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Grassroots emergency health risk communication and transmedia public participation: H1N1 flu, travelers from epicenters, and cyber vigilantism

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Abstract

Grassroots risk reduction tactics took new forms in the era of social media. Chinese netizens mobilized human flesh searches (HFS), or cyber vigilantism, to reduce the risks posed by international travelers who might import the H1N1 flu virus into China. My study suggests that at the beginning of the H1N1 flu epidemic, rigorous transmedia intervention efforts were made to discipline the early irresponsible overseas Chinese who traveled extensively after arriving in China, but much less attention was paid to risks posed by foreign travelers. The grassroots risk tactics employed emotional appeals, valuative judgment, and moral condemnation to criticize the irresponsible travel of the earliest imported H1N1 flu cases. These transmedia risk tactics got quickly appropriated by regional and national governments to reduce alienation of overseas Chinese and to discipline overseas returnees. Analysis of the HFS episodes reveals the need to create an interface of interaction between authorities and the public for open systems of communication and to consider local public health practices, emotion needs, and values and beliefs when designing health risk communication messages.

Key words

Health risk communication, cyber vigilantism, grassroots tactics, epidemics, culture, mass mobilization, affect, values and beliefs.

Introduction

How do we communicate about emerging health risks posed by novel epidemics across cultures? How do we construct the identities of different at-risk populations and patients and cope with the potential health risks? What measures can be taken to develop culturally appropriate emergency health risk communications? This study aims to provide some preliminary answers to these important questions by tracing the computer and mass media health risk communications

surrounding the emerging H1N1 flu pandemic in North America and China. I explore how advances in communication technologies, particularly the use of discussion forums and social networking tools in cyber vigilantism, or human flesh searches, helped to shape and meet the grassroots health risk communication needs of concerned Chinese Internet user (netizens) before June 1, 2009, when China reported a total of 36 H1N1 flu cases. Doing so allows me to examine Chinese netizens' attitudes toward cultural values and communication practices concerning emerging epidemics and health risks posed by international travelers. As a grassroots civic group, Chinese netizens invented bottom up tactics to manage health risks posed by international travelers. Studying their health risk communication practices helps to shed light on possible problems that may arise in extra-institutional health risk communications about emerging global epidemics and their implications for institutional health risk management.

Discipline in globalization, practices of security, and stigmatization in risk discourses

Modern society exerts power to maintain the productivity and reproductively of its populations and to create a panoptic gaze on the aberrant behaviors of those who transgress the societal norms to avoid introducing health threats to its healthy bodies (Foucault, 1975; 1977; 1979). Multiple “devices of surveillance” are employed as “technology of health and pathology” to constantly patrol the boundary between the healthy and the sick (Foucault, 1978). Foucault introduces the term *spatialization* to describe the way a given society uses disciplinary strategies to circumscribe, classify, isolate, treat, and contain a disease, which results in the creation of social space, for instance, the hospital and the public health system. Elden (2003) provides a detailed reading of Foucault's analysis of “two principle models for medical organization in the Western world,” namely, the treatment of lepers through expulsion and exclusion to maintain the purification of the community; and the organization of the plague through spatial partitioning, segmentation, isolation, surveillance, inspection and order (p. 242). Globalization and transcontinental travel introduce new challenges to institutional needs to spatialize communities and to separate the healthy from the sick because of the spatial promiscuity brought by transnational travelers.

Bingham and Hinchliff (2008) describe two competing modes of security at work during global epidemics. First, a *circulation-centric* version of security regulates circulations of good things (such as trade) and bad things (i.e., virus) or bad people (terrorists). It works with “material specificities of particular environments” and modulates existing conditions to ensure the “future maximization of positive circulating elements” (p. 179). In contrast, a *territorial* version tries to “keep threats at a distance by demarcating and protecting certain places, or by intensified policing of borders to maintain boundaries” (p. 180). Their case study of Egypt's culling of poultry during its avian flu outbreak shows the way these modes of security “exist alongside and entangled with other sets of practices,” i.e., local political economy and household poultry raising as “non-market practices related to U.S. surpluses, military provisioning, cartels, and political power that produced the new food situation in Egypt” (p. 185). Bingham and Hinchliff's (2008) theory of security is highly relevant to this study because the transmedia grassroots risk discourses attempted to *contain the further circulation of bad things* (viruses carried by transcontinental travelers from epicenters) *within the territory of China*.

Stigmatization often accompanies disciplinary measures in epidemics. During SARS, Chinatowns in New York and Toronto witnessed the racial discrimination of people of Asian descent as a “risk group” and the unsanitary *other* to maintain the boundary between the healthy self and the sick other (Eichelberger, 2007; Leung, 2008). The dormant ideology of “yellow peril” was activated in popular and scientific discourses not only to blame the Chinese for creating and spreading SARS but also to transform SARS into “an Oriental plague,” which then justified racial targeting practices, discriminatory actions, and segregation policies (Hung, 2003). Such fear of strangers was widely reported in news stories about plummeting businesses experienced by Chinatowns all over the world, individual encounters with overt racial profiling, and personal narratives about being coerced into home quarantines because of the perceived ethnic connection with China (Eichelberger, 2007; Ding, 2013a). This project provides an interesting contrast to the revival of racism during SARS in North America, since it investigates how Chinese mainland netizens responded to health risks posed by travelers from North America. It reveals how the circulation-centric version of security works alongside with the territorial version of security to discipline overseas returnees by galvanizing civic collaboration via emerging media to mobilize nationalistic discourses and moral critiques.

