



The Othering of the Black Community in News Media Reports During the 2014 Ebola Epidemic

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The purpose of this paper is to identify and analyze the racial undertones found in news media reports on the West Africa Ebola outbreak of 2014, focusing on the portrayal of North American cases on television. As with many political activist issues, the first step to making a change is recognizing where and how the issues are presented in and to society. This is especially apparent in cases of democratic racism – the conflict between the realities of racism and the ideology of equality. Through the analysis of television news reports from major North American news channels, this paper identifies three recurring themes that support the existence of democratic racism in North American portrayals of the outbreak: superfluous fear of Ebola, the protection of ‘Us’ from ‘Them’, and perpetuating the Othering of the Black community. This creates an apparent conflict between Them (the Black community) versus Us (the White population) that exacerbates pre-existing racial tensions and contradicts the ideology of equality that allegedly exists in Canada. This form of racism is further discussed in terms of two social determinants of health; the racial tones of news media outlets impact both social gradient and stress. This has further negative impacts on the Black population, and provides evidence of systemic institutional racism within the media industry. By understanding the key recurring themes of racism surrounding the event of an epidemic, society can be better prepared to confront this situation when it arises again.

Introduction

Canada has a long history of discrimination and racism, in which reality contrasts with the perception that Canada is a tolerant and inclusive nation. Racial profiling specifically perpetuates the racial stereotypes and prejudices that act as societal barriers. However, the White population often not only refuse to acknowledge the existence of racism, but also rationalize this by reversing the roles and playing the victim. In 2002, the Toronto Star released a series of articles on racial profiling conducted by the Toronto Police. This report provided statistical evidence that Black people were treated more harshly than their White counterparts for the same crimes. Powerful authority figures - Toronto’s chief of police, the Mayor of Toronto, etc. - denied these claims, insisting that the police act in accordance with the law and promote a positive relationship

with minority communities in Toronto. Subsequently, they sued the paper, claiming defamation and victimization (Henry & Tator, 2005). Parallels to this pattern can be seen in Ebola coverage in North America following the 2014 outbreak in West Africa.

In 2014, West Africa experienced an Ebola outbreak that affected over ten thousand people. Ebola is an infectious and deadly disease caused by Ebola virus species. During the outbreak, public reaction in North America was disproportionate to the reality of the disease on this continent. Although Ebola was highly unlikely to spread beyond the few people who contracted it, the media promoted panic and hysteria surrounding a potential North American epidemic. This was accomplished largely by racializing the disease and attributing it to the Black body, which had a detrimental impact on

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Black North Americans as it further oppressed an already marginalized population. This is similar to trends that occurred during the 2003 SARS outbreak in Toronto. Keil and Ali (2006) explain that, “racialization occurred through the association of the disease with things Chinese” (p.43), which perpetuated a view of the immigrant body as diseased. Chinatown, a location defined by the Chinese population that work and live there, became a geographical symbol of the disease (Keil & Ali, 2006). This reflects an interaction between racism and media during an epidemic that also applies to the reaction to Ebola in 2014.

Institutional racism is racial discrimination that has been established as the norm within a society or organization (King, 1996). These are consistent racial practices, disguised as rules, policies, and traditions, that serve to reproduce and perpetuate prejudice against a minority. This in turn promotes inequality in health care, where the marginalized experience barriers in access to support and treatment for diseases. The news media industry is one example of an institution that systematically incorporates racialized themes related to disease and immigration. This paper aims to identify the systemic, institutional racism found in media coverage of the Ebola epidemic of 2014 by analyzing and applying anthropological themes of racism to the television news coverage of Ebola in North America, focusing on major national news networks for Canada (CBC, CITY, CTV, Global News) and the United States (Fox News and MSNBC). A total of 18 news report clips are analyzed, including three from each media source. The major theme that can be extracted from this analysis is Othering, which is demonstrated through emphasis on isolating the Black community, or Them, versus the rest of the nation, or Us. This theme, as exhibited by the content and visual aid of the news clips, is then considered in conjunction with the framework established by Charles Adeyanju (2010) to provide a holistic representation of institutional racism in the media. Indications of institutional racism can be seen through the analysis of social gradient and stress as social determinants of health that are impacted by racialized coverage of Ebola.

Background

Racism and Media

Mass media is the diversified collection of media technology used to share information on a grand scale; for news media, this information is used to reflect on relevant recent events. Van Dijk (1989) explains that the media does not passively describe news events; it re-constructs the facts. During this process, storytelling incorporates a number of different agendas. Corporate values, societal beliefs, and personal prejudices all influence the ‘facts’ presented, in order to reflect the views of the media station rather than simply describing the actual event. This often represents the views of White, male, Western individuals. This reproduction is then legitimized and accepted as ‘truth’ by the public (Van Dijk, 1989), and institutional racism is prevalent in this modified rendition of the events.

