of these days they might want to extend the... target the church and that you know targeting some of the individual business men in the church so...they kind of advise me to stay out of, o.k. (Face-to-face Interview: April 30, 2003).

The hesitation of some members of the community to publicize and politicize the issue is a pragmatic approach based on their calculation of the damage that media publicity could further do to their community. In this case, the transition from "'race'-in-itself' to 'race'-for- itself' falters as Marx's 'class-in-itself' transform into a 'class-for-itself'; for the reason given by Weber (1968: 929) that collective interests can be superseded by discrepant individual interests. The community leader adds:

> See I didn't want to...spearhead that because, I didn't want to seem very political. I was hoping that the people within the Congolese community would take that up, and if they needed support, but not to spearhead it. I knew the community or Congolese community came together a couple of times. They were thinking of legal action and all of that, but to an extent they pulled out. There was...another Congolese pastor who ended up taking Colette when she was finally released (Face-to-face Interview: April 30, 2003).

The experience of the community leader vis-à-vis his church members throws light on the receding political influence of the church in the lives of Black Hamiltonians.

In addition to a lack of leadership and fragmentation, the Black community is also described by some members of the community as apathetic and acquiescent to domination. Even people who claim to be leaders have a tendency to essentialize the Black community by not recognizing the diversity within it. In explaining why Blacks did not mobilize to contest the negative media coverage, a leader in the community claims that in addition to a lack of respect for leadership by Blacks, economic subsistence is more important to Blacks than political mobilization. In her own words:

> We all have little whatevers again, but we did not come together in a mass. We did not demand that there were retractions done. We did not. We did not take the kind of political step we should have taken, because we do not have anyone speaking on our behalf. A lot of us working in the community, a lot of us give a lot of ourselves. I have given 25 plus years, but there are some even within our community, who would say well she is not talking for me, who the hell am I talking for? And that is what is happening within our community... They are afraid of speaking out, because they have to put bread on the table, and they have to keep a roof over the head, and that's serious business. The

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children have to be in the school, they don't want them to be railroaded so they take it. And they encourage the children to take it so the circle continues. One of these days we will wake up. We will (Face-to-face Interview: May 09, 2003).

In relation to Africans, another member of the community who is of Congolese origin, laments their apathetic attitude toward claiming their 'rights',

> We Africans we don't have the culture of fighting for what we believe in; that is part of our culture. We don't really fight for our right, for what we believe in, when we are discriminated against, we don't really fight, that is part of our culture. I'd rather say it is blindness (Face-to-face Interview: April 21, 2003).

Lack of unity among Blacks in Hamilton, individual interests and apathy, as expressed by the above participants, mitigate against collective Black mobilization.

5.5.2. Cultural Capital and Recency of the Congolese

Literature has recognized the alternative media as a space for expressing alternative viewpoints, i.e., voices that are not associated with official and powerful institutions in society (see Hier, 2002a; Knight, 1998a; McRobbie, 1994). Alternative perspectives represent the voices of 'ordinary people'. We can decompose 'ordinary voices' into fragments based on the degree of cultural capital that groups possess in multi-racial modern societies in their struggle with institutional authorities. Alternative voices, therefore, vary in their relations to the cultural resources in their possession in the fight against institutional power.

McLaughlin (2001) has conceived of marginality and intellectual innovation in relation to cultural capital. Two of McLaughlin's (2001) four ideal types--optimal and sub-optimal marginality--are applicable to the situation of Blacks' vis-à-vis their degree of resistance to the dominant frame of the non-Ebola panic (McLaughlin, 2001: 273).

While innovations can emerge on the margins, McLaughlin (2001) argues that innovations from suboptimally marginal intellectuals can be stultified because they 'have inadequate economic, cultural, institutional, network, and personal resources to carve out unique and powerful innovations in dialogue with centrally located intellectual traditions' (McLaughlin, 2001: 273). Apart from insufficient material resources, or lack of them, for this set of intellectuals to challenge orthodoxy; they also lack what McLaughlin (2001) calls 'cultural capital and emotional capital' to challenge orthodox establishments. Non-affiliated/non-practicing Black doctors in Hamilton have 'ideas', but their scarcity of material, social and emotional resources makes them incapable of successfully challenging the medical orthodoxy. So, the ideas are in competition, but the lack of resources and opportunities affect Blacks' ideational success in a context of competition over the 'definition' of the symptoms. The concept of 'suboptimal marginality' also applies to the entire Congolese community which was in the process of establishing itself in a Canadian city.

McLaughlin (2001) also argues that intellectual change and the transformation of ideas are more likely in a condition of 'optimal marginality' because optimally marginal thinkers are in possession of alternative sources of resources to sustain their ideas. Hier's (2002a) study of rave culture, for example, shows ways that members of the rave community contest the discursive construction of raving as a potential health risk. Although in the concluding part of the study Hier (2002a) recognizes the importance of social class and ethno-racial backgrounds of members of the rave communities to their effective subversion of dominant discourse, he leaves this out in the substantive part of

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his work. Members of the rave communities fall into the 'optimal marginal' ideal type of McLaughlin's (2001). Late modern societies are highly mediatized. Social agents, in their struggles for hegemony, politicize issues in the media (see Fairclough, 1998). The media, including the Internet, in late modern societies are increasingly used to publicize oppositions to dominant institutions' construction of health and risks (see Gillett, 2004). It is the Congolese lack of cultural capital, in the sense of negotiating their political stance in their meeting with the 'Liberal Party', for example, to involve the media as a conduit for bringing their 'cause' to public attention which kept the public unaware of opposing angles to the story. In the course of collecting data for the study, I spoke with people of diverse ethno-racial backgrounds outside of the Black community in Hamilton and Toronto. While most of them were aware of the incident, they did not know how the case was 'closed'. Most people did not know that the diagnosis of Ebola was hotly contested, with malaria forcefully expressed by the Congolese as an alternative diagnosis.

