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Hot crises and media reassurance: a comparison of emerging diseases and Ebola Zaire*

ABSTRACT

Drawing on the sociology of moral panic, this paper argues that the media will shift from alarming to reassuring coverage when a 'hot crisis' portends a possible grass root panic. To determine whether this moderation effect follows from dread-inspiring events that are developing in unpredictable and potentially threatening ways, the paper compares newspaper and magazine coverage of emerging diseases with their coverage of Ebola Zaire. The results reveal that the mutation–contagion package, with its frightful account of emerging diseases, was quickly abandoned and subverted during the Ebola epidemic. In its place, the media fashion a containment package that uses a strategy of 'othering' to allay the fear. The conclusion discusses the flexibility in the tool kits used by the media to frame events.

KEYWORDS: Moral panic; social scare; emerging diseases; interpretive packages; othering

So firm is the perceived link between the media and the creation of public fears that scientists and policy makers are wont to complain about it (Klaidman 1990; Mann 1995), while media pundits engage in self-reflection (for examples see Gladwell 1995; Kaiser 1993). For their part, social scientists have sought to explain why newsworthy stories tend to devolve around novel and dramatic issues that are presented in inflammatory ways (Dunwoody and Peters 1992; Hilgartner and Bosk 1988).

Given these seeming certitudes, it may be time to pay more attention to reassuring coverage. According to Sandman

_Alarming content about risk is more common than reassuring content or intermediate content – except, perhaps, in crisis situations, when the impulse to prevent panic seems to moderate coverage._ (1994: 254; italics in original)

This paper aims to better specify the conditions under which reassuring coverage appears more likely than alarming coverage. To test this specification, the paper traces media coverage of 'emerging diseases', and then compares this to coverage of the Ebola outbreak in Zaire.
Hot crises and media reassurance

MORAL PANIC AND THE MEDIA

Sandman’s qualification of the media’s use of fear in crisis situations derives from his experience as a staff member of the President’s Commission on the Accident at Three Mile Island (TMI). Specifically, a content analysis of the first week of media coverage turned out far more reassuring than alarming content. Here I suggest that Sandman’s hypothesized moderation effect can be further specified by drawing on the sociology of moral panic. Central to this work is the recognition that ‘crises’ do not invariably give rise to ‘panics’. As Goode and Ben-Yehuda (1994: 42) put it, one must ask ‘to whom is the panic “a panic”’?

Goode and Ben-Yehuda (op. cit.) go on to develop three models of panic sponsorship: the elite-engineered, the interest group-directed, and the grass roots models. In the elite- and interest group-directed models, officials and would-be agenda setters try to create concern over events that they deem crises. In the effort to bring scarce public attention to events that have hitherto gone ‘unnoticed’, these agenda-setters are very likely to draw on the conventions of fearful communications and aim to use the media as a conduit for their concerns. However, the evidence indicates that panics are difficult to create (Ungar 1995). Crisis communications are not always attended to by the media, as illustrated by the first few years of AIDS (non)coverage (Kinsella 1989). And even when the media cooperates in the effort to sell fear, the public may display little or no reaction (Ungar 1990).¹

There are, however, events to which the public responds sooner than others (Neuman 1990). In contrast with attempts to manipulate panics from above, grass root panics tend to involve obtrusive real-world events that unleash acute episodes of collective fear. To borrow a metaphor from the emergent diseases literature, grass root panics can often be understood as over-heated responses to ‘hot crises’. Whereas journalists tend to view crises as any kind of trouble at all (cf. Klaidman 1990), hot crises entail dread-inspiring events that are developing in unpredictable ways and are seen as having the potential to pose an imminent personal threat to specific populations. Hot crises are startling, as presumed invulnerabilities appear to be challenged. A palpable sense of menace puts the issue ‘in the air’, as unfolding events are watched, discussed and fretted over.

A hot crisis embodies the preconditions for a panic or scare, but whether the latter erupts depends on both the flow of unforeseen events and the manner in which they come to be framed. In more detail, research indicates that the occurrence of panics is related to the following factors (Goode and Ben-Yehuda 1994; Ungar 1995): the number of dramatic precipitating events; the potency and vividness of the underlying dread factor (Perrow 1984); recent cultural preoccupations and resonances (Gamson and Modigliani 1989); the timing and location of the critical events; the amount of consensus in the definition of the threat; and the renewal or the disappearance of the fear-inducing events. A frenzy of media coverage that
is framed in an apocalyptic narrative and piggybacks on real world events that are linked to an ensemble of related issues seems to be most likely to engender panic (Mazur and Lee 1993; Ungar 1990; 1992b).

Perhaps the best documented hot crisis that developed into a grass roots panic followed the Soviet launch of the Sputnik satellites (Ungar 1990; 1992a). As America’s seeming nuclear invulnerability was swept away, the potent dread of ‘vapourized cities’ unleashed a cascading panic despite efforts by the Eisenhower administration to downplay the danger. The startling realization that America could be behind in the arms race led to fierce debates and a number of exceptional (and very costly) political, military and educational responses. Sputnik, in other words, illustrates the demand acceleration processes that are central to grass root panics. Accelerated demands entail urgent calls for extraordinary responses – solutions that tend to be costly, simplify real problems to the point of caricature, seek to leap-frog the prevailing processes for evolving solutions, and can verge on the draconian.