The media relies on institutions such as the government, city council, or police force to support their claims, often ignoring the voices of the minority in question in favor of majority views. In addition, White journalists often speak as members of the White community, which harbors a Eurocentric schema (Van Dijk, 1989). This promotes the propagation and continuation of racially biased beliefs. This paper aims to examine the role the media played in portraying racial ideas through their reporting on the Ebola epidemic.

Ebola and the 2014 Epidemic

Ebola is a viral hemorrhagic fever that spreads through direct contact with bodily fluids. Symptoms include fever, sore throat, muscular pain, headaches, diarrhea, rash, and bleeding (Team, 2014). It is critical to note that symptoms of Ebola are both visible and identifiable. The way in which this infectious disease presents itself also added to narratives of the Other as ‘unclean’. ‘Poor hygiene’ and ‘uncleanliness’ were themes incorporated into media coverage of the event that contributed to Othering, as evidenced in news media clips.

Between 2013 and 2016, West Africa experienced the worst recorded Ebola outbreak to date. This

epidemic resulted in over 11,000 deaths (BBC, 2016). However, fewer than 10 cases were recorded in Western countries (and only one death), and Canada did not have any positive cases of Ebola during the outbreak (BBC, 2016). Despite the absence of confirmed cases, Canada, and North America as a whole, portrayed the epidemic as a prospective reality. Subsequent media panic helped to propagate the type of subtle racial messages that promote and solidify racist beliefs in society.

Current Understandings of Ebola and Media

Similar to the examples of racial profiling by the Toronto Police and the SARS outbreak in Toronto, media reactions to the Ebola outbreak of 2014 demonstrate parallel themes. In each case, a target population was identified as the Other, and was then ostracized by the general population. In these recent epidemics of Ebola and SARS, Black and Chinese North Americans, respectively, were branded as diseased (criminalized) immigrant bodies that preyed on the vulnerable White population. In both cases, oppressors rationalize their claims by taking on the role of the victim and emphasizing the differences between Them (Other) and Us (White 'victims').

In his book, *Deadly Fever: Racism, Disease, and Media Panic*, Charles Adeyanju (2010) provides a framework that can be used to explain the media frenzy surrounding the 2001 case of a Congolese woman admitted to hospital who was thought to have brought Ebola to Canada. Focusing on the print media coverage of this non-Ebola case, Adeyanju (2010) explains that disproportionate concern over the potential of Ebola was in actuality a manifestation of Canadian anxiety over the growing presence of minorities. He relates this to the idea of democratic racism, a form of racism exclusive to Canada (Adeyanju, 2010). Henry and Tator (1994) explain democratic racism as dissonance between the ideals of equality and the reality of racism. White Canadians prefer not to acknowledge the existence of racism, opting instead to cite Canada as a fair and equal nation despite evidence of racial prejudices and beliefs.

This concept can also be demonstrated through the legal issues between Toronto Police and the Toronto Star over racial profiling practices.

Adeyanju (2010) also attempts to trace the origin of the term Ebola. He explains that the North American media panic rests on the public meaning of the word Ebola, which reflects not simply the disease, but also what the disease represents to the general population. This medical term is therefore defined by concerns of immigration and globalization, insecurity and public health (Adeyanju, 2010). Ebola was only considered as one potential explanation for the woman's symptoms, and was never affirmed as the definitive cause. However, the media used this as a capitalist advantage to promote mass hysteria through racialized profiling. They exploited the woman's identity, and the fact that the hospital did not deny that Ebola was a possibility, to capitalize on their version of this story. Adeyanju (2010) further explains that the media used the name of the woman, in conjunction with her body, as an Othering mechanism. Group identity can be broken down to two elements: body and name. The body is the physical entity that epitomizes the group; it is race, color, and culture. The name expresses not only individuality, but also a conceptual link to the group (Adeyanju, 2010) that serves to emphasize the Other in the reader's mind.

Results and Discussion

Othering refers to the process by which a group of people is identified as inferior based on a proposed criterion (Young, 2005). This inferiority is highlighted in contrast to another population, often the group that orchestrates the Othering. For the purpose of this paper, Them and the Other will be used synonymously, while Us will refer to the group that segregates the Other. In the context of infectious diseases, Othering can be defined as the act of affirming one's own identity by differentiating oneself from a pre-identified Other to whom disease is attributed. The Other can be defined based on any preconceived notions of identity markers, including sex, gender, race,

ethnic origins, class, or wealth, and is then constructed based on prejudicial and/or racial beliefs, which can perpetuate institutional racism. For example, in the case of SARS, the Other was identified via ethnic origins, a connection based on the preconceived belief that the disease could be attributed to the Chinese body. In considering the case of the 2014 Ebola outbreak, analysis of themes that emerge from analyses of video footage, including superfluous fear of Ebola, the protection of Us from Them, and perpetuating the Othering of the Black community, using the framework provided by Adeyanju (2010) can shed light on this process of Othering.