Studies have shown that new immigrants, by virtue of their vulnerability, build institutional networks for their protection against domination by established ethnic groups and dominant institutions (Tilly, 1997; Chavez, 1994; Breton, 1964). In the case of the Congolese, their newness seems to have undermined effective resistance. Most new Congolese immigrants in Hamilton were refugee claimants and were marginally employed at the time of the incident. As refugee claimants they were vulnerable, and avoided activities that they felt could jeopardize their chances of staying in Canada. Most immigrants from Africa have a strong attachment to their family members and the community. Family and kin members depend on them for material well-being through

remittances. Studies in the area of transnationalism have documented the importance of immigrants to the economic survival of their home countries (see Smith and Guarnizo, 1998). The Congolese like other immigrants in their situation would have to be extra-cautious in their dealings with the media, as family and kin members in home countries count on their financial and material support. In conversation, one of the journalists expressed to me his frustration regarding the difficulty he encountered in retrieving information from members of the community. He complained that they avoided giving information, and that when some of them did they refused to provide personal information about themselves that could be used to legitimize media sources. He added that Canada was a free country where everyone was treated equally, and that the Congolese should have had nothing to fear. The fact is that regularization of immigration status by members of immigrant communities is never taken lightly. The newness of these émigrés and the tenuous immigration situation of many Congolese are some of the structural factors inhibiting immigrants' integration into their new society. Structural inequalities deny some racial minority groups access to the media. As van Dijk (1993b) holds, access to communication is one of the indices of power in our modern society.

5.5.3. Racism and 'self-Inflicted Alienation'

In his dialogue regarding Manoni's (1964) conception of Blacks' 'dependency complex' as natural, Fanon (1967) attributes Manoni's notion of this 'dependency complex' to the racial oppression of Blacks. Racism, Fanon (1967) argues, leads to self-alienation. Racism widens the already existing social distance between 'Self' and 'Other'. Racialized members of society begin to view themselves as not belonging to the

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society that they are actually a part of. Li (2003a) has stressed that people with

discernable physical features are racialized when they are by default presumed to be

'immigrants' (see Li, 2003a: 44-45). Basch *et al.* (1994) have shown that racial

minorities concur with their racialization and internalize their 'Otherness'. Tones of non-

belonging and 'Otherness' are detected in the voices of some members of the Congolese

community. Some of them view racism as 'natural' and 'inevitable'. Some also see

themselves as 'strangers'; and view 'biased' journalism as professional. An example of a

self-alienating response to a question by one of the Congolese is the following:

> ...that happens for all countries not just Canada. If you are a stranger, you are a stranger,
> o.k.? If she was really Canadian, things can be a little bit different, because for
> Canadians, Canada is the pure country, and always sickness can just come from outside
> of Canada (Face-to-face Interview: May 03, 2003).

In another instance, a Congolese individual believed the coverage was racist, but noted

that: 'it's racist, "racisme" is natural too. It is the first reaction for everybody to an

outsider' (Face-to-face-interview: May 09, 2003). A sense of being a 'stranger' and an

'outsider' is symptomatic of immigrants accepting their construction as non-Canadian. It

is also a sign of diminished relationships between the 'Self' and 'Other', which can

translate into apathy. Nevertheless, some other members of the community, most

especially Non-Congolese Blacks, provide a systematic explanation of racism. Their

analysis relates to Giddens' notion of how 'sociological thinking' is inter-penetrating the

lay audience who has come to interpret the world 'sociologically'. In Giddens' words,

the lay audience is 'thoroughly sociologised' (Giddens, 1990: 43). To this end, some

members of the Black community have analyzed the Ebola case as a consequence of

racial intolerance in Canada. A participant analyses the phenomenon of racism as

societal:

> ...When things of that nature happen people find a way to express their racism full force
> and it's like...I'll go back to the burning of the Samash Temple after 9/11, and even
> things that happen after 9/11, that kind of stuff, you know racism is something that is not
> in-born, racism is a learned behavior, so it comes out in full force, and people feel they
> can express themselves as they feel at that time because it's everywhere so it's not me
> alone...(Face-to-face Interview: May 09, 2003).

Some of them view the suspicion of Ebola in a Black person as providing the opportunity

for some members of the public to express their hatred or condescension toward racial

minorities. The sense of 'not belonging' to Canada by the Congolese partly contributed

to their reluctance to publicly dispute the media claim. The sense of 'self-alienation'

exhibited by some immigrants is a reflection of the folkloric conception (Li, 2003a) of

refugees and immigrants as 'outsiders' in their 'host society'.

5.5.4. Immaturation of the Panic

Mainstream sociological studies of moral panics conceive of panics as a

disproportional reaction of the public to what it perceives as a threat to its collective

interest (Cohen, 1972; Goode & Ben-Yehuda, 1994). The moral panic literature does not

deny the existence of a problem, but doubts the ideological content that recruits the

public's reaction to a panic. In the case of the 'mods' and 'rockers' in Britain in the late

1960s, for example (Cohen, 1972), there were some concerns around the changing moral

and cultural contours of British society. The public perceived the behavior of some

groups of youth as 'real' problems that warrant collective action. More than before, 'folk

devils' have had more options for fighting back (McRobbie, 1994). In the case of non-

Ebola, it was a mis-diagnosed and a 'wrongly suspected' disease that came to an abrupt

end as soon as the 'error' was discovered. The discovery of the absence of Ebola led to

an abrupt termination of the coverage and resultant public reaction. This makes the anti-

immigration discourse difficult to sustain. The abrupt end of the panic does not give one

a chance to witness how events would have unfolded had Ebola been discovered.