A very different pattern is revealed in response to AIDS. While AIDS was clearly recognized as a crisis by associated interest groups, for several years the media and the public mostly disregarded the issue (Cook and Colby 1992; Kinsella 1989; Lupton 1994). Essentially, it was considered an obscure threat to marginal groups rather than a disease that anyone could get. If celebrity victims like Rock Hudson placed the issue firmly on the public agenda, hot crises followed from (erroneous) reports that the disease could spread to other persons through casual contacts (Kinsella 1989: 19, 57). These reported shifts in contagion unleashed a flood of sensational media coverage that rapidly diminished as the claims about contagion were debunked and withdrawn. Still, the threat of panic was never far below the surface as is illustrated by several concerted campaigns to stop children identified as HIV-positive from attending public schools (Cook and Colby 1992: 102).

This discussion suggests that Sandman’s hypothesized media impulse to forestall panic by moderating coverage applies mainly to hot crises that could develop into grass root panics. When the unfolding of erratic events directly grips the public’s imagination, elites and other agenda setters tend to reverse their usual strategies and aim instead to inspire confidence. At the same time, journalists are likely to make similar discriminations. That is, based on a sense of professional responsibility and various ties to the established order, media sources will tend to switch from fear-inducing to fear-reducing coverage when events that come to be regarded as imminent personal threats are accompanied by signs of ‘an epidemic of fear’ (Cook and Colby 1992: 91).

In this regard, the TMI nuclear reactor accident discussed by Sandman is a prototypical example of a hot crisis bordering on a grass root scare. Nuclear risks are seen as ‘involuntary, delayed, unknown, uncontrollable, unfamiliar, catastrophic, dreaded, and fatal’ (Perrow 1984: 325). The public’s fear of ‘invisible’ poisoning renders the nuclear dread factor
potent and vivid. Hence it is not surprising that Sandman, as well as Stephens and Edison (1982), found that media coverage of TMI was more reassuring than alarming.

In a similar context, Dunwoody and Peters (1992: 203–4) contend that the results of two German studies of post-Chernobyl coverage ‘offer a mixed picture’. On the one hand, Teichert’s analysis of 575 articles and TV broadcasts from the two weeks following the disaster reveal a preponderance of reassuring over alarming information. On the other hand, a long-term content analysis of the Chernobyl coverage by Merten, Peters and Klosse found about an equal number of alarming and reassuring statements.

But these results need not appear ‘mixed’ if the timing factor is taken into account.2 In the immediate aftermath of a disaster, when uncertainty and risks tend to be the highest, panic-thwarting reassurances may ensue. However, research suggests that the effects of disasters on media discourse and public opinion are short-term and subject to rapid rebounds (Gamson and Modigliani 1989). Hence, once the uncertainty and personal threats attendant on unfolding events have subsided, the media is likely to revert to a more conventional and hence alarming posture.

COMPARING EMERGING DISEASES WITH THE EBOLA OUTBREAK

To test whether media coverage is more reassuring for potential grass root panics than for interest group panics, this paper compares coverage of the outbreak of Ebola virus in Zaire with coverage of ‘emerging diseases’ in general. The next two sections of the paper trace media treatment of the threat of emerging diseases and seek to explain why it should focus so heavily on frightening content. This analysis provides an essential background for understanding coverage of the Ebola outbreak.

As elaborated below, coverage of these two phenomena is sufficiently different to frustrate straightforward counts of alarming and reassuring content. Moreover, there is evidence suggesting that technical information about risks has little or no impact and that the public perception of information as alarming or reassuring differs considerably from both expert perceptions and the rules typically used in formal content analyses (Sandman 1994).

Hence the ensuing analysis draws on Gamson and Modigliani’s (1989) use of ‘interpretive packages’. Discourse on any issue is composed of tools – metaphors, exemplars, stories, visual images, moral appeals and other symbolic devices – that cluster into competing packages. At the core of each package is a central organizational idea or frame. More specifically, ‘a package offers a number of different condensing symbols that suggest the core frame and positions in shorthand, making it possible to display the package as a whole with a deft metaphor, catchphrase, or other symbolic device’ (Gamson and Modigliani 1989: 3). Since interpretive packages aim to encapsulate the core frame of a story, they should better reflect public
perceptions of an issue than the (often nonobvious) statistical outcomes generated by conventional content analyses (cf. Lee and Ungar 1989).

Data pertaining to emerging diseases is widely scattered. In part, this is due to the vast net cast by those concerned with ‘new’ infectious diseases. These include new viruses (or long-standing but just recently discovered viruses), resurgent diseases (especially antibiotic-immune bacteria and diseases carried on a new vector), as well as increasing fungal threats. Sources of data are also dispersed, ranging from reports by official organizations through made-for-TV movies. Since the topic only emerges as a ‘celebrity’ issue in 1994, it has been possible to track coverage of the issue in a wide range of sources. These are comprised of newspaper articles (including the InfoTrac National Newspaper Index), magazine stories (including the Reader’s Guide to Periodical Literature), TV news (including the Vanderbilt Television News Archive), and TV shows and movies.3

Coverage of the Ebola outbreak in Zaire began 10 May 1995 and continued for about three weeks, when it became very sporadic. To obtain a dense sample of media coverage, nine English language national newspapers were examined for the three-week designated research period (10 May to 31 May). This sample encompasses three Canadian newspapers (Toronto Star, Globe and Mail, Montreal Gazette), three US newspapers (New York Times [NYT], Los Angeles Times, Washington Post) and three British papers (Times of London, Observer, Electronic Telegraph). Television coverage for the three-week research period embraced the three major US networks (ABC, NBC, CBS). As well, both news and general interest magazines were perused during and after the designated research period. Finally, the topic was searched on the Internet.

