

Risk and Responsibility:
Insider and Outsider Media Representations of the 2014 Ebola Outbreak

By

Brittany Humphries

Submitted in partial fulfillment of the requirements
for the degree of Bachelor of Arts

at

Dalhousie University
Halifax, Nova Scotia
April 2015

TABLE OF CONTENTS

Abstract

Acknowledgments

Introduction

Investigating the 2014 Ebola Outbreak 1

Theoretical Framework

Media & the Politics of Knowledge 2

Media and Public Health 4

The Case of Ebola 8

Methodology

Selection of Sources and Sampling Strategy 9

Qualitative Content Analysis 11

Analysis

Borders 14

Risk 18

Responsibility 21

Conclusion

Nigeria's Success 25

The Role of Media in Public Health Emergencies 26

Appendices 29

Bibliography 34

ABSTRACT

In the wake of global infectious disease outbreaks such as SARS, scholars have acknowledged the growing role of media during public health emergencies. Lacking, however, is a discussion on how media perspectives vary depending on geographic location. Drawing on a qualitative content analysis of over 200 articles, this study explores how the 2014 Ebola outbreak was written about in two national print media sources: The Globe and Mail (Canada) and the Vanguard (Nigeria). Each news outlet had their own conception of infectious diseases. This translated into different understandings of the perceived risks of the Ebola virus. An analysis of themes concerning borders, risk and responsibility revealed the threshold nature of Ebola, which is not only a biomedical reality but also a social one. This study contributes to existing literature on the role of media during epidemics. By investigating the way media have framed this particular outbreak, it highlights how decisions of governments, media and individuals are tempered by perceptions of risk as well as economic and political demands.

ACKNOWLEDGEMENTS

I would like to thank my classmates, co-workers, professors, family and friends. I couldn't have done it without you.

INTRODUCTION: INVESTIGATING THE 2014 EBOLA OUTBREAK

In February 2014 “an unknown disease” with symptoms characteristic of haemorrhagic fever or severe gastrointestinal infection appeared in Guinea (WHO, 2014a). Within one month, the World Health Organization (WHO) released their first Situation Report revealing that this was more than a passing sickness. 103 cases, including 66 deaths, of the Ebola virus had been confirmed (WHO, 2014b). By the end of the year, Ebola would infect 20,206 people in 9 countries, ultimately claiming 7,905 lives (WHO, 2014c).

Ebola was one of the highest trending search terms in Google's *14th Annual Year in Search* (Google, 2015). Figure 1 is a selection of headlines on Ebola as they were featured in North American internet news sources during the summer and fall of 2014. These headlines include reports of the “Brutal murder of 8 Ebola aid workers” (Hein and Mulvihill, 2014) and “Clashes as Liberian troops enforce quarantine” (CBC, 2014). They are sensationalistic, with a focus on fear, chaos and cultural misunderstanding. When reading such provocative statements, one can't help but question if there is another side to the story.

Using document analysis, this research project explores how the 2014 Ebola epidemic was written about in the press. Comparing media reports from Canadian and Nigerian national news sources, my objective is to investigate how narratives of the epidemic vary by location. Specifically, I ask how coverage of the 2014 Ebola outbreak differs depending on whether it comes from insider or outsider perspectives. The ‘insider’ perspective is a news source operating from within the geographic area of the epidemic, for which I selected the Vanguard, based in Nigeria. The ‘outsider’ perspective is The Globe and Mail, one of Canada’s national newspapers (See Figure 2 for details).

Drawing on research and methods in media studies and medical anthropology, my theoretical approach is eclectic. It includes concepts of media representation, the social production of expert knowledge, constructions of the ‘Other’, the role of media in public health and risk perception. My premise is that increased communication and travel over the past 40 years has led to disease spreading faster and farther, necessitating international intervention (Fidler, 2005). As a result, there is a growing need to understand communication during infectious disease outbreaks. Media play a critical role in relaying expert information and risks to the public. Media sensationalism of previous infectious disease outbreaks, such as SARS, has led to unnecessary panic and financial hardship. How we use, transmit and interpret information is fundamental to the ultimate response taken by world leaders. This study will contribute to existing literature on the role of media during epidemics, in particular, how risk perception varies depending on geographic location. By investigating the way media have framed this particular outbreak, it contributes further knowledge to the limited literature on Ebola. In addition, it responds to the lack of studies addressing representation in non-western media.

THEORETICAL FRAMEWORK

Media & the Politics of Knowledge

News media coverage is prone to inaccuracy, exaggeration and/or sensationalism (Allen and Nairn, 1997; Albert, 1986; Bell, 1991; Berlin and Malin, 1991; Chapman and Lupton, 1994; Condit, 1996; Kloudasky et al, 2002; Rosh and Muskavitch, 2003; Seale, 2002). The messages we receive through mass media are not neutral but rather offer a particular reading of social events. What gets recorded depends on social, political and economic environments. Reports do

not just reflect but also construct versions of events (May, 1993). Media representation of reality should be approached with skepticism.

News reports receive validation when containing authoritative sources (Seale, 2002, p. 4). Media and experts have partnered time and again for news reporting (Sanders, 2005; Wakefield, 2010). It is a beneficial relationship in which experts are able to disseminate information to a wide audience while the media garner credibility (Seale, 2002, p. 4). Yet how trustworthy is expert knowledge? Michel Foucault, a key intellectual figure of the 20th century, examined the fundamental relationship between power and knowledge - and how both are used for social control. He coined the term 'discourse' to mean expert knowledge and the practice of its dissemination (Foucault, 1977). According to Foucault, expert knowledge doesn't only uncover objective truths, it shapes what we believe to be true and is used to regulate our lives.

In an increasingly connected world, this fundamental relationship between power and knowledge (Foucault, 1977) becomes less obvious but is no less present. Increased mobility and interaction has led to the conception of humanity as an inclusive 'We', facing problems and opportunities together. From this perspective, we are all part of one race whose members, "underneath surface features of skin colour, language and cultural difference", are the same (Giddens, 1991, p. 27). Despite the impacts of globalization, scholars argue that an 'Us' vs. 'Them' mentality continues to exist within western culture and scholarship whereby a firm line is drawn between 'Us', righteous Europeans, and 'Them', foreign cultures – often labelled as superstitious and backward (Said, 1978; Sanders, 2005). I would extend this notion of 'Otherness' beyond the exotic to include a myriad of oppositions and stereotypes we encounter in everyday North American life. Much media analysis has been done to expose Othering as it

relates to issues of homelessness, disability, gender, race and sexual identity (Auslander and Gold, 1999; Baker, 1986; Klodawsky and D'Aubry, 2002; Seale, 2002).

Knowledge is an apparatus of power subject to manipulation by media and experts, whose presentation of information can be successful in silencing the Other (Dirks, 1997; King 2002). Media has shaped public imagining of the Other, concealing root causes of privilege and hierarchy as well as its manifestation (Grosfoguel and Cervantes-Rodriguez, 2002, p. xi; Said, 1978; Shahadah, 2005; Dirks, 1997; King 2002). In the 1980s, post-colonial theory began addressing this misrepresentation in the form of subaltern studies (Binebai, 2012; Chakrabarty, 2000). A subaltern is a specific kind of Other: it is a term designated to social groups who have been marginalized by hegemonic power structures of the West (Binebai, 2012, p. 52; Prakash, 1994).

Many works in subaltern studies aim to rewrite history from a new perspective. Instead of focusing on the colonizers, they give a voice to the men and women who have been colonized (Bitter, 2013; Chakrabarty, 2000; Guha, 1982). A central theme in subaltern studies is the acknowledgement of knowledge as situated and context dependent. While processes of Othering are discernible within North American media coverage of the 2014 Ebola outbreak (See Figure 1), this project seeks to discover the subaltern point of view in parallel to the hegemonic perspective.

Media and Public Health

As we try to situate our place in the world, we actively, although by no means consciously, incorporate news media and expert opinion into our everyday lives (Giddens, 1991, p. 188). Media are a central fixture of society. They are a resource with enormous potential to

inform and structure individual decisions with daily and long term considerations (May, 1993; Seale, 2002, p. 1). On an institutional level, media shape public opinion, which in turn influences everything from vaccine development (Levine and Levine, 1997) to policies addressing issues of homelessness (Klodawsky & D'Aubry, 2002), HIV/AIDs (Berridge, 1991), immigration (Krishnamurti, 2013) and crime (Sanders, 2005). There is a trickle up effect from public opinion to legislative policy which leads to calls from activists for responsible media reporting. One example is the implementation of guidelines on the reporting of suicide (Bohanna and Wang, 2012).