However, one can speculate that a positive diagnosis of Ebola would have been a

potential risk given that a handful of people in the community would have been exposed

to the virus. Anti-Congolese and anti-immigrant sentiments would have thus emerged as

a reaction. There was also the possibility that counter-claims makers from the anti-

racism community would have emerged. The SARS case is an example of how a

maturation of a moral panic can lead to an opposition by the subaltern group to neutralize

dominant definitions of the problem (see Gillett, 2004).

5.6. Agency, Racial Consciousness, and Resistance

Howard-Hassmann (1999) criticizes 'race essentialism' (see Jhappan, 1996).

Focusing on the persistence of 'primordial' ethnic identities among immigrant groups in

Canada, Howard-Hassmann (1999) argues that 'illiberal multiculturalism' is based on

primordial understandings of identity that 'categorizes people and obliges them to live

within those categories' (Howard-Hassmann, 1999: 526). In other words, illiberal

multiculturalism emphasizes generalizations about a group over the individual. While

Howard-Hassmann (1999) asserts that identification with ancestral ethnic groups can be

reactionary in the Canadian context of multiculturalism, other studies have argued that

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the persistence of ethnic particularism in modern societies is not necessarily reactionary,

but progressive. Consider Miles' perspective on this:

> but if 'race' was a European discourse projected onto various others, it has not remained a discourse of subordination. During the twentieth century, those who have been its object have often accepted their designation as a biologically distinct and discreet population, as 'race', but have inverted the negative evaluation of their character and capacities. *Consequently, the discourse of 'race' has been transformed into a discourse of resistance* (Miles, 1989: 72; emphasis added).

Racio-ethnic particularism, expressed in a primordial form, can serve as a bulwark

against racial oppression (Tilly, 1997), or as a way of contesting patterns of structural

ethno-racial inequality.

Racial orderings in the US are articulated by the American state in its differential

incorporation of immigrants (see Satzewich, 1991, for the Canadian version of a

'differential incorporation' of immigrants through the immigration policy) in its social

policy (Nagel, 1994), and by implication, a hegemonically construction of America as a

country of 'Whites'. In effect, racism and racial categorizations become evident in the

larger society, including in its major social institutions.

Contrary to the 'delegitimation' of the invention of ethnicity or 'race' as

biological by the subdominant groups (see Howard-Hassmann, 1999), ethnic

particularism is agentive. Olzak (1983) has shown that it is easier to mobilize a group on

the basis of ethnicity or 'race' than class. In other words, 'race essentialism' can be

progressive if it provides an impetus for fighting real and perceived oppression by

subdominant ethno-racial groups. Frankenberg (1993) refers to this way of fighting

racial oppression as 'race cognizance'. Unlike 'race essentialism', which divides people

into a hierarchical order based on assumed physical differences, 'race cognizance' occurs on the terrain of battles against racism and neo-racism.

Stubblefield (1995) 'rescues' racial identification by members of the racialized community by distinguishing it from a biologically construed essentialism. Stubblefield (1995) argues that the difference between an essentialist racial identification and a non-essentialist one is the process of labeling individuals as a category and the connotation of the label. Accordingly, labels are a category that totalize differences, stereotype, disrespect, and put a burden on people to whom labels are applied. In essence, racial categorization is a particular form of labeling that has disadvantageous effects on the labeled people. She explains:

> The fact that a particular label has been applied to a person makes a significant difference in that person's life. It has affected her interaction with other people in particular ways, and it has determined the label-specific social norms with which she has had to contend. People who live in the same society (and in some cases in the same world) and have been labeled in the same way may not have other experiences in common, but they have had to cope with the same label and the same norms (Stubblefield, 1995: 361).

Of importance to Stubblefield's (1995) point is 'justification' for racial identification; for to differentiate a 'non-essentialist' racial identification from an essentialist one, there must be a basis for the identification in the first place. She asserts:

> People who are experiencing oppression on the basis of the same label are justified in feeling connected to each other in a way that they may not feel connected to people to whom that label does not apply: although they cannot assume that they have had the same experiences with social norms and assumptions based on the label they share, they do know that the same norms and assumptions apply to them (Stubblefield, 1995: 364).

Although, the media did not attribute the Ebola virus to Blacks, members of the Black community identified with anti-immigrant subtexts in the media narratives and related with the plights of the patient and the Congolese because of their association with them

as part of a marginalized racial group. The attachment to the patient on the basis of 'race'

is of significance. The following statement by a participant of Caribbean descent reveals

the phenomenal/emotional import of 'race' for Blacks:

> That should have never happened, never, and I hope it never happens to anybody, especially somebody from my *community*. I hope it never happens again, absolutely because it was...too frightening, too devastating, for too many people, and it still is, and they suffer in silence, like Black people are so used to...if something happens to a Black person in the community, it happens to me, I am part of that person. I mean if something happens to human beings, it happens to me, because I'm a human being also, I feel. *But when it comes to my own community like everybody else, we feel deeper, and I mean Colette [the patient] is my sister by association*, by culture so it did hurt me (Face-to-face Interview: May 09, 2003).

From the perspective of the above speaker, skin color has a strong emotional importance

for her association with the patient. The emotional attachment to 'race' by Blacks is in

congruence with Goffman's (1963) explanation for why persons in a similar 'stigma

condition' bond:

> The first set of sympathetic others is of course those who share his stigma. Knowing from their own experience what it is like to have this particular stigma, some of them can provide the individual with instruction in the tricks of the trade and with a circle of lament to which he (sic) can withdraw for moral support and for the comfort of feeling at home, at ease, accepted as a person who really is like any other normal person (Goffman, 1963: 20).

As Etoroma (1992) observes, Blacks in Hamilton (as elsewhere) differ in terms of social

class, occupation, education, and nationality. Skin color is what Blacks share in

common. Skin color is also a label loaded with social meanings. It is the categorization

of Blacks that impels their self-recognition as a group.