In the ensuing analysis, TV news is used as an indicator of the frequency of coverage. It is limited to this because the Vanderbilt Archives available on the Internet provide only a general outline of what the story was about. As well, television stories that aim to be reassuring may not serve to exorcise the elements of fear because of the (unintended?) effects of vivid and often disturbing film images (Cook and Colby 1992: 101). Hence this study uses samples of newspaper and magazine articles to describe and detail the two interpretive packages developed here.

Evolving Media Coverage of Emerging Diseases

Would-be agenda-setters seeking to raise public and political concerns about emerging diseases have had to overcome considerable complacency. Rapid medical advances led the US Surgeon General to claim, in 1967, that it was time ‘to close the book on infectious diseases’ (Harvard Working Group 1995). While the emergence of AIDS attenuated this hubris somewhat, for the most part the latter was regarded as a disease of ‘outsiders’. Thus strong resistance to the idea of heterosexual transmission of AIDS persisted through the early 1990s in North America (Garrett 1994: 349).
Scientific claims-makers sounded a concerted alarm about infectious diseases rising to 'crisis' proportions in 1989. A three-day conference on 'Emerging Viruses' led to a number of articles in scientific journals and magazines as well as the NYT (Henig 1993: 16–7). But for the next few years the issue remained mostly in a closed scientific loop. Virologists, tropical medicine specialists, as well as organizations like the US Centres for Disease Control and Prevention in Atlanta (CDC) continued to host meetings, issue reports and warnings, and develop plans for better global monitoring systems (e.g. Lederberg et al. 1992).

This sense of scientific urgency, however, did not generalize to the news media. Figure I shows the frequency of television news reports on emerging diseases from 1989 through 1995. Before 1994, this coverage is both sporadic and of limited scope. Specifically, the bulk of the coverage is given to tuberculosis (TB) and cholera, both of which are seen primarily as problems in the Third World. Overall, 1994 marks the 'coming out' ceremony for infectious diseases in the popular media. An ensemble of events – some haphazard, some fortuitous, some lagged – that came together firmly placed new diseases on the public agenda and may well have catapulted them ahead of nuclear war and climate change as the primordial source of apocalyptic anxieties. The manner in which the strands of concern were woven together all but guaranteed that media coverage would focus on fearful aspects of new diseases.

The first noteworthy occurrence in this coming out period was the publication of a number of reports on emerging diseases by prestigious organizations and committees (e.g., Centres for Disease Control 1994; Foreman 1994; Wilson et al. 1994). As well, several popular science books appeared on the topic, the most significant of which is Laurie Garrett’s *The Coming
Plague (1994). Examination of these works reveals that they fit the model of scientific claims-makers and popularizers acting ‘under the gun’ (Dunwoody and Peters 1992). In their effort to animate the problem and convince reluctant publics of the magnitude of the crisis, these claims-makers use a ‘rhetoric of endangerment’ which holds that, without major new efforts, emergent diseases will pose intolerable risks to public health (cf. Hannigan 1995: 36).

Of course these scientific alarms could have gone unheeded were it not for two other converging elements. One was the apparent sudden onset of novel diseases that attracted short-lived bursts of attention. The first of these real-world events was the ‘mystery disease’ in the US South-west, which was diagnosed as a hantavirus carried by rodents. Eight television news stories in 1993 were devoted to it. In addition, there was a 1994 outbreak of plague in India that received nine television news stories in a single week. Finally, there were several apparent ‘clusters’ of flesh-eating bacteria in England, the USA and Canada. Streptococcus and other antibiotic-resistant bacteria attracted 10 stories in 1994, with four additional stories in early 1995.

The precise relationship between the spate of reports and books on infectious diseases and disease occurrences cannot be readily determined. The cumulation of the former may have created a critical mass that sensitized the media to the disease outbreaks. Or, the disease occurrences may have lent a new credibility to the scientific claims. However, I suggest that these were tied together by the second converging element, which can be termed the ‘Hollywood factor’. It is embodied in the book, The Hot Zone, and the associated movie, Outbreak. A short version of Richard Preston’s story of Ebola Reston was published in the October 1992 New Yorker. The subsequent hardcover edition remained at or near the top of the New York Times best sellers list throughout 1994. The paperback version was number one for twenty weeks. Excerpts from the book have appeared in Vanity Fair and a number of women’s magazines.

Television specials since 1994 include the NBC-TV movie, Virus, Stephen King’s The Stand, a mini-series about a deadly global ‘superflu’, and the documentary, The Plague Monkeys, which gave detailed coverage to past Ebola outbreaks. Several episodes of the popular medical drama, ER, have dealt with new diseases, including one devoted to Ebola. Finally, there was the movie Outbreak, which was a major box office and video rental success. Scenes from the movie have appeared in countless television ads and in the news.

This Hollywood factor has afforded greater public exposure to emerging diseases than they could ordinarily get from new stories. Both ‘outbreak’ and ‘hot zone’ have joined ‘andromeda strain’ (which has lingered, since 1969, in the collective memory) as potent metaphors in public discourse. So strong are the Hollywood resonances that it has become possible, following an epidemic, to speak of life imitating art. As one journalist put it, ‘This [Ebola] outbreak is a grim reminder that such viruses haven’t been invented by Hollywood’ (Laframboise 1995). From the confluence of these three elements – new scientific reports, several disease onsets, and the
Hollywood factor – emerging diseases ‘took-off’ in the news media in 1994. What makes 1994 unique is not just an increase in the number of stories but a shift from episodic stories to more thematic ones that address emerging diseases in general. Between 1989 and 1993, searches of the Reader’s Guide to Periodical Literature and the Infotrac National Newspaper Index reveal only a handful of general stories on emerging diseases. But in 1994 and 1995, there are more than a dozen thematic cover stories or major stories in popular magazines and close to that number in national newspapers. On television news, there are six thematic stories on new or resistant germs in this period.