Health communication via digital media assemblage of human flesh searches: Transmedia collaboration in Web 2.0 era

Health communication practitioners employ communication technologies to widely disseminate their messages and to reach a wide audience. With the increasing use of social media since the turn of the new millennium, health institutions resort to these media to better engage a public audience, to invite feedbacks, to enable further circulation of their messages, and to build communities of fans and regular visitors to their official websites. Despite the increasing scholarly attention paid to the use of social media in health communication, most of the studies focus on strategic institutional uses and the dissemination of health messages from experts to the public (Avery et al., 2010; Gibbons et al., 2011) or on individual use for the purposes of social support and community building (Donelle & Hoffman-Goetz, 2008; Murray et al., 2005). Not much attention has been paid to the tactical use of such media by grassroots communities to circumvent official control and to enable participatory decision making (Ding & Zhang, 2010; see de Certeau (1984) for discussions of strategies and tactics).

Human Flesh Searches (HFS) has been described as online witch hunt by the British Broadcasting Corporation (BBC) and “Chinese style Internet man hunt” by American media. Focusing on the transmedia impacts, Cheung and Gong (2010) define human flesh searches as “mediated search processes whereby online participants collectively find demographic and geographic information about deviant individuals, often with the shared intention to expose, shame, and punish them to reinstate legal justice or public morality” (p. 472). According to Wang et al.’s (2010) empirical study, HFS episodes have two defining features: they have “strong offline elements” such as “information acquisition through offline channels or other types of offline activism;” and they rely on voluntary crowd sourcing with a group of Web users working together to “gather information, conduct investigations, and perform other actions concerning people or events of common interest” (p. 46). As a popular type of crowd sourcing, HFS has become an international web phenomenon and a “special kind of cyber-enabled social movement organization” (p. 53).

Numerous studies have been published on HFS episodes. HFS is differentially characterized as the Internet exertion of traditional Chinese virtues through the use of omnipresent, relational, and communal networks, crowd sourcing, and participatory Panopticon (Pan, 2010), and a double-blade sword that enables online supervision, mediated search processes, and transmedia collective intelligence (Cheong & Gong, 2010). HFS events grew exponentially in 2008 and 2009 after the first HFS episode in 2001. Factors contributing to this growth are the tremendous increase of Internet users, their accumulated experiences and expertise, and the quick development of blogs, forums, social media, and online communities (Cheong & Gong, 2010; Xu, 2001).

HFS is definitely one of the most powerful guerrilla media in risk communication processes (Ding, 2009). It is uniquely featured by its quick mobility through concurrent use of multiple media applications (such as discussion forums, instant messaging, video-sharing sites, and social media), its powerful mobilization of concerned citizens, and its capacity to trigger widespread online and offline participation from both technology savvy users and well-connected informants. With its offline investigations and actions, HFS can lead to widely distributed mob violence that targets immoral cases (Zhang, 2009), violation of privacy such as phone calls, insults, or harassment of suspected culprits and their family members, and in some cases, job losses or administrative punishments (Wang et al., 2010).

This article provides the first in-depth study about the transmedia production and circulation of risk discourses targeting international travelers from epicenters in emergency health risk communication. In addition to discussions about possible approaches to develop culturally appropriate health risk communications, it provides useful insight into potential tactics that grassroots organizations and concerned citizens may use to initiate more participatory health risk communication practices as well as potential pitfalls in such communication processes.

Research methods

This study employs “rhetorical-cultural analysis” (Scott, 2003) to examine grassroots health risk communication about the emerging H1N1 flu epidemic before June 1, 2009, when China reported a total of 36 imported H1N1 cases. Scott (2003) described the goal of rhetorical-cultural analysis as twofold: to “account for [technoscience's] broader conditions of possibility” by examining a heterogeneous range of issues, i.e., textual, contextual, intertextual, social, economic, historical, and cultural ones, and “to map the connections and power relations among [technoscience's] heterogeneous actors” (p. 356). Scott advocates for the investigation of the cultural circuit, or the entire processes from production to circulation of textual forms and/or cultural practices as well as their rhetorical-material effects (p. 356). Here, I employ rhetorical-cultural analysis to examine the transmedia circulation of grassroots risk discourses and its impacts on both individuals affected by H1N1 flu and official policies to reduce health risks posed by transcontinental travelers. My study explores the transmedia responses to the first few instances of suspected or confirmed H1N1 cases at the very beginning of the epidemic in China, which sheds light on the way concerned citizens employed various media platforms to manage the perceived health risks posed by such transcontinental travelers.

My primary research questions are: How did Chinese media respond to potential health threats posed by early travelers, i.e., international travelers and those returning overseas to Chinese,

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from epicenters at the start of the H1N1 flu epidemic? What measures did concerned Chinese netizens take to launch transmedia civic collaboration to invent ways to better discipline overseas returnees as potential virus carriers? In other words, how are risk responses from little-affected countries influenced by global viral circulation and the nationalities of infected cases?