After an association between sensational media reporting and imitative suicidal behavior was discovered, governments and other organizations throughout Asia, Europe and the South Pacific began to promote a change in the style of reporting. They encouraged journalists to reduce the prominence, detail and sensationalism of suicide reports and to instead educate the public about suicide treatment options (Bohanna and Wang, 2012, p. 190). Preliminary findings suggest that the varied guidelines developed through this initiative have successfully reduced the number of suicides (Bohanna and Wang, 2012). The involvement of medical experts in the development and promotion of these guidelines has also influenced their use and effectiveness (Bohanna and Wang, 2012).

During a public health crisis the impact of media is heightened as they become a critical channel of communication between health officials and the public (Kittler et al., 2004; Lowrey et al, 2007). However, cooperation between officials and journalists is often lacking, each having their own agenda (Cash and Narasimhan, 2002; Kittler et al., 2004; Smith, 2006). In an increasingly competitive environment, news media are inclined to describe outbreaks in a manner that will capture attention but is not necessarily accurate. Because outbreaks are

unexpected, insufficient medical information means that the flow of information is not scientifically reliable, but rather consists of preliminary results, guesswork or opinion (Smith, 2006, p. 3117; Cash and Narasimhan, 2002). This can do more harm than good – as evidenced by the reporting of the 1994 bubonic plague in India (Cash and Narasimhan, 2002).

On September 20th, 1994, seven patients with pneumonia-like symptoms were admitted to a hospital in Surat, India. Before a case of plague was confirmed, television programs were showing “people wearing cloth masks fleeing from the affected area” (Cash and Narasimhan, 2002, p. 1361). Within a week, flights to and from India were discontinued, importers stopped the receipt of Indian products, Indians travelling abroad were held up at airports and placed in quarantine, and travellers cancelled trips to the area (Cash and Narasimhan, 2002, p. 1361). This, despite the fact that no official reports had been released and the plague was both small in size and limited to the poor. The overall low risk was not communicated and resulting coverage placed huge stigma on India. Total financial losses associated with the outbreak are reportedly over US \$2 billion (Cash and Narasimhan, 2002, p. 1362). Similar incidents have occurred in developing countries worldwide, all of which suffered economic setbacks. As a result, the World Health Organization fears that governments will hesitate to report future outbreaks (Cash and Narasimhan, 2002).

Consequences of sensationalised reporting are not exclusive to developing countries (Rosh and Maskovitch 2003; Smith, 2006). A global outbreak of SARS in 2003 infected 8,096 people, ultimately claiming 773 lives. While not as devastating as some feared, the outbreak had a disproportionate impact on the global economy after it caused unnecessary travel restrictions (Smith, 2006). The SARS outbreak demonstrated how threats to public health can be manufactured. Drawing on cultural myths of the dangerous 'Other' and scientific uncertainty

about the effectiveness of a vaccine, media contributed to unwarranted levels of public fear and distrust (Smith, 2006).

Sociologists such as Anthony Giddens (1991) and Ulrich Beck (1999) view risk as an overarching principle of contemporary society. Essentially, we live in a 'Risk Society' characterized by a pervasive anxiety that permeates our lives (Beck, 1999). This risk is subjective and cannot be measured as a threat independent of social context (Smith, 2006, p. 3114). It is constructed through social and cultural processes, where risk is perceived, managed and communicated. Strategies to negotiate and avoid risk have become key organizing principles of today's society, a focal point for fears about a globalized world (SARSControl Research Programme, 2006).

In particular, globalization has led to the conceptualization of health as an issue of national risk and security (King, 2002; Smith, 2006). Media and governments use a militaristic language to describe outbreaks of disease, now seen as security threats. Protocols have been set in place by national governments to prevent perceived threats from entering a given space and breaching security. Examples include airport screenings and travel restrictions (The Canadian Press, 2014).

With both the bubonic plague in India and the SARS outbreak, risk perception was crucial to global reaction. How risk is perceived by individuals and transmitted through institutions is critical to the ultimate response of world leaders. Decisions of governments, media and individuals are taken on different bases, and tempered by perceptions of risk as well as economic and political demands. To protect the global economy from unnecessary hardships during future outbreaks, we need to understand the role of risk and its communication so that effective guidelines can be established (Smith, 2006). Infectious disease outbreaks are not only

public health challenges. They also have deep economic, social and political impacts; “ripple effects” that are linked to the ways risk is communicated (SARSControl Research Programme, 2006).

The Case of Ebola

In order to proceed with analysis we need to understand what is meant by the word ‘Ebola’. Biomedically speaking, the Ebola Virus Disease (EVD) is one of four subtypes of the poorly understood virus family Filoviridae (Hewlett and Hewlett, 2007; Peters and LeDuc, 1999, p. IX). There have been numerous reported outbreaks since its first appearance in Marburg, Germany in 1967 (Hewlett and Hewlett, 2008; Peters and LeDuc, 1999; WHO, 2014b). Ebola is transmitted by direct contact with the blood or bodily fluids of an infected person and the incubation period is between 2 and 21 days. It is characterised by sudden onset of sore throat, headache, muscle pain, fatigue and fever, quickly followed by rash, diarrhoea, vomiting and symptoms of impaired kidney and liver function. There can be internal and external bleeding characterized by discharge from the gums and blood in the stools (Hewlett and Hewlett, 2007; WHO, 2014b).

This is a virus with an average mortality rate of 50%, a figure that fluctuates significantly. There is no vaccine, leaving healthcare workers only able to treat side effects (Hewlett and Hewlett, 2007, p. 3). In addition, the source of infection and its natural history remains unclear. Monkeys and fruit bats remain suspect amid inconclusive evidence (Swanepoel, 2006). Researchers argue that this lack of knowledge contributes to the hysteria and fear surrounding Ebola. Disease outbreaks of AIDs, malaria, tuberculosis and measles receive far less coverage while claiming thousands of lives daily (Brown and Inhorn, 1997; Hewlett and Hewlett, 2008, p. 3; Peters and LeDuc, 1999).

In response to this, I argue that not only is Ebola a biomedical reality but a threshold of social action and interaction between viruses, people, technologies and institutions (Koch, 2013). This is reflected in the fluctuation of Ebola fatalities, a direct consequence of socio-economic disparities between nations (University of Colorado, 2014). Biological and social aspects of disease are perpetuated against broader economic, political and historical contexts (Koch, 2013). The meaning of Ebola changes. It is not a static biological condition but something that is dynamic and multiple (Koch, 2013, p. 28).

In light of these considerations, I seek to explore how the representation of Ebola differs depending on insider or outsider perspectives. I hypothesize that perceptions of risk and the concept of the dangerous Other have a role in the reporting of Ebola - at least from a western perspective. Headlines featured in Figure 1 serve to reinforce stereotypical images of Africans and leave me questioning what the subaltern side of the story is. All knowledge is situated and my goal is to understand how different perspectives shape different constructions of the same event.

METHODOLOGY

Selection of Sources and Sampling Strategy

This research process consisted of qualitative content analysis of newspaper articles. Data were gathered from two print news sources, comparable in terms of level of coverage. Print news was chosen because it is an important source of information at individual and institutional levels. Practically, the two sources had to be available online with indexed archives for ease of access. Meeting these requirements was the Globe and Mail, one of Canada's national newspapers. Published in a region far from the outbreak, it was my 'outsider' perspective. The Vanguard,

based in Nigeria, was operating from within the epidemic and was thus my ‘insider’ perspective. The Vanguard is a privately funded national newspaper. The decision to use it over other Nigerian or West African sources was due to its availability on Lexis Nexis Academic, an online newspaper database used in post-secondary institutions. Because it is included in a credible database, I was assured that the Vanguard is internationally recognized.

Data covering the 2014 Ebola outbreak was obtained by accessing the media outlet’s online archives and using the search word ‘Ebola’ to filter relevant articles. All types of articles were considered, because I was interested in the totality of information available to someone accessing these specific media. For example, opinion pieces and editorials are highly telling of how Ebola is being conceptualized in a given geographic location. As the epidemic extended over several months, there was a practical need to limit the number of articles collected by a time period which I chose to be January 1st, 2014 to December 31st, 2014.

Once all articles pertaining to Ebola were identified, they were sorted by date and then sampled at every nth article, constituting a stratified sampling method. Stratified sampling was chosen to allow for any chronological bulge in reports to be reflected in the research. Whether a week had one article or forty is noteworthy and needed to be represented in the samples drawn. The number (n) used to select samples from each news source was different, due to the discrepancy in the volume of articles on Ebola in each news source. While The Globe and Mail published a total of 223 articles related to Ebola during 2014, the Vanguard published 723 (See Figure 3 for details). I decided that 100 articles from each source would be selected to allow for a rich comparative study given the time limitations of an honours thesis. To meet this quota, every second article from The Globe and Mail was taken for analysis, compared to every seventh from

the Vanguard. Ultimately a total of 100 articles were sampled from The Globe and Mail and 105 from the Vanguard.