Conclusion

As has been discussed, the 'Congolese category' in this sample is more divided in

their interpretation of the media coverage of the incident as racist than the non-Congolese

category. This is in spite of the 'direct effect' of the coverage on the Congolese population. Interestingly, the incident has not left the entire Black community with a negative impression of Canadian society. One would have thought that the Congolese would view Canada as a socially hostile place for immigrants. Contrary to this, nearly all the Congolese in my sample consider themselves fortunate to be living in Canada, a land of opportunities. Conversely, all the non-Congolese participants view Canada as a discriminatory, exclusionary and racist society. Interestingly, I did not see any significant difference in the material conditions of both 'categories' in my observation and knowledge of them, albeit the sample by no means represents the Black population in Hamilton. Given their relatively similar human-material conditions, how could one account for their different inter-subjective interpretations of racism, and Canadian society? The only qualitative difference is the length of stay in Canada. The non-Congolese, on average, have been in Canada longer than the Congolese: three of them came with their parents at a young age; two came as adults in the 1970s; two in the early 1990s; one in the late 1980s; and one is a descendant of African-Canadians whose family tree in the Hamilton area dates back to the 19th century. Conversely Congolese in the sample came in the 1990s and 2000s.

Most of the non-Congolese category claimed that they had experienced discrimination in different ways. They mentioned their struggles with discrimination at workplaces and in schools. This may have accounted for their negative perception of Canadian society, and its major institutions. Concerning the Congolese, their optimistic impression of Canadian society might have to do with the popular belief that Canadians

do not express racism as overtly as their neighbors to the south; which may mean that the Congolese have not lived in Canada long enough to recognize the subtleties of racist stereotypes in Canada. If this has some sociological verity, it then means that it is a matter of time before the Congolese would 'assimilate' with other Blacks in perceiving Canada in a similar way. However, this study is not able to *cogently* provide an explanation for the difference in patterns of perceptions within this Black population. Instead, the study prioritizes other interests, namely those surrounding the media coverage and the impacts on the Black community. Before one can conclude that the recency of the Congolese in Hamilton has some influence in their relatively high positive impression of Canadian society, given their experience with the non-Ebola case, studies need to empirically examine the directionality of immigrants' perception of Canada over time.

In this chapter the perspectives and interpretations of the non-Ebola case by the Black community in Hamilton have been discussed. The spontaneous incidence of rejection, such as the exclusion of Canadian kids of African descent in schools, experienced by some members of the Black community is a search on the part of 'dominant group' Canadians for certitude in a time of ambiguity, which is analogous to Beck's metaphoric expression 'how neighbors become Jews' (Beck, 1998). Contemporary Canadian society is confronted by ambivalence when they also struggle to reconcile 'race' with citizenship; and immigration with social problems. It is evident that ethno-cultural differences within the Black community are attenuated by their acquiescence to racial categorization as an agentive measure. Blacks' construction of

their identity around 'race' differs from a biological conception of 'race' in the sense that it is a reaction to their racialization in the media and the way some members of the public reacted to them as a category. Racial identification provides for Blacks a feeling of ontological security in their insecure alienating social world. The different ways in which the Congolese and Blacks resisted the construction of being dangerous to Canadian society are discussed. However, it has been stressed that strong opposition to the negative construction of Blacks by the media coverage was undermined by the fragmented nature of the Black community, the lack of leadership, the recency of Congolese immigration, abrupt termination of the panic before it reached maturation, and the absence of cultural capital among the Congolese who were more directly affected.

SUMMARY AND CONCLUSION

Peter Berger describes 'sociological consciousness' as a way of looking beyond

the 'façade of social structures'. Sociological consciousness is not opposed to the study

of mainstream society, but takes into account the perspectives of the 'voiceless' in

society. According to Peter Berger,

> The sociological frame of reference, with its built-in procedure of looking for levels of
> reality other than those given in the official interpretations of society, carries with it a
> logical imperative to *unmask the pretensions* and the propaganda by which men (sic)
> cloak their actions with each other (Berger, 1992: 14; emphasis original).

This study has examined how the media covered a non-Ebola event in Hamilton, its

impact on members of the local Black population, and the perpetuation of existing

stereotypes in the wider society. The study looks at the non-Ebola event from multiple

perspectives, including those of Blacks. It is evident that the non-Ebola story, like most

'novel' ones, is a 'media event' (Fiske, 1994) because of the role played by the media in

amplifying what turned out to be an obviously innocuous situation to cause insecurity and

set an anti-immigrant agenda. To make sense of this 'media event' sociologically,

perspectives of individuals who played varying roles, including physicians, journalists

and members of the local Black community in the case have been examined and

documented.

Theoretically, the study has been influenced by three sets of literature: the

literature on 'race', racism, and racialization; the literature on the media and moral

panics; and the literature on risk and late modernity. One significant contribution of this

study is that links have been drawn between these three sets of literature. Risk is one of

the fundamental principles of modernity and late modernity. Risk can be objective, and

constructed. The convergence of risk discourse and panic discourse is germane to the late modern condition. The classical difference between risk society issues and moral panics is that the former are susceptible to challenge by subaltern groups (Ungar, 2001) owing to the reflexive condition of late modernity (see Beck, 1992; Giddens, 1991). Reflexivity of institutions and individual biographies are constituents of late modernity. Conversely, moral panic discourse aims towards the delegitimization of the 'powerless', or the 'folk devils' of society by dominant groups and social institutions. However, moral panics and risk society issues in their contemporary actualities have converged in the sense that moral panics, like risk society issues, have become highly contestable (see Hier, 2002a; McRobbie & Thornton, 1995). Of importance to this study is not the convergence/divergence of moral panics and risk society issues, but how the logic of risk and moral panic discourse is articulated to resonate with people's concerns about the future in times of growing societal complexities. The study emphasizes that the mass media played a role in terms of problematizing the non-Ebola case by articulating the risk and panic discourse about immigration and disarticulating it from the overall social and economic benefits of immigration to Canadian society.