THE MUTATION–CONTAGION INTERPRETATIVE PACKAGE

The emerging diseases sample analysed here comprises 17 thematic magazine stories and 35 thematic and episodic newspaper stories. Perusal of these accounts reveals what is termed a mutation–contagion interpretative package. As would be expected, the framework for this package is found in the Hot Zone. Specifically, it is a true (but highly dramatized) account of a strain of Ebola virus that becomes airborne and is killing a shipment of monkeys in Reston, Virginia. While army experts secretly create a dead zone in the building housing the monkeys, there is the subsequent wait to see whether humans are infected. Perhaps by sheer luck, the mutation that rendered Ebola Reston airborne did not affect humans. Just beneath the surface of the story is the forbidding possibility of a species-threatening outbreak.

News stories from the emerging diseases sample both mirror and fill out the Hot Zone framework. Indeed, this framework dominates the field since no opposing group or alternative to the mutation–contagion one arises. In other words, and unlike other environmental threats like global warming, there is no vocal opposition requiring the media to present ‘balanced’ stories. Much of the structure of this package was fashioned by scientists, and the quotations attributed to them are often quite frightful. The mutation–contagion package, as derived from the emerging diseases sample, is composed of the following core ideas.

*Microbes On A Rampage*

News stories invariably begin with accounts of victims of emerging diseases. Thematic stories typically list a half dozen or more examples, articulating the theme that we are experiencing ‘a wave of new assailants’ (Wade 1994: 32). Beyond exotic viruses or the flesh-eating bacteria, there are more mundane but still consequential threats that can strike anywhere.

In many parts of America, especially the North-east states, people are already leery of strolling in wooded areas for fear of encountering ticks
carrying Lyme disease, a potentially chronic, arthritis-like condition. Now the *Journal of the American Medical Association* has reported another tick-borne disease, which struck 25 people in Wisconsin and Minnesota, killing two. (Lemonick 1994: 43)

Contrary to the conventional focus on heart disease and cancer, infectious diseases turn out to kill far more people worldwide.

**Microbes Are Cleverer Than Us**

‘In the war between germs and antibiotics this much is no longer in doubt: eventually, bacteria win every battle’ (Jones 1995: 89). This is, of course, a sharp reversal of the idea of eradicating infectious diseases, as was recently done with smallpox. The ‘persistent and relentless advance’ of micro-organisms is dictated by evolution, whereby the ‘old enemies are battling back’ and have learned to ‘outwit’ us. Now there is a growing ‘coterie of super bugs’, some of which are beginning to run ‘amok’ and become ‘killers’. One science writer suggests that ‘mutations have taken central stage in our collective nightmares’ (Henig 1993: 9).

**Engineering Microbial Traffic**

This idea is ubiquitous in the scientific literature. Environment and disease are conjoined to create an ecological parable, whereby ‘the dangerous microbes of long-isolated ecologies are being stirred into the main pool’ by human invasions (Gladwell 1995; Wade 1994). Spurred by population growth that destroys their reservoirs, viruses can respond by becoming ‘species-jumpers’. Similarly, antibiotic overuse facilitates the emergence of resistant bacteria. If ‘every antibiotic prescription helps mutants to multiply’ (Jones 1995: 90), it is also conceded that hospitals have become dangerous places. Infection control is poor, and immune-suppressed patients are likened to ‘human petrie dishes’ (Cooke 1996).

**Microbes Know No Boundaries**

Stephen Morse coined the phrase, ‘instant-distant infections’. Arguably, we are all only ‘a plane ride away’ from a ‘chain of lethal transmission’ (Preston 1994b). More conceptually, microbial contagion is subsumed by the concept of globalization. Not only are boundaries porous, but we afford microbes a constant stream of pathways, as illustrated by the dengue-carrying Tiger mosquitoes who stowed away in pools of water in used tyres imported from the Far East.

**Waiting For The Next Plague**

The idea that we are just ‘waiting to be infected’ is the denouement of the processes scripted above. Preston (1994b) suggests that the ‘world may be closer to the middle ages than policy makers realize’. Others speak of going
back to a ‘pre-antibiotic era’. There is the parallel fear of a monster virus for which there is, in a common phrase, ‘no vaccine or cure’. And just as the ‘witch’s brew’ of pathogens that ‘could become a threat’ is growing, our organized capacity to respond is decreasing. As the danger from past scourges (especially TB) apparently diminished, much of the public health system was dismantled. At present, it is deemed unfit to combat a major epidemic (Altman 1994).

Clearly, then, the mutation–contagion package is erected around a frightful core. Another way of demonstrating this is to peruse the emerging diseases sample for instances of reassurance. These prove to be relatively rare. There is only one clear exemplar of assurance – the fable that is built up around the CDC as the world’s premier institution for fighting infectious disease. The CDC fable, however, only appears four times in the total sample, and three of these stories raise the problem of financial cutbacks. Similarly, improved public health measures, such as ‘directly-observed therapy’ for TB, are only mentioned in one story.

Finally, there are assurances linked to the onset of specific diseases. Virtually every story on the flesh-eating bacteria, after a stream of graphic descriptions, ends by claiming that it still remains rare.