Qualitative Content Analysis

As articles were sampled, the following information was charted in an excel spreadsheet:

1. Numeric identifier
2. Title
3. Date
4. Headline
5. A phrase capturing the event that initiated the story
6. Subject of story
7. A phrase capturing the portrayal of the subject
8. Actor in story
9. A phrase capturing the portrayal of Ebola
10. Source(s) of information
11. Comments

See Figure 4 for further details.¹

When possible, phrases were taken from the first four sentences of the article. This goes back to a concept of journalism whereby pertinent information is included early in the lede to capture and hold readers' attention. The opening paragraph is the most important part of a news story. A good lede gives readers relevant information in a clear, concise and interesting manner. It also establishes the voice and direction of an article (Purdue, 2014). By focusing on this section of the articles, it was possible to identify and extract information quickly.

Once the data had been collected it was coded to illustrate any patterns or recurring themes. My interest was not to compile a count of word frequency but to capture the narrative of Ebola as it was told. Who was involved? How were they portrayed? What language was being

¹ This chart was informed by content analysis conducted by Klodawsky et al. (2002).

used to discuss the epidemic? These were the questions that guided my analysis. Since this was an exploratory study, coding was a combination of top down and bottom up strategies. As the information was charted in an excel spreadsheet, notes were taken on recurring themes. At the end of data collection, themes of borders, risk and responsibility were found to best capture the narrative of the outbreak. The excel spreadsheet was then revisited when I proceeded with a top down coding technique, sorting the articles based on the three themes. This allowed for a deeper exploration of the ways each theme was constructed in each newspaper.

Responding to texts as connected discourse (Krippendorff, 2004, p. 68), I scrutinized how The Globe and Mail and the Vanguard used situation reports provided by the World Health Organization (WHO), a global leader in outbreak response. How outlets of information interact with each other illustrates the agendas and relationships that shape particular representations in the media. The WHO did not serve as a source of primary data for this study but instead offered contextualization of the outbreak. Situation reports by the WHO provided a timeline and acted as a global managerial benchmark, offering a perspective on the spread of disease as well as the actions undertaken to control it.

It is important to specify limitations caused by time constraints. Sampling every seventh article from the Vanguard gave me an understanding of that media outlet's point of view but it was not as comprehensive a review compared to The Globe and Mail, where I read half of all articles published on Ebola. Again, this was a consequence of the discrepancy in the number of articles published in each news outlet. The Globe and Mail needed to be overrepresented to ensure a clear basis for comparison.

ANALYSIS

To begin, it must be noted that the two news sources had very different conceptions of disease. While the Globe and Mail approached disease as a preventable threat, the Vanguard articulated that disease was normal and a way of life. Over the years, the African continent has recorded a series of disease outbreaks: from bird flu to lassa fever; from malaria to syphilis, meningitis, polio, tuberculosis, tetanus, measles, whooping cough, diarrhea, pneumonia and HIV/AIDS. The Vanguard likened the African continent to a “dump site of diseases” and remarked how international aid organisations have been on their toes formulating ways to contain them (Vanguard, 2014a).

At the beginning of the Ebola outbreak, Nigerians interviewed by the Vanguard expressed a weariness of transmittable diseases and about having so many ‘don'ts’ in life. As one man explained: “The whole thing is tiring. We seem to be forever avoiding one thing or the other....Very soon it would become mandatory for us to stop rearing children because we would need condoms to sleep with our wives. There is always an outbreak of one thing or the other and one can hardly live freely.” (Vanguard 2014a). Such different understandings of disease ultimately translated into different perceptions of risk.

Additionally, the two news sources approached the actual containment of Ebola in different ways. The Globe and Mail presented international aid as the solution, operating from a biomedical and global health perspective. Its narrative was one of the economic market and vaccines - and how humanitarian efforts of foreign medical teams were being thwarted by local customs and poverty (Hinshaw, 2014). The emphasis was on fear and the global responsibility to solve this problem. As the epidemic progressed, news reports became less about Ebola or West

Africa and more about the success of the Vancouver-based company Tekmira Pharmaceuticals Corporation, which was developing an Ebola vaccine. There was a tale of overcoming US Food and Drug Administration (FDA) roadblocks, time constraints and ethical issues. After Tekmira stocks rose to their highest ever point, one business analyst described the situation as “truly an elegant scientific story and value proposition” (Buow, 2014).

The Vanguard, on the other hand, presented Nigeria itself as the solution to outbreak control. While there was mention of WHO regulations, which were undoubtedly followed, the media provided Nigerian citizens with an opportunity to refute the Western-centric approach of various actors around the globe, from American celebrities like Donald Trump to the FDA (Ajasa, 2014; Vanguard, 2014b). Ebola would be controlled but on Nigerians terms. Despite the fear of an incurable epidemic outbreak, messages from the Vanguard were positive. The focus was on the nation and the corresponding individual and collective responsibilities to overcome this as a people. The outbreak had a unifying effect on the country and its containment was a source of pride among Nigerians (Animasaun, 2014; Vanguard, 2014g). Only as the outbreak subsided did the corruption and violence already present in Nigeria reassert itself, notably in the form of the terrorist group known as Boko Haram (Lawrence, 2014).

My analysis now turns to examine the themes of borders, risk and responsibility.

Borders

In The Globe and Mail, EVD was portrayed as an exotic disease found in Africa (The Canadian Press, 2014b). Symptoms of bleeding from the eyes and mouth were emphasized in news reports - as was the lack of cure. After a Saskatchewan man who had recently travelled to West Africa became ill and was admitted to a Canadian hospital (The Canadian Press, 2014b) the

focus of news reports became the potential of the virus to cross borders. The Globe and Mail detailed these crossings but was particularly anxious when they involved a westerner. If a Canadian travelled abroad and returned with flu-like symptoms, there was a flurry of reports until a negative EVD result was confirmed (Shen, 2014; The Canadian Press. 2014b, The Canadian Press, 2014c).

Much attention was given to the manner in which the virus spread. The Globe and Mail focused on the protocols for screening passengers at international airports, sea ports and ground crossings, mandatory quarantine measures and the closing of borders. When a Liberian man named Patrick Sawyer boarded a plane to Nigeria while infected with Ebola, anxiety over air travel soared (Chen and Larson, 2014). Ignoring the advice of medical experts and the World Health Organization, airlines and governments began imposing restrictions on African travellers (Anderssen and Picard, 2014). The lessons of SARS² seemed forgotten by everyone but the WHO.

When the Federal Government of Canada restricted visas from Ebola-affected countries in November of 2014, The Globe and Mail pitted the government against medical experts, sparking a political issue thousands of miles away from the outbreak. According to the media outlet, the “move [restriction] contradicts science” (Anderssen and Picard, 2014). What epidemic narrative would be complete without controversy? It drew the public’s attention and multiple Op-Eds on the restriction were published. One was cynical: “The Harper government? Why am I not surprised” (Shwager, 2014). Another in support of the decision: “The criticism of the government's actions in implementing a pause on visa processing in the region is truly

² See literature review. When the SARS outbreak occurred in 2003, the World Health Organization released a travel advisory. This led to an economic impact that was disproportionate to the actual level of risk. The WHO was widely criticized for mismanagement and, as such, was hesitant to make the same warning in relation to West Africa during the 2014 Ebola outbreak.

disappointing and short-sighted... It is not a travel ban.....should essential travel be required, including travel for economic reasons, discretion remains to approve” (Alexander, 2014). Public opinion aside, The Globe and Mail had the readers’ attention. It is revealing that the subject of discussion was not the virus but rather the North American response to it. Only 18 of the 100 articles sampled from The Globe and Mail directly focused on the Ebola situation in West Africa.

Such crafted conflicts extended to Canada’s preparedness should Ebola cross the North American border. The Federal Government and Public Health Canada stressed that dangers of Ebola were low because hospitals were prepared and training sessions were underway (Rogers, 2014). The Globe and Mail countered with reports of failed preparedness tests and ill-equipped ambulance workers (Grant, 2014a). When a nurse in Dallas, Texas became infected with the virus, there was renewed scrutiny of Canada’s Ebola strategy by The Globe and Mail reporters (Mackrael, 2014). The situation reached dramatic proportions without a single infected person entering Canada.

Unlike The Globe and Mail, reports in the Vanguard did not dwell long on the issue of borders. The Nigerian Government was vocal about its proactive measures in establishing screening procedures at entry points. In what North Americans would have considered a nightmare had it happened in their countries, an investigation carried out by the Vanguard in August revealed that there continued to be easy crossings between communities in Nigeria and neighbouring countries. However, Nigerian border officials communicated that they were doing everything to ensure that victims of EVD did not enter the country. They reported the employment of more than 490 Environmental Health Officers in border communities to stop the spread of disease (Vanguard, 2014c). A top Nigerian official attributed the easy crossings to the

fact that residents often live on both sides of the borders in communities such as Krake Seme and Ponji Seme (Vanguard, 2014c) and the matter was not pursued.