The importance of the mass media to modernity and late modernity cannot be over-emphasized. It is the mass media that complete the sequestration of time from space (Giddens, 1991). By ridding events of their confinement to local moorings, the mass media make people become aware of global health risks. Consequently, emerging viruses and diseases in other 'places' are becoming familiar. The media do not only draw attention to these risks, but also have the capacity to distort their degree of real harm and

package them for public consumption. For example, there is nothing inherently violent about viruses, but the media give them 'agency' and portray them as if they can invade humans (see Gwyn, 1999); that is, viruses are often represented as programmed to harm. Some media sources such as films over-dramatize these health risks and make them real more than they are. In the process of amplifying the risk and deadliness of a virus, the media erase socio-medical conditions surrounding the spread of viruses.

Beck (1992) qualifies the risk society as a 'scapegoat society' (Beck, 1992: 75). This is because it is rampant for social conflicts to be displaced, to other spheres of life in the risk society due to a high degree of risk consciousness of members of late modern societies. Growing societal complexities, due to the individualization and reflexivity of late modern societies, are the leading causes of anxiety and insecurity. Social change in the form of globalization is a major feature of late modern societies, and with it, racial diversity has also accelerated. In the context of Canadian society growing racial diversity is one great source of anxiety for members of a society that has been historically constructed in racio-ethnic terms, that is, as an extension of White Europe. Therefore Canadians have always had 'racial capacity' (Barrett, 1994). Anxieties have mounted in recent years over the growing number of new immigrants from 'non-traditional societies' of Africa and Asia (see Li, 2003a; 2001; Simmons, 1998a; Zong, 1994). Anxieties over racial diversity are not peculiar to Canada, but to other Western societies such as Austria (see Wodak & Matouschek, 1993), the Netherlands, Britain, and Germany (see Husbands, 1994). Some members of the Canadian public have come to view the presence of non-White immigrants as an anathema and a challenge to Euro-Canadian

hegemony (see Hier & Greenberg, 2002). As has been argued in the study, the non-Ebola event provides a space for the media to tap into the ambiguity of nationality and 'race' as well as the generalized socio-cultural strain experienced by many Canadians. The media do not 'impose' dominant ideology, Canadians have what Barrett (1994) refers to as a 'pan-human psychological propensity' that makes them think racially. The media are able to tap into Canadians' 'racial capacity' by making the latent manifest.

The problematization of social relations is the mode employed by the media to recruit the public to identify with their discourse of difference as it relates to the spread of disease. Through problematization, complexly related differentiated issues such as health care and global risks are consolidated in a meta-narrative of immigration. To problematize is to enlist the intervention of social control agencies in policies or practices involving health care, security and immigration. In other words, the media articulation of health risks vis-à-vis immigration was not a fortuitous exercise; it was meant to appeal to social institutional authorities for social control. The problematization of immigration, as discussed in chapter three, is a call for border control to avert an occurrence of similar events in the future, that is, to avoid an apocalyptic vision of tragic immigration. The logic of social control is articulated in the discourse of moral panic and risk. Risk and moral panic discourse becomes a discourse of apocalypse in the way the media indicated that non-Ebola this time is predictive of its future imminence. This is expressed in the media editorial expression 'there will be a next time'.

The risk discourse is always about the future. This is why the media have the potential to initiate panic and call for the intervention of social control agents. In other

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words, risk and panic discourses are articulated in relation to the future for people to

identify with. Risk and panic discourses are ideological in that they tap into people's

'feeling passion' or lived experiential consciousness of the social world. In the media

representation of the non-Ebola event, the patient symbolically 'epitomizes' a risk for the

future. There are concerns about what 'she' is going to do in the future--a subtext of

what immigration is going to do in the future. In this sense, 'immigration' is a coded

word for racial minority immigration and immigrants. The logic of risk discourse is then

translated into a logic of social control (Dew, 1999; Hall *et al.*, 1978; Cohen, 1972). The

immediate urgency is to control 'them' now or to control 'immigration' now before it

becomes totally destructive to 'us'.

Racism is context-dependent in late modernity. Human rights legislation and the

growth of what Beck (1992) refers to as 'sub-politics' have led to the modification of

scientific racism and the rise of a 'new racism'--a racism without 'race'. At the level of

denotation, the media did not relate their constructed 'crisis' and problem of immigration

to Blacks or Black immigrants. However, the public could fill in the gaps left by the

media based on its broader understanding of the social world in relation to 'race' and

immigration. In other words, the media are able to conceal a subtle, but pernicious, form

of racism by emphasizing an old fashioned form of racism in their coverage. New racism

is ideological in that it is insidious and aversive but is no less disadvantageous to racial

minorities than the pseudo-scientific version. It needs to be emphasized again that

journalists and media organizations are not deliberate in their reproduction of racism.

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They are conscious actors, who are responding to their perception of the changing material condition of Canada.

Content analysis of four major newspapers and semi-structured interviews with journalists, physicians and members of the Black community were used to collect data for the study. The limitations of content analysis relate to its inability to address issues about the social process involved in the running of the Ebola story, and the inter-subjective experiences of physicians, journalists, and members of the Black community regarding the non-Ebola case. The semi-structured interview approach addressed aspects of the research interest that content analysis was not able to fully capture. Interviews with journalists, physicians, and members of the local Black community provided complementary information and an additional understanding of the event, most especially the experiences of individuals involved in the case.