The last point is critical for understanding why the mutation–contagion package is so heavily weighted toward fearful rather than reassuring statements. The adjective – emerging – suggests that these diseases are coming into view, rising above a surrounding medium. Overall, however, they remain too abstract and distant to unleash a grass root panic.

At one level, the sense of threat is hypothetical. The referent is to things that ‘could happen’. But since claims-makers and the media present a constant barrage of warnings about a multitude of prospective menaces, this ultimately becomes overwhelming and undermines the value of the claims. The streams of warnings are enough to inspire a twinge of unease, but rarely enough to inflame passions or spur actions. At the same time, future threats may be offset by the ‘medical progress’ package, which presents a stream of amazing new discoveries.7

At another level, the diseases that are most clearly visible tend to be hedged in and fall below the threshold of a hot crisis. Most arise in ‘distant’ or ‘marginal’ populations, whether in the Third World or among the homeless or prison inmates in the West. For example, those most at risk from drug resistant enterococcus bacteria are hospital patients who are either elderly or have extremely compromised immune systems. The three disease onsets that received the bulk of coverage since 1993 were readily treatable (plague), not spread by human contact (Strep A, hantavirus), and either very rare (Strep A) or relatively difficult to contract (hantavirus).

**EBOLA ZAIRE AS A HOT CRISIS**

In a cultural atmosphere already infused with the threat of infection – a metaphor extending to computer viruses – the Hollywood factor was
echoed by a real-life outbreak of Ebola in Zaire. Among the various new diseases, Ebola viral hemorrhagic fever is unique. Specifically, as represented in both Hollywood and news reports, it comes close to actualizing the most terrifying aspects of the mutation–contagion package. Like the plague, it comes from elsewhere. Since it emerges as an exotic jumper virus from an unknown host in the rainforests of Africa, Ebola closely fits the ecological parable. Gladwell (1995: 44) suggests that it ‘is not simply a disease’ but a metaphor of ‘nature’s curse against humanity’ and the ‘symbol of biological apocalypse’. Even the most informed articles treated Ebola as ‘highly contagious’ (e.g. Horton 1995: 24), and the theme that it could unleash a pandemic was prevalent before Ebola Zaire and persists in some of the latest reports (e.g. Cooke 1996: 56).

According to one journalist, ‘Ebola is a virus to which the adjective “deadly” clings like spandex’ (Hall 1994). Perusal of the emerging diseases sample reveals that mention of Ebola is always paired with ‘killer’ or ‘deadly’. Sontag (1988), however, observes that ‘The most terrifying diseases are those perceived not just as lethal but as dehumanizing’. Combining ‘science fiction and gothic horror tales’, Ebola engenders the most grisly depictions of dying imaginable. It is almost always accompanied by descriptions of liquefied organs, dissolving connective tissues, and profuse bleeding from every bodily orifice.

For unleashing a hot crisis, the timing of the Zaire epidemic was exquisite. Specifically, the movie Outbreak, which draws on the Hot Zone (Preston 1994a), aired only weeks before the World Health Organization (WHO) was notified, on 6 May 1995, that there was a possible outbreak of Ebola in Zaire. Western response was immediate, massive, and perhaps unprecedented.8 The first teams of worldwide experts arrived in Kikwit on 9 May. Not until 11 May did the WHO confirm that it was indeed Ebola. The fear of contagion led various countries to tighten their borders (e.g. Sudan, Egypt, UK), issue warning to customs officials (e.g. Belgium, USA, Canada, South Korea), quarantine travellers (Denmark, Canada), and issue travel advisories (e.g. USA, Belgium, UK).

The outbreak precipitated a frenzy of media coverage. Returning to Figure I, the jump in television news coverage in 1995 is largely due to Ebola Zaire. Specifically, it attracts 26 network news stories. As well, the outbreak was covered twice on ABC’s Nightline. Figure II shows coverage of the Ebola outbreak over the three week research period in the sample of 9 national newspapers and the three television networks. Clearly, for the initial 10 days when the possibility of spread was still envisioned, coverage was intense. When these results are combined with other indicators of media and public interest, as well as the scope and breadth of the international response, it becomes clear that this was no ordinary disease onset.9

In some respects, the level of attention devoted to events in Kikwit is puzzling. Research indicates that the most important determinants of media coverage of disasters in the USA are as follows: a large number of deaths in a single incident; a new hazard; geographic proximity (especially events
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FIGURE II: TV and newspaper coverage of Ebola Zaire

 occurring in the USA); and cultural proximity (Adams 1986; Singer and Endreny 1993). Ebola Zaire only fulfilled the new hazard criterion. Thus a Shigella I dysentry epidemic underway in Kikwit not only helped mask the early stages of the Ebola epidemic but claimed thousands of lives. Yet it did not attract teams of experts or television cameras. It also posed no possible risk to the West.

The special dread associated with Ebola is further indicated by the US media's rather slow response to an epidemic closer to home. Wire service reports of the outbreak of a 'mystery' disease in Nicaragua first appear on 25 October 1995. Initial reports said that there were six deaths and hundreds ill. Wire services continued to monitor the disease, and reports were widely available on the Internet. But where media coverage of Ebola commenced right after the first wire service reports, the mystery disease in Nicaragua is first covered in the NYT on 5 November and on CBS news on 7 November. This mystery disease also failed to attract anywhere near the organized efforts attendant on Ebola Zaire.10

What made Ebola Zaire special, then, was not the usual determinants of media interest, but a perceived hot crisis that could be a harbinger of a pandemic and attendant panic. Ebola, as the embodiment of the mutation–contagion package, represents a monster virus on a potential rampage. Its fear potential is unmistakable in a 30 second clip from a CNN review of 1995. The visual is an image of doctors in 'space bubbles' removing the dead. The voice asks whether similar scenes will soon be seen in New York or Los Angeles. In this context, Sandman's (1994) hypothesized moderation effect should be plainly visible in the Ebola sample. The latter is composed of
reports in the nine newspapers (see Figure II), as well as 13 magazine stories and a number of wire service reports accessed on the Internet.