When discussions about their borders arose, the Nigerian Government (often President Goodluck Jonathan) would reiterate its preparedness. This included the use of high-tech body scanners donated by the US and the achievement of “attaining the level of effectiveness witnessed during the colonial era and beyond” (Vanguard, 2014c), notably in the form of biomedical expertise. There was little scrutiny of security measures. Quite the opposite, there was praise; praise for the government’s reaction and praise for the vigilance of the people of Nigeria. Border integrity became the watchword of the nation and any person, no matter how highly placed, found to have compromised the situation would be sanctioned (Vanguard, 2014c)

The concept of securitization was evident within reports of The Globe and Mail. Criticism and fear dominated portrayals of the situation, with headlines such as “Screening for Ebola ineffective” (York, 2014a), “You Can’t Stop Ebola at Airports” (Picard, 2014) and “Ebola’s flight risk” (Richardson, 2014). This prompted an exclusionary reaction from North Americans - with billionaire Donald Trump tweeting: “stop EBOLA patients from entering the U.S. Treat them, at the highest level, over there. THE UNITED STATES HAS ENOUGH PROBLEMS” (Vanguard, 2014b).

Nigerians suffered the stigmatizing effects of Ebola and, as Africans, came to embody the perceived risk of the disease. As one man put it: “we are [all] Ebola suspects in many ways” (Vanguard, 2014d). Nigerians were excluded from international social and sporting events, harassed at airports and denounced on social media (Ebonugwo, 2014; Vanguard, 2014b). Foreign governments acted in similar fashion, their fear of Ebola crossing borders no more

evident than in Canada's visa ban. Nigerians were cognisant of this and the Vanguard documented instances of backlash. Donald Trump was labelled a "very ignorant man, who has just highlighted his shortcomings" and was urged to educate himself about West Africa (Vanguard, 2014c). Nigerians were uncomfortable and embarrassed at their country being branded by the international community as a 'no-go-area' like Guinea, Liberia and Sierra Leone and being under a "kind of pariah isolation" (Ebonugwo, 2014).

Risk

Intrinsically linked to conversations about borders were the perceived risks of Ebola. While it was evident that The Globe and Mail bolstered and capitalized on the fear of EVD crossing the border into Canada, closer scrutiny revealed a more subtle construction of risk within the news outlet.

Depending on the subject of news reports, the communicated urgency of risk would change (See Figure 5). If risk was approached in an economic sense and a vaccine was being discussed, the dangerousness of Ebola would be emphasized. In one report, the situation was described as follows: "Ebola's caseload and death toll continue to rise at an alarming pace, unlikely efforts will surpass virus" (Grant, 2014b). This quote depicts efforts to control EVD as hopeless. Pharmaceutical companies exploited the severity of the situation to secure lucrative funding opportunities. Because vaccines fit the biomedical ideal of a technological intervention controlled by the West (Koch, 2013), Tekmira Pharmaceuticals received a disproportionate amount of attention from The Globe and Mail. This, despite the fact that vaccines had no immediate effect while rest and hydration significantly improved mortality rates (Grant, 2014c; WHO, 2014b).

If trade was the subject of the article, the risk of Ebola was communicated as being low to protect the global trade market. For example, the “biggest threat to Africa isn't the health impact of Ebola, it's this epidemic of fear that Ebola is sparking” (O’Kane, 2014). Reports would convey foreign anxieties as misplaced, detailing how millions of Africans were going to pay a heavy price for the world's alarmist myths about the crisis. SARS was invoked as an example of how costly trade and travel restrictions can be (Schaas and Rau, 2014).

From a social perspective, if Ebola was discussed in relation to Africa, it was portrayed as a deadly exotic disease. In September 2014, The Globe and Mail covered the TV Program Frontline’s (PBS) airing of “two gripping and stunningly vivid reports of the epidemic” (Doyle, 2014) on the ground in Sierra Leone. In an episode recap, the news outlet reported that the scale of calamity was breathtaking and the frustration of doctors hard to watch (Doyle, 2014). In one of many instances of Othering within the reporting of The Globe and Mail, international medical teams were pictured trying to locate the sick but their protective gear terrified locals: West Africans were described as running from medical personnel and, in extreme circumstances, assaulting them. In stark contrast to this were reports where Ebola was mentioned in relation to Canada. Expert commentary was then utilized to communicate that the risk of EVD was “close to zero” (Rogers, 2014).

Construction of risk was a concern of the World Health Organization as it wrestled with how to address Ebola in a way that would arouse a global sense of urgency but avoid panic and resulting trade restrictions (York, 2014b). The WHO was a voice of authority during the outbreak. Although not a main subject in news reports of The Globe and Mail or the Vanguard, its steady source of trustworthy information was cited by both media outlets. In multiple reports,

the WHO underscored that it had announced no travel advisories, in an attempt to avoid damaging the relief effort (Chen and Larson, 2014; York, 2014b).

Even in the face of economic considerations, the World Health Organization tried to encourage international aid by stressing the urgency of the situation. In September 2014, it forecast the infection of 1.4 million people by the year's end (Grant, 2014d). Although this did not happen, the prediction can be seen as evidence that texts produced by the WHO not only addressed the biological state of Ebola but were tailored to a western audience. The World Health Organization thus provided an official reminder to First World countries that developing nations are in need of their assistance (Delhon, 2007).

In the Vanguard, discussions of Ebola were not framed in terms of 'risk' but 'fear'. The news outlet would chronicle how the outbreak transformed the lives of Nigerians in both comic and tragic ways. As one journalist elaborated:

“Though not a laughing matter, but it is remarkably funny how Nigerians have been reacting since Ebola made its unwarranted appearance in the country. Indeed, the fear of Ebola now seems to be the beginning of how not to exchange greetings, dress, transact business, worship, behave in certain public places, including government and private sector offices” (Ebonugwo, 2014)

The general perception in Nigeria was that Ebola kills without exception. Nigerians now preferred to err on the side of extreme and sometimes comic caution. Many were vulnerable to speculation about cures for EVD, including the widely circulated claim that drinking and bathing in salt water would help (Ebonugwo, 2014). Scams, such as the sale of personal testing kits, were formulated for economic gain. The federal government responded to these fear based rumors with education campaigns in media outlets and the circulation of text messages to the entire population of Nigeria (Nanlong, 2014).

Fear of Ebola also took a lethal toll. Due to the number of healthcare workers becoming infected with EVD, it became common to refuse hospital admittance to people suspected of having the disease. In September 2014, an article titled “When Fear Becomes Messenger of Death” exposed this problem after a nurse who worked at the Comprehensive Health Centre in Ogotun, Nigeria was refused care by hospital staff. The Vanguard described how the “hapless” woman was immediately labelled an Ebola victim without proper tests being conducted (Kumolu et al., 2014). She died later that day, highlighting the level of fear among health care workers whose primary responsibility was to help contain the disease. This sombre event sparked commentary from the journalist, a citizenship advocacy group, retired medical personnel as well as the President of the Association of General Private and Medical Practitioners of Nigeria.

While the Vanguard was explicit about the fears (or risks) surrounding Ebola, it also sought to bring comic relief to the seriousness of the situation. The Nigerian government used the Vanguard to assuage fear but also to thwart those who tried to profit from it. Unlike The Globe and Mail, which had a tendency to consult an ‘expert’ (microbiologist, professor, infectious disease specialist, biodefence employee, etc.) in reaction to a WHO Situation Report or a politician’s words, the Vanguard would engage a variety of community members in its news reports. They consulted religious and political leaders but also doctors, merchants, advocacy groups, aid agencies and ordinary citizens.

RESPONSIBILITY

Ebola, in all its multiplicities, was approached and acted upon in a context of global health. As a disease occurring in developing nations with limited health infrastructure, international intervention was framed within a discourse of ‘security’ and ‘humanitarianism’

(Koch, 2013, p. 15). The goal was to alleviate the suffering of individuals regardless of national boundaries or social groups, but also to stop the spread of EVD before it crossed borders into western nations.

With a mixture of praise and reproach, The Globe and Mail documented instances of North American governments fulfilling their humanitarian responsibilities. Some countries sent troops while Canada made available its world-class expertise in Ebola research (Akkad, 2014). Prime Minister Stephen Harper was criticized when it was reported by The Globe and Mail that the Canadian government had auctioned off desperately needed protective gear (Grant, 2014e). He was not the only one targeted by the media outlet. When famous pop musicians recorded a new version of the very successful charity single ‘Do They Know It's Christmas’³ in support of Ebola relief, their efforts were trivialized with the comment: “wealthy, leather-trousered troubadours of Britain set forth once again to rescue Africa” (Renzetti, 2014). In The Globe and Mail, attempts to help were not above criticism.