When Ebola began to gain attention in the media, medical professionals had already confirmed that Ebola cases in North America would not be a major concern (e.g., CBC News, 2014). An epidemic was highly unlikely, and North American countries were prepared to handle the disease if it happened to present itself. Despite these assurances, news stations continued to report the disease as something to be feared by the public. In the midst of the 2014 outbreak, CBC reaired video from their 1995 coverage of Ebola. This specific video describes the disease as something that brings “fear and horror around the world”. They highlight aspects of anxiety by showing clips from the movie “Outbreak” (1995), a medical disaster film. The reporter explains the use of these clips by highlighting that the “American town was decimated” by an infectious disease. The guest speaker is Dr. Kevin Kain, a doctor that studies “new and exotic diseases” (CBC News, 2014). City News (2014) chose to cover the preparedness of Canadian nurses by referring to the disease as the “killer Ebola virus”, quoting that “we are simply not ready for the deadly disease” and that they are “calling for a plan of action before it’s too late”. All of these phrases instill a sense of fear about the disease, which is unnecessary considering the statistical improbability of an individual contracting it (City News, 2014). CTV News Channel (2014) quoted the disease as something that “should it make its way here”, and “can walk in anytime, anywhere”, while Global News (2014) discusses the case of a doctor from West Africa who contracted the disease, but did not show symptoms until he had visited places around the city. Officials were

shown retracing his steps and identifying any points at which the disease could have spread to others (Global News, 2014, October 26). Fox News (2014) indicated in the title of their report that Ebola is not airborne, but followed up with the subtitle “but does the possibility exist?” (October 19). In this clip, guest speaker Dr. Samadi insists that the disease is not airborne, but the anchors persist with highlighting CDC claims that it potentially could be. They offer almost implausible situations to make their point, despite the insistence of a medical professional (Fox News, 2014, October 19). This disproportionate fear of Ebola induced by the media can be related back to the concept of Canadian anxiety over the growing presence of minorities, a connection that is further supported by continuous references to the ‘disease’ coming to ‘Us’, which has clear parallels to the immigration of people of colour to North America.

The theme of protecting Us from Them is distinguished by media coverage focusing on the preparedness of the nation to protect its citizens. CBC (2014) states that Ebola is unlikely to hit Canada, but that they are nevertheless prepared. The report continues to identify various ways in which medical professionals are protected from the disease. However, every individual shown in the report is of White skin colour; this perpetuates the subtle visual idea of the vulnerability of the White population (The National, 2014). City News (2014) also emphasizes the vulnerability of medical responders as they handle potential cases of Ebola, in a clip that highlights the N95 face masks that were used during the SARS outbreak to prevent the contraction of disease, and further explains that these masks would be futile against Ebola. The video footage focuses on this product by showing a White female wearing the mask (CityNews Toronto, 2014). Global News (2014) explains that a man put in isolation after having visited Nigeria recently is showing symptoms of Ebola. The report later depicts the Ebola epidemic in Liberia, showing footage of those suffering from the disease in states of distress. Although the report clearly states that it is unlikely Ebola would reach North America, this footage continues to perpetuate the idea of a North American outbreak as a possibility, along with depictions of the bodies that would be ‘responsible’ (Global News,

2014, August 10). In addition, as recently as November of 2017, Fox News conducted a follow up report on people that contracted the disease. They continued to describe Ebola as a “rare and deadly disease” that “came to our shores” (Fox News, 2017, November 10), even though the WHO had terminated the Public Health Emergency of International Concern on Ebola by that point. Fox News (2014) also titled one of their reports by referencing Ebola’s potential to be used as a bioterrorist threat. Although the report does not delve into the topic identified in the title any further, these words alone are sufficient allusion to the immigrant as a terrorist entity (Fox News Politics, 2014). MSNBC (2014) highlights, both through the title and the content of their coverage, how Ebola reached the US by emphasizing geographical dissociation, similar to the connections made between Chinatown and the SARS epidemic (MSNBC, 2014, October 1). A further report by MSNBC (2014, October 6) continues this pattern by identifying each case as it arrives into the US, emphasizing once again associations between the disease and location. City News (2014) makes contrasting claims, stating that, although it is not likely to be Ebola, hospitals have isolated a patient and are testing them. They then thoroughly recount the preparations that would be involved in case of an Ebola patient. This can again be explained by unnecessary fear of this disease. Although it is not directly stated in the report, the visuals provided in this footage consistently highlight the White population as the vulnerable group (CTV Barrie, 2014). This further segregates the identified Other, the Black community, providing a clear parallel to the situation surrounding racial profiling by the Toronto Police, who then took on the role of the victim being unfairly persecuted.