To compare transmedia responses to the health risks posed by both foreign travelers and overseas returnees, I chose two instances from each category. I started with analysis of media coverage and Internet discussions about the first two foreign travelers and the official and unofficial risk management approaches to control the health risks posed by them. I then examined the way the mass media constructed and responded to the health risks posed by the first few confirmed H1N1 flu patients in China, who were overseas Chinese studying or living in North America, mostly in the United States and in Canada. I focused on two of the earliest returnees who traveled extensively via public transportation vehicles, namely, long-distance trains and subway, and who might have knowingly or unknowingly spread the virus to other passengers. This unique group of international travelers encountered human flesh searches that brought their irresponsible conduct and later their personal life to intense Internet exposure and strong moral critiques because of the health risks they posed to the entire nation. Particular attention was paid to Internet responses to two widely publicized and criticized cases:

1. The second case in China: an undergraduate student from a Canadian university who traveled extensively in Beijing and had started a fever and cough and then took a train back home.
2. The fifth case in Beijing who travelled via the subway system and got widely televised because of the health risks he posed.

I collected news reports about those early cases in major newspapers in China, using the news aggregate services provided by xinhuanet.com, 163.com, sina.com, and Yahoo.cn in their official portals devoted to news coverage on H1N1 flu. Then I *traced human flesh searches* through the collection and analysis of blogs, vlogs, and discussion forum posts about the early cases. I explored the transcultural production, circulation, consumption, and appropriation of grassroots health risk communication practices employed by Chinese netizens during the H1N1 flu pandemic. Doing so allows me to evaluate both institutional and extra-institutional risk responses to the health risks posed by those intercontinental travelers, be they Chinese or foreigners (see Figure 1).

Groups of travelers/analysis	Foreign travelers	Overseas Chinese returnees
2 cases	Mexican, Italian	2 nd and 5 th imported cases, irresponsible travel
Media coverage	v	v
HFS discourses	v	v

Figure 1. Analysis of two groups of travelers from epicenters.

My study investigated how cultural values and beliefs functioned in the emerging H1N1 flu epidemic to mobilize grassroots intervention and participatory risk measures via transmedia technologies. Through reiterative reading, I identified recurring themes about the *connections* and *power relations* among various actors in the larger public and private cultural circuit in

which transmedia discourses about the four early cases got disseminated and consumed (Scott, 2003, p. 355). Such themes include the online construction of patient identities, the use of transmedia technologies to track down the early cases, communal responses to such health threats, issues of privacy breaching and Internet violence, and the normative and disciplinary power of grassroots risk discourses on the collective health of the nation.

Foreign travelers as health threats: Media responses

In sharp contrast to China's belated responses to the 2003 SARS epidemic, the H1N1 flu epidemic witnessed quick and proactive responses from China to prevent the import of the H1N1 flu virus by foreign travelers and returning overseas Chinese. Standaert (2009) reported international concerns over China's decision to "quarantine Mexicans and Canadians with no symptoms of swine flu" and "to suspend quick visas for Americans" (A13). Both measures aimed to prevent the cross-border circulation of the H1N1 flu virus and to take potentially infected bodies out of the circulation to ensure the territorial security of mainland China.

With little knowledge about the epidemiological impacts or potential mutation of the H1N1 flu, China, like many other countries outside the epicenters in North and South America, took rigorous measures to prevent the import of H1N1 flu virus. The first imported H1N1 flu patient in Hong Kong was a 25-year old Mexican national who flew from Mexico to Shanghai before transferring flights to Hong Kong on the morning of April 30, 2009 (Mao, Zhu, & Song, 2009). He demonstrated no flu symptoms when changing flights in Shanghai. In fact, ambulances and police cars together with the Vice Mayor of Shanghai were sent to meet the flight in Shanghai Pudong International Airport. Rigorous temperature monitoring and health registration measures were taken when 189 passengers and staff members went through the customs clearance procedures. A few hours after checking into a Hong Kong hotel, the Mexican national developed fever and checked into a local hospital for further treatment. He was diagnosed by the Health Administration as Hong Kong's first H1N1 flu case the next evening ("First H1N1 flu case"). On the same evening, Hong Kong quickly increased its Epidemic Emergency level from "serious" to "urgent" and quarantined over 200 travelers and 100 staff working in the hotel that the Mexican traveler had stayed in (about 300 quarantined).

Meanwhile, repercussions were quickly felt by health officials at various levels in mainland China. On April 30, China's Ministry of Health required public health and other administrative institutions in Shanghai, Beijing, and the Guangdong Province to quickly put all passengers who took the same flights as the Mexican national into a seven-day quarantine and medical observation in reserved hotels or designated hospitals (41 passengers). Recently eradicating SARS, China drew on lessons learned from its anti-SARS campaign and took a highly proactive approach to prevent the import of H1N1 flu. Numerous institutions across regions took extensive and well-coordinated efforts to trace all passengers who had traveled to other provinces and to notify those provinces to take rigorous prevention and control measures to avoid the spread of H1N1 flu. On May 8, the Ministry of Health announced that all close contacts of the Mexican traveler were released from quarantine and that no imported H1N1 flu case was found (Ministry of Health).

In addition to contact tracing and quarantines, (un)diplomatic and dramatic risk measures were taken at the national and international level as individual countries scrambled to manage the

health risks posed by sick transnational travelers. China announced on May 4 that it would quarantine 70 Mexican travelers who had recently arrived in China and would temporarily stop receiving flights from Mexico to Shanghai (China temporarily cancelled flights). On the same day, China sent a reserved airplane to pick up over 120 Chinese citizens who had planned to return from Mexico to China via the canceled flight (Luan, Chen, & Wang, 2009). Mexico did the same thing to pick up its 70 citizens quarantined in China (Mexico sent a plane).