In addition to international humanitarian responsibilities, there was the responsibility of national security agencies to contain Ebola. Heightened anxiety surrounding processes of globalization and a virus without any vaccine caused the metaphorical brick walls of the West to seem “very flimsy” (Saunders, 2014). As one professor interviewed by The Globe and Mail explained: “The epidemic will become a global security crisis unless huge resources are mobilized – and fast.I don't think humanity has ever tried to do something this complex, to be quite honest” (Branswell, 2014). Amid talk of aid and failing relief efforts, discourse on Ebola took on an element of securitization. The outbreak was referred to as a battle and its international

³ ‘Do They Know it's Christmas?’ was a 1984 charity single used to raise money for the Ethiopian famine. The single raised US\$14 million (Song facts, 2015) and is the second highest selling single in UK pop history (BBC, 2015).

response a fight. Ultimately the war was portrayed to be waged and won by bringing diagnostic and pharmaceutical interventions to those in need. Such an approach relies on the perspective that infectious diseases and the people that carry them are security threats, hence the stigmatization of Nigerians and other West Africans. It is accompanied by a process of pharmaceuticalization where the focus is on expanding the use of vaccines and medicines (Koch, 2013).

The Globe and Mail presented Ebola as a responsibility of the global community. Humanitarian duties have become a bigger part of the mandate of western countries (York, 2014c). However EVD was not only an issue of aid. As the politics of disease showed, it was also a matter of security and economics. Despite the Globe and Mail's emphasis on humanitarian duty, market priorities shifted opportunities for aid. This left many Nigerians frustrated and venting their anger in the Vanguard.

In August 2014, the Nigerian government contacted the United States with a request for a supply of experimental drugs which, although still in development, were authorized for use by the World Health Organization (Akkad, 2014). This request was ultimately denied as the first round of doses went to two infected American missionaries. The Nigerian Government began investing millions in their own pharmaceutical infrastructure and a drug called Nanosilver was scheduled for distribution to Ebola centres in Nigeria. In response, The Food and Drug Administration (FDA) of the United States condemned Nanosilver. Equating the vaccine to a "pesticide", the FDA issued the following statement: "Individuals promoting these unapproved and fraudulent products must take immediate action to correct or remove these claims or face potential FDA action" (Ajasa, 2014). Although framed as protecting

people from an untested drug, I suspect the FDA was also trying to retain control over the lucrative pharmaceutical market in Africa.⁴

As the FDA's warning went viral, Nigerians erupted with outrage on social media. They called for their country to protect the lives of its own citizens. As one man wrote in the Vanguard:

"[The] West made a lot of mistakes on the road to their so called 'state of art medicines'. We had no opportunity to scrutinize Zmapp. Let's take a bold step to try something. Nothing is as strong as a proof. We may try it with rodents and watch out for cultured results or patterns and if we get the gut feeling to proceed based on the results the why not! Let's ignore everyone. For once let's look inward for solutions we are not a toilet to receive processed products by others" (Ajasa, 2014)

Despite a focus on humanitarian aid, the priority of North Americans remained the West. This left Nigerians frustrated as a drug they desperately felt Nigerians needed was controlled by another country. Once again, Ebola became an issue of securitization. In the Vanguard, self-sufficiency in drug manufacture became a matter of national security (Obinna, 2014). Scientists in Africa were tasked to commence ground breaking work that would contribute to the health of Africans (Akoni and Olowoopejo, 2014).

During the outbreak, vaccines became a nexus of moral, ethical, political and economic issues. It is here that the dynamics of borders, risk and responsibility played out

⁴ The global pharmaceutical market is worth US\$300 billion per year (WHO, 2014e). Africa is the world's second fastest growing market in this sector, with annual sales estimated to reach \$30 billion by 2016 (Infinite Potentials, 2013). In developing countries, medicines are often limited and exorbitant prices are charged (Mckeith, 2014). As a result, the World Health Organization has warned: "[there is] an inherent conflict of interest between the legitimate business goals of manufacturers and the social, medical and economic needs of providers and the public to select and use drugs in the most rational way" (WHO, 2014e).

most clearly. Nigeria followed the western biomedical model but sought to keep control over the integrity of the Ebola effort. In Nigeria, there was a collective sense of accountability for dealing with EVD control. This was evident in the narrative of Patrick Sawyer.

Patrick Sawyer was a Liberian who became infamous in Nigeria after having brought the Ebola virus into that country. Mr. Sawyer was a widely condemned symbol of the consequences of irresponsibility. In 1 out of 5 articles sampled from the Vanguard, there was a hostile reference to his name. His actions were described as “pure madness” (Ojeme, 2014) and he was likened to a terrorist (Vanguard, 2014e). In contrast, the doctor who treated him was described as having saved the country from a potential epidemic. Dr. Ameyo Stella Adadevoh forcefully restrained Mr. Sawyer when he tried to remove a drip administered to him while in hospital. As a result of her contact with Mr. Sawyer, she contracted Ebola and later died. Dr. Adadevoh’s actions were celebrated as “heroic” and “courageous” (Erunke, 2014). She came to embody the patriotism required to defeat the outbreak.

CONCLUSION

Nigeria’s Success

On October 20th, 2014, the World Health Organization declared Nigeria Ebola-free (WHO, 2014d). The WHO attributed this success to effective leadership and co-ordination. They hailed Nigeria's response to Ebola as a "spectacular success story" and said every country should take note of how it handled the crisis (Vanguard, 2014f). That same day, President Goodluck Jonathan released the statement: “Fellow Nigerians, we stopped Ebola together” (Vanguard, 2014g).

Nigeria's globally-acclaimed success against Ebola became a testament to what a nation could achieve if its people worked together (Vanguard, 2014h). This accomplishment was partially attributed to sustained social mobilisation via social media outlets such as the Vanguard (Ogundipe et al., 2014). Nigerians were proud at having proven wrong those who thought that their country, with its under-funded and ill-equipped healthcare system, would be unable to cope. President Jonathan urged Nigerians to continue this momentum to tackle other infectious diseases. Just as the nation had stopped Ebola, he rallied citizens to adopt the same attitude towards poliomyelitis, otherwise known as the polio virus, until it is eradicated from Nigeria (Vanguard, 2014g).

The Role of Media in Public Health Emergencies

The 2014 efforts to control Ebola in West Africa provide a lens through which to explore the threshold nature of the virus, which is not only a biomedical but also a social reality. In documented instances of Othering, The Globe and Mail presented the Ebola outbreak as a result of dysfunctional governments and broken health-care systems. From a narrative of borders and risk emerged an assumption that the situation required western intervention. This style of reporting reinforces the need for subaltern studies. In the Vanguard, voices from subaltern regions exposed another side to the Ebola effort.

I understand media to be productive and positive forces in society, their value becoming more obvious in times of epidemic outbreak. The Vanguard is a rich source of information on how to better control infectious diseases. In 2014, it informed people of preventative measures against EVD, debunked myths and revealed scams created by profiteers. The Nigerian

government took leadership of outbreak response in the media outlet but there was also a concerted effort to engage all levels of Nigerian society.

In contrast were reports published by The Globe and Mail, where market rationale shaped the moral imperatives and technological standards discussed in relation to the outbreak. Journalists at The Globe and Mail consulted expert opinion, creating an information network of microbiologists, epidemiologists and bio-defence personnel. However, I argue that ‘experts’ are not the only and best source of information in this situation. I attribute this attitude to western society’s fixation on objective and scientific truths, where other forms of knowledge are devalued (Baer, 1997; Baranov, 2008). Nigeria opened its media to the public and created a conversation which became very effective in outbreak control.

While further research is necessary to determine how, and to what extent, media can influence the success or failure of outbreak control, this study has established that the reality of risk is ever changing. The Globe and Mail and the Vanguard each had their own agendas. While one was on the ground trying to mediate the epidemic and resulting panic, another sought to prevent and profit. Such careful weighing of risks led to the construction of fundamentally different epidemic narratives. The Globe and Mailed would filter risks based on economic and political demands while the Vanguard tried to create a conversation with the public in order to manage the level of fear. While most studies tend to focus on the communication of risk inside infectious disease affected areas, my research highlights the need to consider the impact of the outsider perspective as well.

As recent guidelines on suicide reporting have proven successful (Bohanna & Wang, 2012), perhaps the Vanguard’s approach to Ebola could be used to create a standard of reporting for epidemics. We should promote a style of journalism that gives prominence to relevant public

safety information rather than attention grabbing and sensationalistic representations of outbreaks. Market rationale should be removed from the equation. The goal should be to raise the level of awareness rather than anxiety. For epidemics are not framed only in terms of the biologic characteristics of disease but the people who experience them.