THE CONTAINMENT PACKAGE

Days 1 and 2 of Ebola coverage offer mixed results. The mutation–contagion package is still influencing coverage, while the containment package is just evolving. The development of the latter depended not only on potential logics of assurance, but on the unfolding of unpredictable events. Given erratic developments and the limited scientific and journalistic experience with Ebola, it is not surprising to find conflicting ideas in the same article and total reversal of positions in stories over two days. Ultimately the epidemic is confined to Kikwit, and the story evolves into a new frame.

The Electronic Telegraph story of 11 May (Day 2) touches on all the core ideas of mutation–contagion (Highfield 1995a). Ebola is ‘a virus from Africa that could threaten the world’. Indeed: ‘Experts admit that it is becoming increasingly likely that the virus could follow the path of AIDS and find its way rapidly from Africa to the rest of the world’. It goes on to describe how humans ‘disturb the ecological balance’ and lists ‘documented examples’ of a variety of deadly viruses. Medical teams in space suits, a 90 per cent death rate, and the movie Outbreak are all mentioned.

On Day 1, the Los Angeles Times presents a fearsome prospect

‘If it is Ebola, this (disease) is the big one – this is what we’re always thinking about when we talk about serious, dangerous disease threats’, said Dr. James Le Duc, head of the World Health Organization’s special-virus group. (Times Wire Service 1995)

The NYT story on Day 2 observes that Ebola ‘is one of the new and emerging infectious agents that leading experts have warned could cause outbreaks unexpectedly anywhere in the world’. Moreover

Of greater concern among experts is that health-care systems throughout the world are unprepared to detect such outbreaks, to care for those made ill, or to deal with panic of the sort that seems to have occurred in Zaire. (Altman 1995a)

Clearly, the central theme in the initial coverage of Ebola is the threat of spread beyond Zaire. As a subsequent Newsweek story put it: ‘Obviously there is more at work here than concern for people in Kikwit or Kinshasa. We want to know whether Ebola is headed our way’ (Cowley 1995: 52). Not surprisingly, then, the containment package, which begins to emerge on Day 2 and is fully articulated on Days 3 and 4, aims to diffuse, tame and redirect the threat. On Day 2, the cultural preoccupation with a rampaging virus is already being deflected, usually by citing authorities. The aforementioned NYT story, in contradistinction with its initial claims, goes on to cite health
officials who believe that the risk of spread outside Zaire is ‘very small indeed’. On Day 2, the Los Angeles Times cites authorities who seek to play down any anxieties that may be raised by parallels to a recent spate of books, such as ‘The Hot Zone’, and films such as ‘Outbreak’ and ‘Virus’, which have dealt with the scenario of widespread public panic during a killer outbreak of a viral disease modeled after Ebola. (Cimons 1995)

On Day 2 the Washington Post cites a WHO authority who claims (Schwartz 1995): ‘This is not a public health emergency in the sense of a wild spread either in Zaire or internationally. It is a very serious outbreak in the area it concerns’.

Since Western responses to this outbreak were predicated on the fear of contagion, simple assurances claiming that Ebola is unlikely to spread could hardly suffice. Indeed, a Reuters report on Day 3 suggested that ‘The deadly Ebola virus ravaging part of Zaire has caused a worldwide panic because of its horrifying effects’. Hence there was a need to subvert core elements of mutation–contagion and substitute a less threatening framework for grasping the outbreak. The resultant containment package, which seems to fly in the face of mutation–contagion, is erected on the metaphor of ‘otherness.’ Zaire (or really sub-Saharan Africa) is radically different, and the events unfolding there are the result of a distinct set of conditions that do not occur outside this locality.

As noted above, both before and just after the outbreak, stories typically depicted Ebola as ‘highly contagious’. But on Day 2, the NYT sets a new tone with the claim that ‘You have to work very hard to get the disease. It’s not like measles or influenza’. In an editorial on Day 3, the NYT (1995) asserts

The current outbreak of Ebola is no cause for panic because the virus is not, in fact, highly transmissible and the affected regions are remote from international travel routes... Primitive hospitals, where contaminated needles and instruments may be used on scores of patients, often amplify an initial outbreak.

Similarly, The Times goes from ‘easily spread’ and strains that ‘can be transmitted in the air’ (Kiley and Hawkes 1995) on Day 1 to ‘relatively difficult to catch’ (Hawkes 1995) on Day 3. The emerging consensus is that the disease can be readily contained by strict infection controls measures. The exemplary protective methods used by the CDC and other Western experts are contrasted with the ‘appalling sanitation conditions’ in many African hospitals. In a shift that is anything but subtle, the key focus is transferred from the virus itself to Africa’s hospitals, which ‘pose the greatest health risk’.