On May 20, a 42-year-old female Italian traveler was identified as the first foreign suspected H1N1 patient in mainland China. Travelling with a 24-member multinational tourist group from Nepal to Tibet, the woman had cold symptoms such as fever, stuffy nose, and sore throat when passing border screening and attracted attention from customer officers in charge of temperature monitoring procedures (Xu & Zhu, 2009). Upon her arrival in Himalayan border town of Zhangmu, Tibet, the Italian woman was quickly quarantined in a clinic and later diagnosed as a pneumonia patient. The woman traveled in a tourist team and had little contact with local residents or airline passengers. The woman and her Nepali guide were quarantined in a local hospital, and their 23 fellow travelers were put in a hostel for medical observation (Chen, 2009). One official at the Tibetan H1N1 flu information center commented on the potential health risks posed by foreign travelers as a risk group: "There are a lot of foreigners in Tibet. Any of them can be a virus carrier. It will be a nightmare for the tourism sector" (Chen, 2009).

Hong Kong's first Mexican H1N1 flu patient triggered great confusion, disagreement, and contestations between China and Mexico, as reflected in the controversy surrounding transnational flight exchanges and appropriate treatments of travelers. International tourists who travel on transcontinental flights provide detailed information about the identities and contact information of peer passengers. This easy access to surveillance greatly facilitate contact tracing processes and thus enabled the territorial version of security. Despite the quick and confusing diplomatic exchanges and controversies surrounding China's anti-H1N1 flu measures, sick foreign travelers were perceived as faceless, distant virus carriers who got out of circulation so quickly that they did not attract much attention from Chinese netizens. Several isolation journals were published by passengers sharing the same flights with the Mexican national, and they all reported quick and systematic quarantine arrangements from health authorities in Hong Kong or in Shanghai, which prevented any further spread of the virus (under quarantine).

The first post on the Tianya Forum (tianya.cn) about the diagnosis of the Mexican case as the first case in Hong Kong attracted 470 replies and over 37,000 views. Forum participants expressed concerns about having another outbreak like SARS in metropolitan areas such as Beijing, Shanghai, and Guangzhou, urging those sharing the same flights to take seven-day home quarantine; they also argued about the need for China to immediately stop all flights to and from Mexico and called for all-out official measures to prevent another outbreak in China (Hong Kong confirmed). Interestingly, the focus of the thread discussion was mostly on preventive measures that should be taken after the diagnosis of the first case rather than on who the first case was.

Several reasons may have contributed to this lack of victimization of the first two foreign travelers: their identities as transient foreign travelers who stayed for a few days and then headed back home, their anonymity, the relative small number of such circulated transnational bodies, and intensive risk management negotiations between China and epicenters such as Mexico,

Canada, and the United States. Their identities as transient travelers and their lack of cultural connections rendered them into two rather distant and less personal cases than their Chinese counterparts.

Sick overseas Chinese returnees and transmedia intervention

Most of the early H1N1 flu cases diagnosed in China were overseas Chinese who had worked, traveled or studied in North America before heading back to China. Overseas Chinese constitute China's large reserve of privileged flexible citizens widely distributed throughout the world, who can travel across national borders in pursuit of capital and privilege (Ong, 1999). A large number of China's flexible citizens, particularly students studying overseas for advanced degrees, belong to Ong's (2004) category of "global intellectual citizens." With their technological expertise and transnational experiences, these global citizens are much desired and actively recruited by Silicon centers and high-tech parks mushrooming throughout Asia (for more detail, see Ding, 2013b). During the H1N1 flu pandemic, however, flexible citizens became stigmatized because of the exact same reason. Their ability to freely cross national borders, coupled with H1N1 flu's early nonspecific and feverless symptoms, made them the invisible sick *other* who imported the much-dreaded virus into China. In what follows, I examine the grassroots risk responses to the health threats posed by China's second imported case, Lu Spread-spread, and Beijing's fifth case, who was videotaped by the monitoring system of Beijing's subway and widely televised upon his diagnosis of H1N1 flu.

Lu Spread-Spread and moral trials in cyber vigilantism

The second imported case was human flesh searched and nicknamed "Lu Spread-spread" by Chinese netizens because of his prolonged and irresponsible three-day travel, dining, shopping, and partying with friends in Beijing. Mr. Lu, a 19-year-old college student at the University of Winnipeg, flew from Canada to Beijing on May 7 and stayed in Beijing for three days for numerous local tours and gatherings with friends. He developed a fever on May 10 and took a train on May 11 to return to his hometown, Jinan city in the Shandong Province. Mr. Lu's case clearly demonstrates the mobility of transnational bodies, who may pose great threat to national biopolitical surveillance because of their ability to quickly transmit new viruses across national boundaries. Because of the absence of specific symptoms such as fever at the onset of the disease, H1N1 flu patients can unknowingly carry the virus across borders and disseminate it in local communities. Therefore, transnational bodies become a disruptive force in local biopolitical campaigns to prevent the import of new epidemics.

On his train back home, Mr. Lu called his family about his fever, who in turn consulted with relatives and friends about the situation and asked about the designated H1N1 hospital in Jinan. One person consulted was Lu's father's sister-in-law's cousin, Long Hao, who happened to be a local public health official. Long immediately called the Center of Disease Control and Prevention (CDC) in Jinan city to alert them about the case, and CDC staff picked Lu up from the train station after his arrival and sent him to an isolation ward.