APPENDIX A

Figure 1: Headlines from various articles on Ebola

Summer/Fall 2014

Ebola crisis: Confusion as patients vanish in Liberia

Brutal murders of 8 Ebola aid workers

In Liberia, Burial Practices Hinder Battle Against Ebola

Children orphaned by Ebola outbreak shunned by caregivers and community

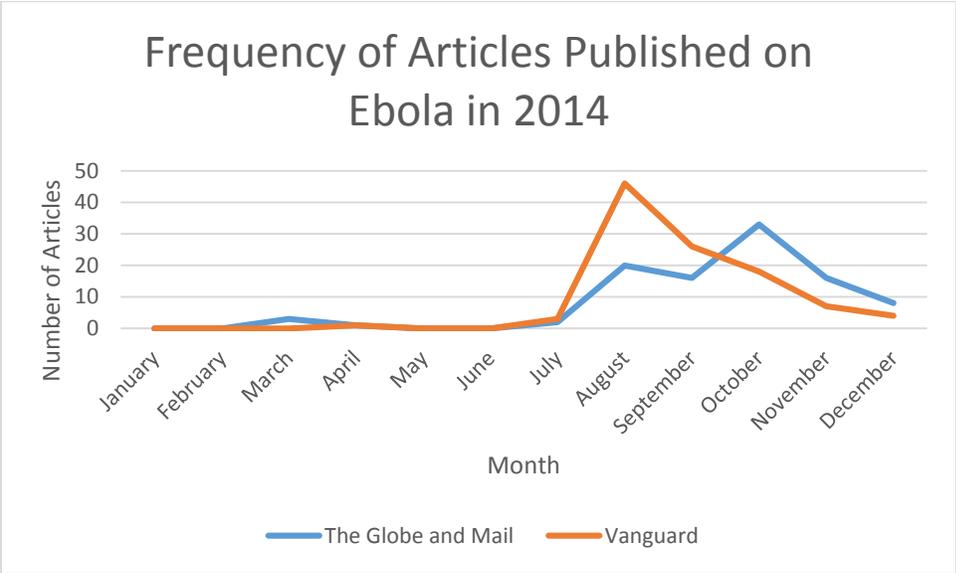
Clashes as Liberian troops enforce quarantine

To stop the spread of Ebola, treat travellers like terrorists

Source: North American News Sources

APPENDIX C

Figure 3: Frequency of Articles Published on Ebola



Source: Brittany Humphries

APPENDIX D

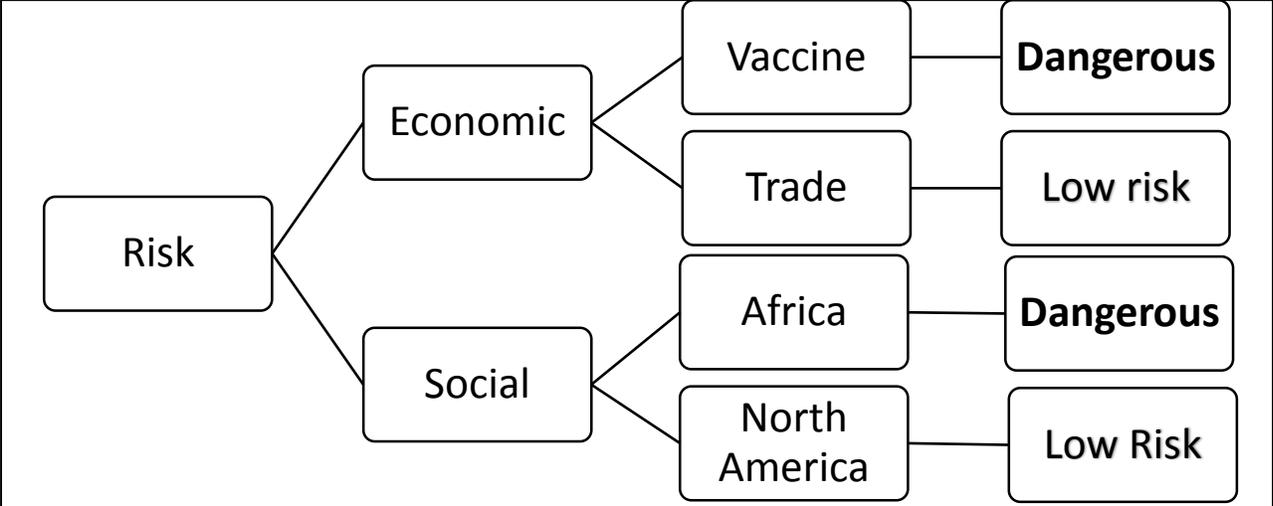
Figure 4: Data Collection Template

1. Numeric identifier
2. Title
3. Date
4. Headline
5. A phrase capturing the event that initiated the story
6. Subject of story
7. A phrase capturing the portrayal of the subject
8. Actor in story
9. A phrase capturing the portrayal of Ebola
10. Source(s) of information
11. Comments

Source: Klodawsky et al. (2002)

APPENDIX E

Figure 5: Construction of Risk in The Globe and Mail



Source: Brittany Humphries

BIBLIOGRAPHY

- Alexander, C. (2014). Visas in Ebola Areas. *The Globe and Mail*. Retrieved January 20, 2015 from <http://www.lexisnexis.com>
- Anderssen, E. and Picard, A. (2014). Visa restrictions criticized for being at odds with Ebola science. *The Globe and Mail*. Retrieved January 25, 2015 from <http://www.lexisnexis.com>
- Animasaun, D. (2014). So What Makes You a Nigerian? *Vanguard*. Retrieved January 20, 2015 from <http://www.lexisnexis.com>
- Ajasa, O. (2014). Nigerians Blast U.S. FDA for Calling its Experimental Drug, Pesticide. *Vanguard*. Retrieved February 25, 2015 from <http://www.vanguardngr.com/2014/08/ebola-nigerians-blasts-us-fda-for-calling-its-experimental-drug-pesticide/>
- Akkad, O. (2014). THE RACE AGAINST A KILLER VIRUS. *The Globe and Mail*. Retrieved January 25, 2015 from <http://www.lexisnexis.com>
- Akoni, O. and Olowoapejo, M. (2014). Lagos Offers to Fund Iwu's Abandoned Ebola Research Work. *Vanguard* Retrieved January 13, 2015 from <http://www.lexisnexis.com>
- Albert, E. (1986). Illness and evidence: the response of the press to AIDS. In Feldman, D.A. & Johnson, T. (Eds), *The social dimensions of AIDS: method and theory*. New York: Praeger.
- Allen, R. and Nairn, R. (1997). Media depictions of mental illness: an analysis of the use of dangerousness. *Australian and New Zealand Journal of Psychiatry*, 31(3), 375–81.
- Auslander, G. and Gold, N. (1999). Media reports on disability: a binational comparison of types and causes of disability as reported in major newspapers. *Disability and Rehabilitation*, 21(9), 420–31.
- Baer H., Singer M. and Susser I. (1997). Medical anthropology and the world system: A critical perspective. Westport CT: Bergin & Garvey.
- Baraonov D. (2008). Biomedicine: An ontological dissection. *Theoretical Medicine and Bioethics*, 29(4), 235-254
- Baker, A.J. (1986). The portrayal of AIDS in the media: an analysis of articles in the New York Times. In Feldman, D.A. & Johnson, T. (Eds), *The social dimension of AIDS: method and theory*. New York: Praeger.

- BBC. (2015). *Do they know it's Christmas?* Retrieved March 30, 2015 from <http://www.bbc.co.uk/radio2/soldonsong/songlibrary/dotheyknowitsxmas.shtml>
- Beck, U. (1999). *World risk society*. Malden, MA: Polity Press.
- Bell, A. (1991). The language of news media. Oxford: Blackwell. Bell, A. (1994). Media (mis)communication on the science of climate change. *Public Understanding of Science*, 3, 259–75.
- Berlin, F. and Malin, H. (1991). Media distortion of public's perception of recidivism and psychiatric rehabilitation. *American Journal of Psychiatry*, 148(11), 1572–6.
- Berridge, V. (1991). AIDS, the media and health policy. *Health Education Journal*, 50(4), 179–85.
- Binebai, B. (2012). Dramatizing Subaltern Speakability: Nationalism and Economic Identity in Ola Rotimi's Akassa Youmi. *Unizik Journal of Arts and Humanities*, 13(1), 52-73.
- Bitter, L. (2013). Decolonizing Ecology Through Rerooting Epistemologies. *Pitzer Senior Theses*. Retrieved from: http://scholarship.claremont.edu/pitzer_theses/41
- Bohanna, I. and Wang, X. (2012). Media Guidelines for the Responsible Reporting of Suicide. *The Journal of Crisis Intervention and Suicide Prevention*. 33(4), 190-198.
- Branswell, H. (2014). Ebola vaccine production is going as fast as possible, CEO says. *The Globe and Mail*. Retrieved January 25, 2015 from <http://www.lexisnexis.com>
- Buow, B. (2014). Ebola outbreak brings B.C. drug maker into the spotlight. *The Globe and Mail*. Retrieved January 25, 2015 from <http://www.lexisnexis.com>
- Cash, R. and Narasimhan, V. (2002). Impediments to Global Surveillance of Infectious Disease: Economic and social consequences of open reporting. *Development*, 42(4), 115-120.
- Chakrabarty, D. (2000). Subaltern Studies and Postcolonial Historiography. *Nepantla: Views from South* 1(1), 9-32.
- Chapman, S. and Lupton, D. (1994). Freaks, moral tales and medical marvels: health and medical stories on Australian television. *Media Information Australia*, 72, 94–103.
- Chen, M and Larson, K. (2014). THE RETURN OF EBOLA. *The Globe and Mail*. Retrieved January 25, 2015 from <http://www.lexisnexis.com>