However, the effort to erect secure containment barriers goes well beyond a lack of basic medical supplies in Zaire. Otherness becomes totalizing, as Zaire is depicted as a ‘failed state’, with a ‘political disease’ that includes rampant bribery and inefficiency. According to the Los Angeles Times
Blood, body wastes, and political corruption spread the deadly virus in Zaire... The desperate poverty makes the country ripe for public health emergencies. Clean running water is scarce... These conditions provide fertile breeding grounds for illnesses like the Ebola virus and AIDS. (Drogin 1995)

The view that Zairian ‘conditions are perfect for breeding a plague’, appears in every source under consideration. Representative assertions include: ‘the public health system has virtually collapsed under the staggering corrupt government’; ‘The public sector has largely ceased to work’; ‘Soldiers survive by preying on a frightened populace’; and ‘Kinshasa, the capital, is defined by decay’.

From about Day 5 on, there is another shift in the story. The feared spread of the disease outside Africa, which motivated the initial coverage, drops away or is relegated to a few sentences at the end of reports. What takes its place is a ‘disease detective’ narrative. As opposed to the chaos in Zaire, detailed attention is given to Western health teams who are trying to track anyone who might have come in contact with a victim and to teach sanitation measures to the local population. A Reuters report that is widely reprinted cites Zaire’s top virologist saying that ‘he is confident foreign experts will soon have the epidemic under control’. Detailed inventories of the ‘influx of medical supplies’ from the West are also provided.

Despite foreign efforts, the WHO and others are cited as expecting the inevitable further spread of the disease in Zaire (e.g. Altman 1995b). Roadblocks around Kikwit form the basis of at least one story in every source. As would be expected, these are depicted as porous and ineffective. There are also numerous reports of the virus appearing in towns outside Kikwit. For three days the disease detective narrative follows a nurse and a riverboat captain, both of whom might have contracted the virus and are believed to be in Kinshasa. The mystery of Ebola (e.g. why outbreaks are so infrequent) and the search for its host also attracts considerable coverage, especially after the first week when new developments are less prevalent.

On Day 8, an editorial in the Los Angeles Times (1995) asserts, ‘Should it move across to the capital, Kinshasa, as some health officials fear, inhabitants could face the unthinkable: a biological meltdown in which thousands could die in the city of more than 5 million’. Whether it reflects denial or the complete otherness of the situation in Zaire, this editorial does not even hint at the possible spread of Ebola beyond Zaire. Here I briefly pursue how the metaphor of otherness serves to protect those outside Zaire.

After the initial flirtation with the mutation–contagion package, news stories retreat from the theme of a rampaging virus crossing porous borders. Not only is Ebola treated as difficult to get (especially outside of unsanitary hospitals), but the virus is enervated. It remains, without exception, a killer with no treatment or cure. However, by Day 4 stories are unanimous in claiming that it kills its victims so quickly that it burns itself out before it has real occasion to spread. In a complete reversal of its coverage...
Hot crises and media reassurance

the previous day, the Electronic Telegraph now questions its potential to spread

‘That virus has been limited inside Zaire for years’, said Prof. Ferdinando Aiuti, of Sapienza University in Rome. Prof. Aiuti, one of Italy’s leading experts on Aids and other communicable diseases, said that the Ebola virus ‘needs a particular micro-climate to survive and must find a host who is undernourished and weakened’. (Highfield 1995b)

Most significant is the undermining of the stepping off a plane scenario. Since reporters took the position that Ebola is only infectious when its victims are extremely ill and hemorrhaging, they also accepted the implication that, ‘It is highly unlikely that such persons would try to travel on an international flight, and unlikely that they would be permitted on board if they did try’ (Prentice 1995). No less an authority than Dr. Peter Piot, who investigated the first Ebola outbreak in 1976 and heads the UN AIDS programme, declared

It’s theoretically feasible that an inflicted person from Kikwit could go to Kinshasa, get on an airplane to New York, fall ill and present a transmission risk there. But even if this were to happen, it would likely stop there. (Lemonick 1995)

The last point is critical. For despite assertions in emerging diseases reports about the inadequacies of public health systems and hospital sanitation measures in the West, it is now widely assumed that these are quite adequate to deal with this scenario.

This scenario was tested by an ‘Ebola scare’ in Toronto, where a man was quarantined at the airport because he had visited Kikwit where his mother had died on 27 April. This story developed, often on the front pages of the three Canadian newspapers, over the next week. From the start, the situation was defined as entailing ‘zero risk’ (Thompson 1995). Fear surfaced in the refusal by customs officials to deal with the man, and worries voiced by airport workers. Despite a host of assurances stressing that the Department of Health has ‘already prepared contingency plans and there are already plans that have been in place for some time’ (Delacourt 1995), letters to the editor and calls to radio talk shows revealed a high level of concern and calls for tighter travel restrictions.

Significantly, this Canadian story received almost no coverage in the USA or Britain. Rather, as can be seen in Figure II, by Day 12 there is a clear drop in media interest. Basically, as fear of contagion outside Zaire diminished, so did news coverage of the outbreak. Most of the subsequent reports revolve around the number of deaths, the diminishing threat of further spread in Zaire, and efforts to find the viruses’ host. More than half of these reports are news briefs. After May 31, there are virtually no follow-up articles or attempts to present an overall summary and assessment of the outbreak. Press releases by the WHO covering the final death count and declaring the
epidemic over engender news briefs in less than half the sources in the Ebola sample.