On May 14, the Health Bureau of the Shandong Province held a news press to provide an update about the H1N1 epidemic in the province ("Jinan mobilized"). The spokesman announced that the province had started the response mechanism for Level 2 public health emergencies. Thirty out of Lu's 46 close contacts on the train were found and isolated for medical observation. The

bureau was still actively searching for the other close contacts of Lu. Several reports about the case were published in mainstream Shandong newspapers on May 15, revealing only the last name, age, and flight and train numbers of the first Shandong case. In a national update about Lu as the second case in the country, the Ministry of Health revealed that the case studied at a Canadian university and that epidemiological searches for his close contacts were still being conducted in Beijing in five popular tourist sites and numerous restaurants that the case had been to. The hotel he stayed in was shut down for quarantine with a total of 60 guests, and another five of his close contacts were sent to a local hospital for medical observation.

Trains are a popular means of public transport in China. Many long-distance trains in China are packed with less affluent travelers from the countryside and the poor hinterland. Relying on air conditioning for ventilation, trains may function as an ideal environment for the quick spread of contagious diseases. In addition, passengers were not required to provide personal identification information when purchasing tickets, which posed great difficulty for contact tracing (Zhu, 2009). Two reasons contributing to the Internet rage against Mr. Lu were the health risks posed by his train ride back home and the fact that he intentionally chose to take train back home most probably because of the perceived possibility of being caught at airport during temperature monitoring procedures and then sent to specialized hospitals in Beijing for treatment.

Communal responses: Collective interests, trope of the [ir]responsible citizen, and moral trials

Lu provided a perfect case to study how the circulation- and territory-centric modes of security operate differently yet simultaneously in emerging epidemics. As a transnational traveler, he was viewed as a sick body in circulation from Canada to China. Upon his arrival in Beijing, Lu became monitored by both modes of security. Because he was viewed as an infected body in circulation, he encountered the territorial mode of security when health officials and concerned citizens in Beijing and Shandong attempted to contain the health threats posed by him through aggressive contact tracing and quarantines.

Upon the identification of Mr. Lu as a suspected H1N1 flu case, Shandong provincial government made extensive transmedia efforts to distribute urgent notifications to search for Lu's 43 close contacts on the train, using TV, radio, newspaper, text messages, residential bulletin boards, and official websites ("Jinan mobilized"). The human flesh searches started immediately after the release of official reports about the immense surveillance challenges posed by Mr. Lu. Quickly circulated online was an unverified insider story that was claimed to be published as a blog entry by Mr. Lu's roommate, Alex, in Canada. According to the blog, Mr. Lu was a nineteen-year-old undergraduate student at the University of Winnipeg in Canada. Mr. Lu suspected that he had been infected with H1N1 flu back in Canada, as one Mexican student sitting next to him had been confirmed as an H1N1 flu patient. He tried in vain to buy masks in Wal-Mart the day before he took the flights back home, and then he traveled extensively in Beijing despite his suspicion ("Shandong poison king").

This unverified story enraged netizens because of Mr. Lu's decision to return home and travel in multiple tourist sites in Beijing despite his concern about possible infection. Many online posts criticized his action, calling it "extremely selfish," "negligent of community well being," and a "deliberate and vicious intention to spreading the disease to others" ("Lu Spread-spread"). It

was at this early HFS stage that Lu was nicknamed “Shandong Poison King Lu Spread-spread” because of his irresponsible movements across national borders and regions. Mr. Lu’s activities greatly impacted netizens in the Shandong Province, many of whom believed that Mr. Lu’s selfish conduct stigmatized the community of Shandong netizens. One popular post in the Shandong Community BBS claimed that “Lu inflicted humiliation and stigma [on us]” and that “the community leader should call for action from those interested and post findings about Lu in all major websites” (“Who is Lu Spreadspread”). It also called for “an unprecedented act of justice from our Shandong community of netizens” by collaboratively gathering demographic and personal information about him and by questioning Lu’s family about his conduct. Meanwhile, video clips containing journalists’ interviews with Lu and Lu’s screen captures were widely posted in discussion forums as well as video-sharing and photo-sharing sites, and forum participants were urged to track him down. These posts emphasized shared intelligence and communal collaboration, which demonstrate capabilities of HFS to promote interaction and crowd sourcing.

Soon Mr. Lu’s account in his school intranet (or renren.com, China’s version of the social networking site Facebook), his online photo album, his phone number, his home address, and his instant messaging QQ account were found online. A lot of netizens visited his account like “tourist delegations” and screen captures of his posts were widely distributed online (Liu, 2009). Mr. Lu published most of the posts and updates during his hospital stay. According to the online screen captures, one of Lu’s earliest posts was published in his school intranet on May 13. He wrote, “I indeed won the million-dollar lottery.” One of his friends responded to his post by asking whether he was the H1N1 case from Shandong: “I thought about you when I heard that the case was studying in Canada, with the last name Lu, and nineteen year old... That can’t be true.” Lu responded, “Unfortunately it is me.” He posted another message saying “I really really want to go home.”

Mr. Lu’s online and offline activities were richly recorded through the use of a wide range of media, including textual (news reports), pictorial (photos taken at hospital and screen captures of his instant messaging exchanges), and audiovisual (video clips of TV interviews with Mr. Lu and his father). This large assemblage of media was widely circulated and archived in discussion forums, blogs, and reprinted news and forum posts. This transmedia collection of discourses fed into the ongoing HFS processes, enhanced the richness and credibility of online arguments against Mr. Lu, and attracted an increasing number of participants and bystanders in this HFS episode.