- Delhon, S. (2007). *Divide and Conquer: Interrogating the HIV/AIDS Paradigm in India*. Master's thesis, Dalhousie University, Halifax.
- Dirks, N. (1997). The Policing of Tradition: Colonialism and Anthropology in Southern India. *Comparative Studies in Society and History* 39(1)182-212.
- Doyle, J. (2014). Meanwhile in Africa, the dying continues. *The Globe and Mail*. Retrieved January 25, 2015 from <http://www.lexisnexis.com>
- Ebonugwo, M. (2014). Ebola: The rumours, fear and comic relief of a deadly scourge. *Vanguard*. Retrieved January 15, 2015 from <http://www.lexisnexis.com>
- Erunke, J. (2014). Ebola - Confer GCON on Adadevoh, Pro-Jonathan Group Urges FG. *Vanguard*. Retrieved January 21, 2015 from <http://www.lexisnexis.com>
- Foucault, Michel. (1977). "The Body of the Condemned," "Docile Bodies," and "The Means of Correct Training." In: *The Foucault Reader*. Paul Rabinow, ed. Pp. 170-205. New York: Pantheon Books.
- Franklin, B. (1999). *Social policy, the media and misrepresentation*. London: Routledge.
- Giddens, A. (1991). *Modernity and self-identity: self and society in the late modern age*. Cambridge: Polity Press.
- Google. (2015). *A Year in Search*. Retrieved February 25, from: <http://www.google.com/trends/2014/>
- Grant, K. (2014a). Ambulance staff lack training, equipment for Ebola. *The Globe and Mail*. Retrieved January 15, 2015 from <http://www.lexisnexis.com>
- Grant, K. (2014b). Ebola vaccines could be on front lines by year end. *The Globe and Mail*. Retrieved January 15, 2015 from <http://www.lexisnexis.com>
- Grant, K. (2014c). How 'phenomenal' staff in Nigeria cut Ebola fatality rate in half. *The Globe and Mail*. Retrieved February 2, 2015 from <http://www.theglobeandmail.com/news/national/how-phenomenal-staff-in-nigeria-cut-ebola-fatality-rate-in-half/article21985318/>ed March 30, 2015 from
- Grant, K. (2014d). World hurries to set up Ebola drug trials. *The Globe and Mail*. Retrieved January 5, 2015 from <http://www.lexisnexis.com>
- Grant, K. (2014e). Harper defends Canada's contribution to Ebola effort. *The Globe and Mail*. Retrieved January 13, 2015 from <http://www.lexisnexis.com>

- Grosfoguel, R. and Cervantes-Rodriguez, A. (2002). *The Modern/colonial/capitalist World-system in the Twentieth Century: Global Processes, Antysystemic Movements, and the Geopolitics of Knowledge*. Westport, CT: Greenwood Press.
- Guha, R. (1982). *Subaltern Studies: Writings on South Asian history and society*. Delhi: Oxford University Press.
- Hein, A. and Mulvihill, J. (2014). Brutal Murders of 8 Ebola aid workers have chilling effect on humanitarian efforts. *Fox News*. Retrieved October 15, 2014, from <http://www.foxnews.com/health/2014/09/19/brutal-murders-8-ebola-aid-workers-has-chilling-effect-on-humanitarian-efforts/>
- Hinshaw, D. (2014). In Liberia, Burial Practices Hinder Battle Against Ebola. *The Wall Street Journal*. Retrieved October 15, 2014, from <http://online.wsj.com/articles/in-liberia-burial-practices-hinder-battle-against-ebola-1409619832>
- Infinite Potentials. (2013). *Africa is the world's second fastest growing pharmaceuticals market, expected to reach \$30B by 2016*. Retrieved March 30, 2015 from <http://infinitepotentials.org/wp-content/uploads/IPC-Datashots-2014-Week-30-Africa-is-the-world%E2%80%99s-second-fastest-growing-pharmaceuticals-market-expected-to-reach-30B-by-2016.pdf>
- King N. (2002). Security, disease, commerce: ideologies of postcolonial global health. *Social Studies of Science* 32, 763-789.
- Kittler, A. F., Hobbs, J., Volk, L. A., Kreps, G. L., and Bates, D. W. (2004). The Internet as a Vehicle to Communicate Health Information During a Public Health Emergency: A Survey Analysis Involving the Anthrax Scare of 2001. *Journal of Medical Internet Research*, 6(1), 8.
- Klodawsky, F., Farrell, S., and d'Aubry, T. (2002). Images of homelessness in Ottawa: implications for local politics. *The Canadian Geographer / Le géographe canadien*, 46(2), 126-143.
- Koch, E. (2013). *Free Market Tuberculosis: Managing Epidemics in Post-Soviet Georgia*. Nashville: Vanderbilt University Press.
- Krippendorff, K. (2004). *Content Analysis* (2nd Edition). Thousand Oaks, CA: Sage Publications Inc.
- Krishnamurti, S. (2013). Queue-jumpers, terrorists, breeders: Representations of Tamil Migrants in Canadian Popular Media. *South Asian Diaspora*. 5(1), 139-157.

- Kumolu et al. (2014). When Fear Becomes Messenger of Death. *Vanguard*. Retrieved January 12, 2015 from <http://www.lexisnexis.com>
- Lawrence, B. (2015). *like ebola, like boko haram *Vanguard*. Retrieved January 12, 2015 from <http://www.lexisnexis.com>
- Lederberg J. (1997). Culture and the Global resurgence of Malaria In Brown, P. J., and Inhorn, M. C. *The anthropology of infectious disease: international health perspectives*. Australia: Gordon and Breach.
- Levine M. and Levine O. (1997). Influence of disease burden, public perception, and other factors on new vaccine development, implementation, and continued use. *Lancet*, 350(9088), 1386-1392.
- Mackrael, K. (2014). Texas patient is first in North America to get Ebola diagnosis. *The Globe and Mail*. Retrieved January 22, 2015 from <http://www.lexisnexis.com>
- May, T. (1993). *Social research: issues, methods, and process*. Maidenhead: Open University Press.
- Mckeith, S. (2014). Pharmaceutical Patents in Developing Nations: Parallel Importation and the Doctrine of Exhaustion. *African Journal of Legal Studies*, 6(2), 287-314.
- Mol, A. (2002). *The Body Multiple: Ontology in Medical Practice*. Durham, NC: Duke University Press.
- Nanlong, M. (2014). Two Die After Drinking Salt Water in Jos. *Vanguard*. Retrieved January 22, 2015 from <http://www.lexisnexis.com>
- Obinna, C. (2014). Self Sufficiency in Drug Manufacture Is National Security. *Vanguard*. Retrieved January 22, 2015 from <http://www.lexisnexis.com>
- Ogundipe et al. (2014). How Nigeria Defeated Ebola. *Vanguard*. Retrieved February 22, 2015 from <http://www.lexisnexis.com>
- O’Kane, J. (2014). Nigeria: Springboard to a continent. *The Globe and Mail*. Retrieved January 25, 2015 from <http://www.lexisnexis.com>
- Ojeme, V. (2014). Jonathan describes late Patrick Sawyer actions as pure ‘madness’. *Vanguard*. Retrieved January 22, 2015 from <http://www.lexisnexis.com>
- Picard, A. (2014). You can’t stop Ebola at airports; But that shouldn’t lead to mass quarantine in poor African countries. That would amount to genocide. *The Globe and Mail*. Retrieved January 22, 2015 from <http://www.lexisnexis.com>