The findings of the study have been presented in three chapters (chapters three through five). Chapter three specifically focused on the analysis of the newspaper coverage of the non-Ebola panic. Media texts are divided into their manifest and latent themes. The manifest themes are understood denotatively, in terms of obvious plain meanings of texts. Conversely, the latent meanings interpret the manifest themes connotatively. Through critical discourse analysis, encoded meanings in media texts are decoded. The media discourse is situated in its social contexts. Findings show that the discourse of racial diversity as an anathema to the Canadian nation is expressed in the newspaper texts examined. However, the media discourse of 'anti-racial diversity' and 'anti-immigration' is couched in a non-racist language. This finding corroborates other

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studies that have shown that contemporary racism is espoused in non-race terms (see Li, 2003a; 2001; Kirkham, 1998; Miles, 1988). The evidence for the media anti-racial diversity position is supported by remarks made by two of the journalists interviewed who have expressed their views that the current immigration system is a problem. The role played by the media in the reinforcement of racial ideology and racial inequality is also given a special consideration in the chapter. The medical institution is given credibility by the media at the expense of non-official sources of Blacks and the Congolese in Hamilton. Weak ties of the Black racial minority group to dominant institutions translates into low representation of its opinions and views in the mainstream media. While the marginal representation of Blacks' voice in the media is an outcome of their under-representation in the major institution, it inadvertently reproduces the dominant viewpoints in society.

Ideology is effective when it can disseminate discourse of inequality in a subtle way, and is able to resonate that discourse with people's experiential consciousness. The Ebola event is problematized through the articulation of immigration with health and social welfare, and disarticulation of the event from medical error and the advantages of immigration to globalizing Canadian capital. The motive of problematization, through articulation and disarticulation, is to institute a model of border control and deterrence from immigration.

The dominant discourse of risk in this case adumbrates alternative-competing discourses. The dominant discourse stresses 'spatial control' and regulation, but screens out public health in the 'developing countries'. The discourse is silent on preventative

measures of working in conjunction with 'developing countries' to solve socially

perpetrated health problems. The risk discourse asserts a displacement model of control.

The media discourse favors a control model and excludes 'development discourse'. It is

a discourse of 'spatial control', represented in the form of territorial invasion. It is a

discourse of social distance, the construction of 'self' and 'other'. It is a discourse of

expurgation of the 'Other'.

It is concluded in chapter three that the four mainstream media not only

participated in problematizing immigration, but also in undermining the perspectives of

the Black community, the group most adversely affected by the coverage. In terms of

ideological divergence of news media organizations, there are overlapping similarities

among the newspapers examined in their representation of immigration and racial

diversity.

Chapter four of the study has focused on the interdependent relationship between

the media and medical institutions as well as struggles over the definition of the health

issue. The chapter has brought to fore the critical issue concerning reflexivity in late

modernity and the growing awareness of the public to hold institutional authorities

accountable. Institutions are becoming aware of their vulnerability in the face of the

growing confidence of laypersons to hold them answerable to their actions. Reflexive

biographies in conjunction with fragmented biographies have made it necessary for

experts to disagree among themselves over definitions. The modern person relies on

science because he/she has been socialized to have trust in it. The trust in the scientific

'abstract system' fills in the gaps between presence and absence or past and present.

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Trust in abstract systems is indispensable to modern living. However, trust in science has receded as a result of a growing awareness in the public that science can make mistakes. Trust in a scientific abstract system is withdrawn when there is doubt in the operator of the system. In chapter four, findings show that the perception of racial difference among members of the Black community and their experiences as a racial minority group have influence on Black community's mistrust of White dominated media and medical institutions, and their claims to objective neutral *modus operandi*.

Further findings from chapter four have also shown that the media do not often rely on credible sources like the medical institution as a 'primary definer' of problems (see Hall *et al.*, 1978). In the non-Ebola case, it is evident that the media have their 'relative autonomy' in achieving their goal for the story. The medical institution wanted to treat a patient it believed carried a deadly virus, and minimized uncertainty by putting a name on the disease. The institutions would rather suggest the diagnosis was Ebola and be wrong and then blamed by a less powerful group in society than suspect something less severe, end up dealing with Ebola, and then be held accountable by more powerful members of Canadian society. On the other hand, the media's goal was to over-dramatize, novelize and sensationalize the case. The relationship between the movie *Outbreak* and the popularization of Ebola in the West was discussed. The question that arises is whether people are able to differentiate between a hyper-real text such as the movie *Outbreak* and the racialization of a disease. It is conceivable that people can dissociate reality from hyper-reality. The public reacts to the non-Ebola panic in a racial way because it has a 'racial capacity'.

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Chapter five deals with the subjective interpretation of the 'media event' by members of the Black community, as well as their experiences during the incident, and their social agency in resisting what the community perceived as a racializing media discourse. What is evident is that as a racial minority, members of the Black community who participated in the study had their own reading of the media coverage. This came from their inter-subjective lifeworld. Local Blacks who took part in the study, most especially, the Congolese in the research sample, acknowledged, like the general public, the chronicity of Ebola as a high-consequence risk. However, they were opposed to the diagnosis based on their experiential knowledge of tropical diseases. Moreover, members of the Black community clearly recognized the media portrayal of the case as a problem of immigration rather than a public health concern. From the perspective of most research participants, they were 'scapegoated' because of their racio-cultural background. Even though their viewpoints are marginalized in the media, they are not without their own social agency as interviews with them revealed.

Interestingly, however, Blacks were divided in their interpretation of the incident as racist. While some avoided the use of the term 'racism', they still claimed that the coverage was discriminatory. In terms of impact, all the Congolese who took part in the study claimed a direct effect. Most of the non-Congolese who took part were not directly affected but claimed to be aware of those who were affected. As was shown in chapter three, the media did not overtly associate the Ebola disease to Blacks as a racial category in their coverage, however, non-Congolese, based on their lived experience, read the

coverage as anti-Black. Therefore, 'race' becomes useful as an instrument of resistance for members of the Black community.