Hundreds of responses were posted by local users to his original posts in his school BBS (Bulletin Board Systems), and 100 of the responses published between May 14 and May 15 were archived by a blogger in baidu.com, one of the largest commercial websites in China. One common thread of critique was made about Mr. Lu’s decision to travel in Beijing and to return home by train despite his symptoms, which revealed him as an irresponsible individual. A response posted by someone who identified himself as Mr. Shao said:

You knew you could not take the plane because of you fever, so you took the train [...] The railway system sells tickets without asking for any proof of identification, which makes it extremely difficult to trace your close contacts. Do you know that? Do you know that

Jinan municipal government has offered monetary awards to track down your close contacts?

Shao's comments clearly pinpointed one important issue posed by Mr. Lu's disruptive movement: The huge cost of human, social, and economic resources to find and quarantine close contacts in the flights and train he took as well as those in the tourist sites, hotel and restaurants. It illustrates the simultaneous operation of circulation-centric and territory-centric mode of security: When sick bodies are identified and taken out of circulation, the territorial mode of security takes over to ensure the discipline of those with secondary infection so as to protect the overall health of the region.

HFS can produce personal attacks and hate talk through the use of moral trials and violent language. One example was a popular post on Lu's story published in Tianya.cn, one of the most important discussion forums that contribute to numerous HFS endeavors. The post attracted a total of 210 highly emotionally charged responses, some of which claimed that Mr. Lu should be charged with "intentional murdering" or with making a "deliberate threat to public security" and that he should be "put to criminal trial," and "imprisoned" because of his "intentional spread of the virus" (Bing, 2009). Another response says, "Lu and his family were *evilly calculating* [in their efforts to coordinate the timing to call the CDC with that of the train schedule...] People like him should be *directly shot to death*." Lu was labeled as "sickening garbage," "evil beast," traitor, retarded panic creator, psychiatric idiot, and bioterrorist weapon targeting pregnant women and small children in one of the popular theme parks that he travelled in. One of the less radical responses put geographical labels on him and called him "the disgusting Shandong bastard:"

Carrying virus, he traveled thousands of miles from the epicenter to China. Then he stayed busy taking buses and taxis to theme parks and shopping centers. What kind of madness is this!

Some respondents talked about the risks they were exposed to because of the geographical proximity to places that Lu had been to or because of the imagined connection between public transport and the anonymous sick virus carrier:

So Beijing is very dangerous now!
I have to take the train to Xi'an, and I am scared now!
He intentionally traveled in crowded place, and he ate breakfast in the restaurant right next to my university!
He may have infected small kids and expecting mothers and thus destroyed a health family!

Two posts pondered on human rights: "To speak of human rights for those of you from the epicenters" means "the lack of human rights for us in epidemic-free regions" and results in "putting to risk the lives of 1.4 billion people in China." They touch upon a sensitive topic in the containment of emerging epidemics: Whose rights should we value more, the individual right of those who get infected or the collective right of the larger community who may contract the disease from those sick individuals through casual contact? This concern about human rights

was examined by posts discussing the experiences of several hundred of “strangers” who had close contact with Lu, and, as a result, were put into isolation. For those unfortunate contacts, their life and work got disrupted, and their families were thrown into fear. Two responses focused on the inconveniences, emotional and psychological stress, and interrupted life caused by people’s unsuspected close contact with Mr. Lu:

You are homesick? I am more so! Out of no reason, you sent me to medical quarantine in hospital! Is it easy for us to travel back to China? I want to condemn you!
My dad’s office manager was also quarantined because he was in the same carriage with Lu in his business trip to Shangdong, with only one row in between. Won’t you feel angry in the same situation?

On May 16, Mr. Lu’s father made a public apology on a local television station for Lu’s irresponsible action and urged Lu to think from the perspectives of those affected by him (“Lu Spread-spread”). HFS soon criticized Lu’s parents for permitting Lu to travel back to China first and then to take the train back home and for apologizing for a nineteen-year-old adult. Such critiques revealed the online use of exposure and social pressure to discipline the transnational irresponsible bodies and their extended families as social transgressors and to coerce them into cooperation with the national campaign to contain H1N1 flu.

Beijing’s fifth case: Viral supervisory video, sick body in circulation, and apologies

The fifth case in Beijing presents another story about cultural responses to health risks posed by mainlanders returning from North America. 46-year-old Mr. Zhang returned from Toronto to Beijing on May 21. Multiple institutions, including the Beijing Municipal Government, the Health Bureau, the Centers of Disease Control and Prevention of Beijing, and the Ministry of Diplomacy, started to widely publicize health tips targeting overseas Chinese returning from epicenters after May 18. Such tips strongly urged “travelers from epicenters to stay at home for seven days after their arrival in Beijing and to avoid both traveling via public transportation systems and going to crowded public places” (“Ministry of Health”).

Instead of following anti-H1N1 flu tips, Mr. Zhang dined in a local restaurant and traveled via subway to a bank in a high-tech park in Beijing on May 22. Health authorities employed tracking technologies such as the one-card system for subway passengers and monitoring videos to identify both the areas that Mr. Zhang traveled through and the time period that he rode the subway. Such information was used to define his close contacts and to inform them of potential health risks they had been exposed to. The supervising video system both in the subway station and in the train recorded the entire process of Mr. Zhang entering the station, waiting for the train, getting on and off the train, and leaving the destination stop. Beijing public health authorities released information about Mr. Zhang’s onset of H1N1 flu and places he had been to before being hospitalized. In addition, with coordinated efforts from the subway system, Beijing Health Bureau broadcast parts of the monitoring videos and places Mr. Zhang had been to both in Beijing TV Station and in Qianglong.com, a popular website.