- Prakash, G. (1994). Subaltern Studies as Postcolonial Criticism. *The American Historical Review*, 99(5), 1475–1490
- Purdue. (2014). How to Write a Lead. *Purdue University*. Retrieved November 16, 2014 from: <https://owl.english.purdue.edu/owl/resource/735/05/>
- Richardson, D. (2014). Ebola's Flight Risk. *The Globe and Mail*. Retrieved January 22, 2015 from <http://www.lexisnexis.com>
- Renzetti, E. (2014). Do leather-trousered troubadours know Africa already has a charity Ebola single? *The Globe and Mail*. Retrieved January 13, 2015 from <http://www.lexisnexis.com>
- Reynolds, B. and Quinn, S. (2008). Effective Communication During an Influenza Pandemic: The Value of Using a Crisis and Emergency Risk. *Health Promotion Practice*, 9(13), 13-17
- Rogers, K. (2014). Canadian hospitals prepare for deadly outbreak despite 'very low' risk. *The Globe and Mail*. Retrieved January 15, 2015 from <http://www.lexisnexis.com>
- Rosh, J., and Muskavitch, M. (2003). Limited Precision in Print Media Communication of West Nile Virus Risks. *Science Communication*, 24(3), 353-365
- Said, E. (1978). *Introduction to Orientalism*. Pp. 1-28. London: Penguin Books.
- Sanders, T. (2005). Torso in the Thames: Imagining Darkest Africa in the United Kingdom. In Meneley, A., & Young, D. J. *Auto-ethnographies: the anthropology of academic practices*. Peterborough, Ont.: Broadview Press.
- SARSControl Research Programme (2006). RISK COMMUNICATION DURING THE SARS EPIDEMIC OF 2003: Case studies of China, Hong Kong, Vietnam and Singapore. *University of Hong Kong*. Retrieved April 11, 2015 from: <https://survey.erasmusmc.nl/SARSControlproject/picture/upload/WP6%20final%20report%201.pdf>
- Saunders, D. (2014). Can humanity scale its latest brick wall? *The Globe and Mail*. Retrieved January 25, 2015 from <http://www.lexisnexis.com>
- Schaas, R. and Rau, N. (2014). Ebola: Can we learn from SARS? *The Globe and Mail*. Retrieved February 23, 2015 from <http://www.lexisnexis.com>
- Seale, C. (2002). *Media and health*. London: SAGE.
- Shahadah, A. (2005). Agency and Africans. *Foundational Paradigm Studies*. Retrieved December 2, 2014 from: http://www.africanholocaust.net/news_ah/agencyandafrica.htm

- Shen, A. (2014). Brampton man tests negative for Ebola virus. *The Globe and Mail*. Retrieved February 23, 2015 from <http://www.lexisnexis.com>
- Schwager, W. (2014). No surprise here. *The Globe and Mail*. Retrieved February 23, 2015 from <http://www.lexisnexis.com>
- Smith, C. (2000). "Content Analysis and Narrative Analysis" in Reis and Judd (Eds.) *Handbook of Research Methods in Personality and Social Psychology*. Cambridge: Cambridge University Press, 313-335
- Smith, R. D. (2006). Responding To Global Infectious Disease Outbreaks: Lessons From SARS On The Role Of Risk Perception, Communication And Management. *Social Science & Medicine*, 63(12), 3113-3123
- Song facts (2015). *Do they Know it's Christmas?* Retrieved March 30, 2015 from <http://www.songfacts.com/detail.php?id=1579>
- Spivak, G. C., and Morris, R. C. (2010). *Can the subaltern speak?: reflections on the history of an idea*. New York: Columbia University Press.
- The Canadian Press (2014a). Ebola screenings to take place at airports in 6 Canadian cities. *CBC*. Retrieved October 15, 2014, from <http://www.cbc.ca/news/canada/ebola-screenings-to-take-place-at-airports-in-6-canadian-cities-1.2793412>
- The Canadian Press (2014b). Saskatchewan man prompts Ebola scare. *The Globe and Mail*. Retrieved February 23, 2015 from <http://www.theglobeandmail.com/news/national/man-ill-after-visit-to-western-africa-ebola-one-possible-diagnosis/article17652516/>
- The Canadian Press (2014c). Quebec girl sick after trip to West Africa does not have Ebola. *The Globe and Mail*. Retrieved February 26, 2015 from <http://www.lexisnexis.com>.
- Vanguard (2014a). Ebola: Living in Bondage. Retrieved January 13, 2015 from <http://www.lexisnexis.com>
- Vanguard (2014b). Nigerians Slam American Billionaire, Donald Trump, Over Ebola. Retrieved January 23, 2015 from <http://www.lexisnexis.com>
- Vanguard (2014c). Govt to Employ 490 Environmental Health Officers to Man Border Communities. Retrieved February 23, 2015 from <http://www.lexisnexis.com>
- Vanguard (2014d). There must be a solution. Retrieved January 22, 2015 from <http://www.lexisnexis.com>
- Vanguard (2014e). Ebola: Patrick Sawyer was evil, a terrorist – Nigerians. Retrieved January 22, 2015 from <http://www.lexisnexis.com>

- Vanguard (2014f). After Sawyer's Death, First Consultants Hospital Had to Be Decontaminated - MD. Retrieved January 22, 2015 from <http://www.lexisnexis.com>
- Vanguard (2014g). Under Jonathan's Presidency Your Views'll Not Send You to Prison, Exile. Retrieved February 17, 2015 from <http://www.lexisnexis.com>
- Vanguard (2014h). Jonathan Decries Stigmatisation of Nigerians By Some Countries. Retrieved February 17, 2015 from <http://www.lexisnexis.com>
- Wakefield, M. (2010). Use of Mass Media Campaigns to Change Health Behaviour. *Lancet* 376 (9748), 1261-1271
- World Health Organization [WHO] (2014a). Situation Report 1 Ebola virus disease. *WHO Regional Office for Africa*. Retrieved October 9, 2014, from <http://www.afro.who.int/en/clusters-a-programmes/dpc/epidemic-a-pandemic-alert-and-response/sitreps/4070-sitrep-1-ebola-guinea-28-march-2014.html>
- World Health Organization [WHO] (2014b). Ebola virus disease: Fact Sheet. *WHO Media Center*. Retrieved October 9, 2014, from <http://www.who.int/mediacentre/factsheets/fs103/en/>
- World Health Organization [WHO] (2014c). Situation Report – December 31, 2014. *Ebola*. Retrieved February 25, 2015, from <http://apps.who.int/ebola/en/status-outbreak/situation-reports/ebola-situation-report-31-december-2014>
- World Health Organization [WHO] (2014d). Nigerian is now free of Ebola virus transmission. Retrieved February 25, 2015, from <http://www.who.int/mediacentre/news/ebola/20-october-2014/en/>
- World Health Organization [WHO] (2014e). Trade, foreign policy, diplomacy and health. Retrieved March 25, 2015, from <http://www.who.int/trade/glossary/story073/en/>
- York, G. (2014a). Screening for Ebola ineffective. *The Globe and Mail*. Retrieved January 25, 2015 from <http://www.lexisnexis.com>
- York, G. (2014b). EBOLA OUTBREAK; WHO fights ‘fear factor’ as death toll rises. *The Globe and Mail*. Retrieved January 25, 2015 from <http://www.lexisnexis.com>
- York, G. (2014c). U.S. troops arrive in West Africa to help fight Ebola outbreak. *The Globe and Mail*. Retrieved March 10, 2015 from <http://www.lexisnexis.com>

SOURCES FOR APPENDIX A

- BBC News (2014). Ebola crisis: Confusion as patients vanish in Liberia. *BBC News*. Retrieved October 15, 2014, from <http://www.bbc.com/news/world-africa-28827091>
- CBC (2014). Ebola crisis: clashes as Liberian troops enforce quarantine. *CBC World News*. Retrieved October 14, 2014, from <http://www.cbc.ca/news/world/photos/ebola-crisis-clashes-as-liberian-troops-enforce-quarantine-1.2742021>
- Hein, A. and Mulvihill, J. (2014). Brutal Murders of 8 Ebola aid workers have chilling effect on humanitarian efforts. *Fox News*. Retrieved October 15, 2014, from <http://www.foxnews.com/health/2014/09/19/brutal-murders-8-ebola-aid-workers-has-chilling-effect-on-humanitarian-efforts/>
- Hinshaw, D. (2014). In Liberia, Burial Practices Hinder Battle Against Ebola. *The Wall Street Journal*. Retrieved October 15, 2014, from <http://online.wsj.com/articles/in-liberia-burial-practices-hinder-battle-against-ebola-1409619832>
- Trimonti, A. (2014). Children orphaned by Ebola outbreak shunned by caregivers and community. *CBC: The Current*. Retrieved October 15, 2014, from <http://www.cbc.ca/thecurrent/episode/2014/10/01/orphaned-children-of-ebola/>
- Trimonti, A. (2014). To stop the spread of Ebola, treat travellers like terrorists says an airline security expert. *CBC: The Current*. Retrieved October 15, 2014, from <http://www.cbc.ca/thecurrent/episode/2014/10/01/orphaned-children-of-ebola/>

SOURCES FOR APPENDIX B

- Ebola Epidemic (2014). *The Doctors*. Retrieved April 5, 2015, from <http://www.thedoctorstv.com/articles/2752-ebola-epidemic>