The final theme identified in news coverage of the outbreak is overtly perpetuating the Black community as the Other. CTV (2014) questions a doctor who treated the first Black American patient to die from Ebola. They ask whether the patient might not have received the best possible care because of his race, to which the doctor immediately replies that he is “remarkably insulted” (CTV National News, 2014). This is similar to Adeyanju’s (2010) discussion of the White community’s refusal to acknowledge the

existence of institutional racism. The point made here is not to claim that the patient received less than ideal care from the hospital, but rather to show that the doctor featured in the clip failed to recognize the influence of the medical institution as a racial deterrent. In their coverage, CBC (2014) aimed to demonstrate how Ebola is spread between people, and how the first American individual who died had contracted the disease. The reporter explains this in front of the backdrop of an African town, pointing at a house with members of the community in the background; she states that this is exactly where he contracted the disease (CBC News, 2014, October 3). Although the reporter’s intention was clear, it is impossible to miss the implied connections between Africans and Ebola. By associating this disease with the African body, the general public then further associates Ebola with the Black community that shares the same physical characteristics. Similarly, Global News (2014) shows a clip of the Prime Minister explaining how “globalization” and “global trade” can bring “problems that were initially away from us” that “can come here” (August 10).

Implications

Racism in the context of infectious disease has critical implications for health and health care policies affecting marginalized populations. Social determinants of health are social conditions that provide context for the health of an individual, group, or population. These determinants differ by society, and often relate to the amount of money, power, and resources available. The World Health Organization has identified 10 social determinants of health: the social gradient, stress, early life, social exclusion, work, unemployment, social support, addiction, food, and transport (Marmot, 2005). Each plays a role in shaping the health and wellbeing of a person. Racism is a strong influencer of these social determinants of health. During the Ebola outbreak, the North American media consistently portrayed the Black community as the Other - a group that is to be feared, as they are vessels of this disease. This has major implications for the health and wellbeing of Black people. Past events, including slavery and segregation, have resulted in a present society with ingrained structural and

systemic racism. Inequalities in social status, resource access, and income are already a reality for Black individuals in North America, and these social determinants of health have already placed this group of people in a disadvantaged position in comparison to others. The Ebola epidemic, and the media panic that followed it, perpetuated these pre-existing realities of inequality. The impact of North American media coverage on social gradient and stress can therefore impact the current wellbeing of the Black community.

Stress is physiological demand placed on the body when one must adapt, cope, or adjust. Although no conclusive medical evidence links stress and disease, it is naïve to assume that there is no connection between the two. Clark et al. (1999) propose a contextual model for examining the biopsychosocial effects of perceived racism. The critical factor in this model that can directly influence health is the coping responses used by African Americans during the perception of racism; more research is still needed to clarify the exact nature of this relationship. Media coverage of Ebola in 2014 provides an example of consistent racial themes presented through mass media that can act as a significant stressor to Black Americans, a population already experiencing other forms of oppression within society. Williams et al. (1997) looked at racial differences in physical and mental health and, although they state that more research is required, these authors believe that health is connected to stress and racism. If the constant need for the Black population to cope with societal prejudices affects mental health, it is not irrational to assume that their physical health is impacted as well.

Social gradient is the correlation between inequality in social status and inequality in health (Marmot, 2005), with social status being a person's standing in comparison to others in a society. How this is determined varies by society, but is often connected to wealth. There are both direct and indirect explanations for the social gradient. Greater wealth provides access to a healthier lifestyle, including food, extracurricular activities, exercise, and education. Lower wealth, on the other hand, provides less access to a healthier lifestyle. Ebola coverage in North America has likely influenced social perceptions

of the Black population, and this can translate to lower employment opportunities, less access to social support, and a marred image in society. Racial profiling can further lower social status, which further affects the health and wellbeing of the Black community.

Conclusion

North American media coverage of the 2014 outbreak of Ebola in West Africa was inadequate in accurately representing the reality of the events of this epidemic. Rather, the media reconstructed the events of the outbreak in a way that had detrimental effects on the Black community in North America, through news coverage that perpetuated pre-existing racial beliefs and further oppressed a marginalized population. This was evident through the use of images and language that emphasized the propagation of fear, separation from the Other, and the vulnerability of Us. Effects of this portrayal of the Black community have major implications for social determinants of health, specifically stress and social gradient. Adeyanju (2010) highlights the idea that Canada has a distinct form of racism – democratic racism, or the dissonance between ideology and reality of racism in society. By identifying the shortcomings of the media and existence of institutional racism to raise awareness of this disconnect, ideology might eventually become reality.

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