The supervising videos and their screen shots went viral and were quickly circulated in all major news websites, video sharing websites, and discussion forums, which resulted in an Internet rage against Mr. Zhang. Many subway riders posted in Tianya.cn to criticize his careless behavior,

which may have spread the virus to hundreds of passengers in the air-conditioned train he took. In response, Mr. Zhang apologized repeatedly to the public through media while undergoing treatments in hospital. He explained that the flu epidemic at Toronto attracted much less media attention that it did in Beijing and that he had no close contact with flu patients in Toronto, which resulted in his underestimation of the heightened attention Beijing paid to the H1N1 flu. After the onset of sore throat and low fever and realizing the great emphasis China put on H1N1 flu prevention and control, he quickly went to hospital for treatment (Jia & Chen, 2009). Mr. Zhang's narrative tried to transform public perceptions of his behaviors: Instead of being selfish and intentional, his trips were unintentional and resulted from his ill-informed understanding of the vast differences between the H1N1 flu situation in Toronto and that in Beijing.

Mr. Zhang added to this rhetorical transformation of his behaviors with apologies that conformed to the collectivist and patriotic sentiments widely felt online. He said in his interview with local media: "I apologize to everyone, particularly to those who [were] put into quarantine because of close contact with me. I am *very very very sorry*." He continued,

If everyone blames me because I did not stay at home for medical observation, I willingly accept these serious critiques. I am under a lot of stress now and my blood pressure increases. I am only a very ordinary man, and I will do my best to pay back the care and support from our government after being released from hospital (Jia & Chen, 2009).

Mr. Zhang's apologies and expressions of regrets demonstrate his awareness of the widely-felt public health repercussions caused by his business and personal trips in Beijing. More importantly, they show his acute awareness on the damages he unknowingly did to local communities and the national anti-H1N1 campaign, his acknowledgement of personal mistakes, and his willingness to accept public critiques and to conform to expectations for responsible citizens. As an early and widely publicized case of H1N1 flu, Mr. Zhang got caught in the technological panoptic gaze imposed by subway systems. The video clips and screen captures were then quickly circulated online, which facilitated the human flesh search of his activities and background. What makes Mr. Zhang different from Lu is his lack of online participation and his efforts to use interviews from major television stations and newspapers as official platforms for public apology. He made serious efforts to respond to the public rage against his local, virus-spreading trips by acknowledging the need to put national and communal interests above individual ones. Because of his quick and repeated apologies, compared with Mr. Lu, Mr. Zhang encountered much smaller-scale human flesh search and thus less privacy encroachment or harassment.

It should be emphasized here that all these digitally mediated, grassroots risk management tactics did not take place in vain. As Ding (2013b) points out, while mainland netizens exerted human flesh searches and moral critiques to condemn the irresponsible behaviors of early cases, tens of thousands of overseas Chinese responded to such critiques by advocating the postponement of future travel plans back to China and self-imposed home quarantines for those who did travel back home. Top officials soon intervened to prevent further stigmatization of its privileged overseas communities. The "no travel or home quarantine" tactic was appropriated into official policies to discipline overseas returnees while the rhetoric of solidarity was employed repeatedly by top leaders to show their support for flexible citizens who had returned to China. The

rhetorical interaction and contestation among overseas Chinese, mainlanders, and governmental public health apparatuses eventually resulted in the official appropriation of grassroots risk tactics that disciplined returning overseas Chinese. Institutions such as the Foreign Ministry, Ministry of Education, CDC, and General Administration of Quality Supervision, Inspection, and Quarantine published official notifications requiring overseas returnees to impose week-long home quarantines and to limit their mobility during that critical first week (“Cross-border travelers;” “Foreign Ministry”).

Discussion and conclusion

My rhetorical cultural study produces several useful findings about the transcultural health risk communication about and grassroots risk management of global emerging epidemics. In what follows, I will focus on identity politics surrounding patients, issues of privacy breaching and internet violence in cyber vigilantism, and the creation of possible interfaces of interaction between grassroots and official risk communication.

Identity politics surrounding foreign and Chinese H1N1 flu patients

One interesting finding in my study is the different degrees of attention early foreign and returning overseas Chinese patients had from online communities. The two early foreign patients remained for most of the time faceless, nameless, and distant, perhaps because of the lack of personal details revealed in news media and their identities as transient foreign travelers who came and left instead of staying for an extended period of time in transnational circulation.

In contrast, the two cases of returning overseas Chinese tell a different story. Both patients were exposed to tremendous attention both from mass media and from grassroots media assemblage of HFS. Whereas public health institutions and mass media initiated the risk communication processes about the two cases, HFS participants collaborated across media to find out personal details, travel histories, and in Lu’s case, family information to launch moral trials and personal attacks to punish them for their irresponsible behaviors. Neither HFS episode seems to serve the purpose of *othering* the sick. Instead, they functioned to discipline only the virus carriers who travelled irresponsibly, which suggested their preoccupation with the circulation mode of security in order to ensure the territorial mode of security and to protect China from imported viruses. For other early H1N1 flu cases who took voluntary home quarantines and sought medical treatment in a timely manner, little grassroots attention was paid to them, perhaps because they were not sick bodies in circulation (“Beijing’s fifth H1N1 patient”). As a result, they maintained their anonymity and were referred to as the distant and faceless H1N1 flu case associated with a certain number as “case No. X.”