People's interpretation of media texts can differ along racial lines. For example, people can be divided along racial lines on the appreciation of media coverage of an infectious disease like AIDS (see Kitzinger, 1998b). However, this study found that there are no undifferentiated views on media coverage of health within a racial group. In this study, there was a diversity of meanings within the Black community. That is, Blacks do not hold the same views on some issues pertaining to the media coverage of the non-Ebola event. Their interpretation largely differs along immigration history. For example, non-Congolese who had mostly lived in Canada longer than the Congolese in the sample were more disposed to viewing the coverage as racist than the latter category.

All members of the Black community interviewed for this study had considered the media coverage of the non-Ebola case as a negative portrayal of the Black community. Interestingly, however, the incident has not left the entire Black community with a negative impression of Canadian society. One would have thought that the Congolese would view Canada as a socially inhospitable place to live, considering that the public reaction affected them more than other Blacks. Contrary to this, most of the Congolese who participated in the study considered Canada a land of opportunities and a safe place to live. Conversely, the non-Congolese Black category views Canada as a discriminatory and racist society.

Concerning Blacks' resistance and agency, the findings have shown that there are limits to how marginal groups in society can resist their domination. Blacks spoke, but

their voice was not loud enough largely because of their social placement in the Canadian

social structure. For example, most Congolese were relatively new in Canadian society

and were struggling to integrate socially and economically.

Recommendations: Media and Social Inclusion

van Dijk's insights on the underlying structural cause of the reproduction of

ethno-racial inequalities by the media in modern societies are instructive to the

understanding of the racial dimension of the coverage of the non-Ebola scare. van Dijk

(1993b: 244-247) states that hiring, newsgathering, and social cognition are integral to

the reproduction of racism by the media. According to van Dijk (1993b), the

overwhelming majority of journalists in the mainstream media are White, and they view

issues from their cultural lens: most of them have a superficial and poor knowledge of

minorities. In the specific Canadian context, Henry and Tator (2002) have claimed that

there are few minority journalists in the mainstream media.

In the case of newsgathering, van Dijk (1993b) indicates that White journalists

who have dominated the media institution are likely socialized in the dominant culture,

whose values they have internalized. Not only this, they have access to dominant

institutions in society, whose staff share similar norms and values with them. Thus, the

process of reproducing the perspectives of the dominant group in society is complex, and

is driven by 'prevailing social structures, everyday rules and routines, and fundamental

social cognitions' (van Dijk, 1993b: 246); and as mentioned throughout the study, the

individual White journalist cannot be held responsible for his/her prejudice.

The literature on the mass media and racism has held that ethno-racial power differentials in society are accountable for negative portrayals of racial minorities (Henry & Tator, 2002; van Dijk, 1993a; 1993b). Negative portrayals of racial minorities by the media perpetuate and maintain existing inequalities among ethno-racial groups. Reduction in ethno-racial inequalities would translate into reduction in negative portrayals of racial minorities. Institutional inclusiveness of racial minorities would enhance their participation in major institutions; which means that they would have more say in institutions that serve society.

Kallen (1995) has pointed out that social distance reinforces ethnic stereotypes in the sense that 'insiders' relate to 'outsiders' in terms of their preconceived assumptions rather than viewing them as individuals. Inter-ethnic interactions attenuate social distance and make individuals increasingly aware of their similarities, rather than their differences. Kallen (1995) also believes that education without association would not reduce social distance and stereotypes. Social distance will be reduced with interaction between different ethno-racial groups (Kallen, 1995: 48). Educational and professional training of journalists cannot reduce racial and ethnic stereotypes and social distance. Indeed, journalists who covered and wrote the non-Ebola story were educated. Ethno-racial interaction may not eliminate racist stereotypes and racism, but may reduce them.

Fleras and Elliot (2003) propose institutional inclusiveness as a solution to mis-representation and under-representation of racial minorities in the media. They conceive of institutional inclusiveness as 'institutional accommodation' that 'involves a process by which institutions incorporate diversity by adjusting institutional design, operation, and

outcomes to make them more "minority-friendly'" (Fleras & Elliot, 2003: 312). Fleras and Elliot (2003) are positive that 'multiculturalizing' mass media institutions in Canada would entail institutional inclusiveness. In response to an increase in hate crimes in Hamilton following the crisis of September 11, 2001, the Strengthening Hamilton's Community Initiative (SHCI) was founded. SHCI is a community-based project that aims toward inclusion of Aboriginals and racial minorities in key Hamilton institutions. Its central objective is educating the public about diversity as well as improving the material conditions of ethnic, racial, and religious minorities and Aboriginals and women by giving prominence to their participation in the community's major institutions. Towards this end, the community-based project intends to bridge the cultural gaps among members of the diverse Hamilton community. The local newspaper, the *Hamilton Spectator*, is one of the participants in this community-based project. By participating, it is anticipated that the newspaper could be more responsive and sensitive to minority issues and tolerate racial diversity.

Diversifying the media's workforce and openness to viewpoints of diverse members of the Hamilton community are a positive step towards a reduction in ethnic, racial and cultural stereotypes. Insensitive and inadequate understanding of other-defined groups like Africans had a role in the negative coverage of the non-Ebola panic. This was evident in my encounter with one of the journalists, who covered the story for the local newspaper. The journalist thought that some Congolese individuals were not so cooperative in telling the newspaper their own side of the story. He did mention that when they provided information, they would want their anonymity guaranteed. In a way,

the Congolese struck the journalist as a group that had something to hide, or to borrow

Pratt and Valverde's (2002) expression, the Congolese struck the journalist as 'masters of

confusion'. I suggested to the journalist that the Congolese might be uncomfortable if

they were concerned about their immigration status in Canada. The journalist retorted

and insisted that the Congolese should not have anything to fear in Canada, and

maintained that, unlike the Democratic Republic of Congo, the Canadian law treated

everyone equally and protected all and sundry regardless of their immigration status, and

cultural backgrounds. This journalist had good intentions, but he looked at the situation

exclusively from his own personal perspective. Had the media incorporated diversity

into their policy, and journalists were tolerant of other cultures, the insensitive

representation of a racial group in the coverage of the non-Ebola panic would have been

averted.