CONCLUSION

It is clear that Ebola Zaire fulfilled the conditions for a hot crisis. Even before the outbreak was confirmed, multinational teams of experts descended on Kikwit. The media, following their standard practices, initially presented Ebola as the embodiment of the worst of the mutation–contagion package. Numerous references to ‘panic’ over Days 2 and 3 suggest that reporters apprehended an impending epidemic of fear. During these days, the media simultaneously moderated its coverage and shifted to the containment package. It took several days and some deft analytic maneuvers and factual oversights, but the media was able to fashion a package that, at a theoretical level, sequestered the disease by ‘othering’ the situation in Zaire. Given the overlap between the two packages and the clear contradictions revealed in the first few days, it seems clear that the shift in coverage was not planned or coordinated. At most, there may have been elements of loose coordination, as reporters in Zaire were influenced by the fearful reactions of the local population, a seeming shift to reassurance by experts on the scene, the organized efforts to contain the virus, and one another.\textsuperscript{12}

The extant evidence is insufficient to determine how much the strategy of othering helped allay the fears aroused by Ebola Zaire. The apprehended panic never developed. Ultimately, however, the success of the media’s efforts to erect a firewall between Zaire and the West depended on the unfolding of the epidemic. Reactions to the Toronto plane passenger and a brief panic at the airport in Rio de Janeiro caused by the death of a passenger on a plane arriving from Africa, suggest that the dread-inspired fear was hovering just below the surface.\textsuperscript{13} The containment package seems to have been somewhat effective, at least as long as real-world events did not override it. Of course, it is precisely the unpredictable development of potentially threatening events that renders hot crises problematic and calls forth efforts at reassurance.

The strategy of othering is a direct counterpoint to the theme of globalization. The latter posits a ‘one world’ reality, whereby everyone is inescapably bound by the forces of transnational economic competition and currency markets, global environment changes, porous boundaries, and so on. Whereas globalization is predicated on a leveling of nations and individuals, othering aims to reverse the rites of inclusion and protect the social order by erecting barriers of exclusion (cf. Reeves and Campbell 1994: 213–4). Othering applies not only to nations and foreigners, but to what Reeves and Campbell term the ‘outsiders within’. These can include crack cocaine mothers or the homeless who have contracted drug resistant TB.
Both globalization and othering are part of the analytic tool kits available to journalists and other would-be agenda-setters. What makes these tools so invaluable is the relative ease with which one can be exchanged for the other. Nuclear realities are at the heart of idea of globalization; but following Chernobyl, no effort was spared differentiating Soviet conditions and technology from those in the West. Ozone depletion and global warming threaten everyone; but when push comes to shove, the gaps in wealth and technology between the North and South are invoked (Homer-Dixon 1995). Analyses of AIDS alternate between everyone is at risk and only certain groups are at risk scenarios.

The present analysis suggests that the strategy of othering is not based on any firm sense of boundaries but is simply a tool used by the media when efforts at reassurance seem warranted. Since the end of the epidemic in Zaire, several articles and TV specials have reinvested Ebola with its most fearsome properties, including its contagiousness and the capacity to engender a larger-scale epidemic. But if the web of facticity surrounding Ebola can be distended almost indefinitely, these post-epidemic articles do retain the idea of otherness, with the notion that conditions in the poorest cities 'may be the seed bed for future epidemics' (Cooke 1996: 56). One possibility here is that interpretive packages are themselves emergent, gradually incorporating new ideas and evidence (just how contagious Ebola is and how long it can survive outside a host both remain open questions). A second possibility is that packages are more situationally specific, the upshot of which is little more than a cut-and-paste logic designed to meet the current contingencies as perceived by editors and journalists.

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NOTES

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1. After reviewing Gallup poll results and other indicators of public concern about a possible outbreak of Swine Flu, Garrett (1994: 175) concludes that: 'The abstract possibility of a million American flu deaths seems to have caused no collective or individual panic in the United States except, perhaps, in some corners of government'.

2. The timing dimension is paralleled by location. Thus Spencer and Triche (1984: 206; italics in original) report that 'Newspaper reports about nonlocal areas were more pessimistic, whereas reports about local consequences tended to minimize or downplay their seriousness'.

3. Since this study focuses on emerging diseases, it ignores AIDS except when the latter is linked to an emerging disease,
such as tuberculosis. Inclusion of AIDS would swamp and mask coverage of emerging diseases.

4. Searches for all years included disease, medicine, viruses, bacteria, and a number of specific emerging diseases like tuberculosis, dengue, cholera and Strep A.

5. Thus the Harvard Working Group on New and Resurgent Diseases (1995: 22, 25) approvingly cites the World Health Organization to the effect that TB ‘is out of control in many parts of the world’ and that with the spread of yellow fever ‘we could be in for a major worldwide catastrophe’.

6. A measure of the interest created by the book is that is was reviewed by Business Week, Fortune, the NYT, Newsweek, Time, Maclean’s and Scientific American.

7. Coverage of ‘gee whiz’ medical breakthroughs is completely segregated from the mutation–contagion package.

8. Benini and Bradford (1995: 15) examine the organized response and conclude that: ‘Given the fact that the crisis remained localized in a little known area of Zaire, the breadth of multinational involvement appeared stunning’.


10. A Reuters wire service report on 8 December 1995 of a possible Ebola case in the Ivory Coast was immediately picked up by all newspapers regularly tracked in the present research program, including the NYT, USA Today, the Electronic Telegraph, the Globe and Mail and the Toronto Star. An April 1996 outbreak of Ebola at a primate breeding center in Texas occasioned a reassuring statement from President Clinton.

11. Excepting a number of Italian nuns, almost no attention is paid to the victims of the disease.

12. At one point, a pool of more than 20 Western reporters was held in custody for a few hours and threatened with quarantine.

13. The latter was reported on the Internet in the NandO-Times, 22 May 1995.

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