It is important to state that the mass media are a business, whose owners are

interested in generating profit in a liberal democratic capitalist society. Material

inequalities remain the bane of modern societies, and the ultimate goal of media

corporations is generation of privatized capital. If we can conceive of the struggles over

definitions of health risk in the non-Ebola case as a 'mini-racial conflict', we may then

claim that the crux of most ethnic/racial/sectarian conflicts in modern societies are an

expression of class inequalities--the struggles between 'ethnic haves' and 'ethnic have-

nots' (see Chua, 2003). The unflappable condition of disproportionate ownership of big

corporations, including media, by certain European ethnic groups (see Macionis *et al.*,

1997: 265) in Canada would not only continue to fan an ember of ethno-racial distrust

and suspicion, but would make the notion of 'institutional inclusiveness' a mere ideology that conceals the underlining cause of ethnic conflict. In the absence of a radical restructuring of society in terms of a redistribution of resources, incidents such as stereotyping and anti-immigrant sentiments through the non-Ebola case will persist regardless of a policy of 'institutional inclusiveness/accommodation'.

Future Research Direction

This study has generated a number of 'ifs'. How would the event have been constructed *if* the patient had been of European descent? What *if* she had been Canadian of African descent? What *if* she had actually carried the Ebola virus? These are challenging questions, as studies of related incidents of panics over a 'deadly non-disease' are unavailable. Besides, predicting the outcome of public reaction in these different scenarios is not easy considering the flexibility of discourse. Nevertheless, the closest comparable incident of a transnational infectious disease was the SARS outbreak in the Toronto area in 2003. The attribution of the disease to China had social and material effects on Asians in the Toronto area.

A comparative study such as how people react to 'new infectious diseases' can be undertaken in future research. Future studies may address the coverage of SARS and non-Ebola by the media. Most especially, comparative studies of the effects of the coverage of these two infectious diseases on the Chinese and Blacks, respectively, can be a focus of study. As well, how members of the two different racial groups reacted and resisted their representation would be sociologically interesting. Cashmore (1990) believes that the extent of immigrants' integration into their new society can be measured

by their quality of resistance to real and perceived discrimination. This can be tested as a hypothesis, given the weakness of challenge posed by the Congolese to the orthodoxy of the institutional frame of the non-Ebola case. In terms of strategies for resisting racism, the role that Chinese entrepreneurs, professionals, associations and individuals played in re-defining SARS and making the public aware that it was a non-Asian disease would be an immense contribution to the fight against racism by racial minorities and anti-racism organizations.

The relationship between the media and their audience can be explored in future research of this nature; as there seem to be gaps between theory and evidence in the study of the relationship between the mass media, and individuals and society. The nature of the relationship between the media and their White audience, in particular, needs to be empirically clarified. Lack of clarity on this issue is a major shortcoming of this study. What one can deduce from this study in its present form is that the media had an influence on the White public opinion in their reaction to the Black population. Part of this was inferred from the interviews with media workers, editorials and letters to the editor of the newspapers examined; and partly from secondary sources of public opinion polls and discourse analysis of government documents (Li, 2001); media coverage of immigration and refugee issues (Hier & Greenberg, 2002); and political speeches of politicians (Kirkham, 1998), but not directly from the White readership.

Direct interviews with the White audience of the media who followed the Ebola story would have further strengthened the argument made in this study; that is, in determining the amount of influence of the media on 'White' society. While this is not

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done in this study, other research methods such as open-ended interviews with newsreaders (see Joffe & Haarhoff, 2002), or a focus group study (see Kitzinger, 1998a) would provide more interesting insights into the non-Ebola panic, confirm the level of Whites' 'collective conscience' (or common stock of knowledge about the 'Other'), and possibly a different perspective on the incident. Concerning the 'common cultural values' of the White public, direct interview and focus group methodological approaches may shed light on the possible fragmented worldviews of the White audience, which seems to be essentialized in the current presentation. Moreover, how people make use of the media discourse in relation to other sources of information and broader experiences can be discerned from non-traditional sociological research methods. This suggestion comes against the backdrop that people interpret media texts in relation to other accounts from friends, travelers, members of their social group, and their lived experience. *Ipso facto*, other methodological approaches may help identify and clarify different levels of interpretation--polysemy--given to the media construction of the non-Ebola case, from the perspective of the White audience.

In relation to the above point, an experimental research method involving two study groups--a control group and a treatment group--may be employed to generate evidence for this kind of case study in future research. The control group could be comprised of those who were not exposed to the media coverage of non-Ebola, while the treatment group could be the newsreaders of non-Ebola. How these groups differ and are similar in their interpretations of the event would be sociologically interesting for the

understanding of the role of the media in shaping public opinions about racial differences in modern societies.

This study can be empirically broadened in future research to include other mass media, such as television and radio coverage of the non-Ebola event. These other modes of communication can be compared and contrasted with the print media in terms of finding which had more influence on their readerships.

This study has not given cognizance to the role of broad social justice and anti-racist organizations and individuals in subverting the media discourse of the problematization of immigration in the media coverage. The immaturation of the panic may have prevented the development of possible inter-racial/ethnic coalitions against the treatment of the case by the media and the sporadic racism that came out of it. Nevertheless, some members of what can be thought of as being part of dominant societal groups who I encountered during the conduct of the study genuinely expressed their concern about the racial tone of the media coverage. Future research may want to incorporate the perspectives of individuals from the wider society and members of dominant organizations into the analysis of the non-Ebola case.

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