With overseas returnees posing the risk of bringing H1N1 flu virus with them, China reactivated the border screening measures for inbound travelers through the mandatory use of temperature monitoring and health registration forms. H1N1 flu differs from SARS because of its non-specific symptoms and the lack of fever during its onset stage, which rendered temperature scanning a less effective tool to identify H1N1 flu cases. Adding to this surveillance difficulty was the impossibility of distinguishing potentially infected overseas returnees from epicenters from healthy mainlanders. In other words, the potential virus carriers and the sick *Other* look the same as the healthy *us*. Once they crossed the national border, they had the ability to pass as one of *us* because they spoke the same language and behaved in the same way. What made the HFS

episodes such a powerful grassroots risk reduction measure is their ability to mobilize traditional cultural values: patriotism, putting collective interests above individual ones, the moral responsibility to take care of one's own family and community, and their focus on individuals who travelled irresponsibly and might knowingly or unknowingly spread the virus. While the former appeals to overseas returnees by building emotional and valuative identification, through the use of the *transcendent we* and shared values (Cheney, 1983), the latter avoided the sweeping stigmatization and the subsequent alienation of all overseas Chinese or domestic travelers returning from epicenters by focusing on possible virus spreading behaviors. Doing this helped to avert the tendency of labeling all overseas returnees from epicenters as potential virus carriers and to facilitate better cooperative and self disciplinary practices from such sub-populations as a way to reduce the health risks associated with transcontinental travel.

Issues of privacy breaching and internet violence in transmedia grassroots health communication

Grassroots risk management tactics such as HFS function like a double-edged sword, bringing both benefits and consequences. Because of the increasing use of social networking tools, photo and document sharing sites, and viral videos, people leave digital traces online, which in turn easily feed into HFS endeavors. One famous Chinese saying about the prevalence of online anonymity claims, "No one knows that you are a dog (on the other side of the screen)." As numerous HFS scholars point out, this is no longer true in the current era of social media. HFS has transformed the traditional Internet searches to relation-based and online communal activities with "people searching for people, people asking people, people touching people, people pushing people, and people standing next to people" (Chen, 2008, p.23). The traditional Internet search is in turn transformed to humanistic communal-based experiences with one raising a question and hundreds of peer forum users responding by participating in different ways in the search processes. Mobilizing offline social networks in Internet searches, HFS overcomes limitations of both traditional interpersonal searches and Internet searches by making constant, effective use of the knowledge and skills of hundreds of thousands of widely distributed Internet users (Liu, 2009). Consequently, there is no place to hide in the era of HFS.

The capacity of HFSs to invite the uncensored and uncensorable public also brings the side effects of privacy breaching, stigmatization, and, in some cases, Internet-induced violence. The HFS's wide-range of digital and offline toolkits brings with its additional velocity and intensity because of its capacity to quickly mobilize distributed users and to invite smart mobs into the collective investigation and intervention processes. When participatory health risk management targets individual patients and high-risk groups, it disciplines such groups through the use of cultural and normative arguments, public exposure of identities, humiliation and stigmatization, and potential victimization and real-world consequences such as divorces, school expulsion, or job losses (Cheong & Gong, 2010; Pan, 2010).

Despite all its potential problems, cyber vigilantism is unique because it is grassroots, technologically mediated and communally sustained, distributed and thus decentered, dynamically evolving, and intrinsically collaborative. Therefore, in most HFS episodes, once they unfold and evolve, little external intervention can effectively change the way they develop. However, the contours of recent HFS episodes have been influenced by media criticism and public opinions, with particular emphasis on privacy protection and virtual violence prevention.

Interfaces of interaction between grassroots and official risk communication

In emerging health crises, it is critically important to create interfaces of interaction between grassroots and official risk communication practices. Like it or not, health risk communication has never been and will never be a top down or one-way process. The public's use of alternative media and guerrilla media will inevitably produce leakages, circumvention, and transgression (Ding, 2009). Therefore, while concerned citizens and panicked communities resort to the Internet to release their anger, anxiety, and fear, healthcare and public health institutions should respond to and interact with such grassroots panic not only by releasing new, urgent information in a timely and transparent manner, but also by providing emotional, valuative, and psychological support to help relieve panics.

These goals can be achieved both by inviting public responses through easy access to institutionally sponsored interactive media and by constantly surveying and evaluating public responses to emerging risks in alternative media sites. Doing so grants communal responses (both rational and "irrational") the status of small legitimate knowledge claims that should be treated seriously in risk communication processes. These goals are not easy to achieve, however, since they require close and real-time collaboration among risk experts, public health institutions, and professional communicators. Risk experts can use scientific knowledge and mathematical models to calculate the scope and extent of risks; and public health institutions can provide both a platform for collaboration between risk experts and professional communicators and the digital interfaces to interact with the public. Professional communicators can function as the mediator among experts, institutions, and the public through effective use of interactive media to mediate public participation. More importantly, they can constantly evaluate public information, cultural, and emotional needs and closely collaborate with both risk experts and health institutions to figure out better ways to incorporate such public needs in risk communication and risk management processes.

As demonstrated in this study, Chinese netizens' risk responses to health risks posed by early H1N1 cases were culturally unique, emotionally strong, and morally appealing. In other words, the grassroots risk management tactics resorted to arguments about national health, collective/communal well-being, individual responsibilities, patriotism, and social costs and personal inconveniences when addressing risk-reduction measures such as contact tracing, postponing travel plans, and home quarantines. For official intervention to work effectively with such grassroots arguments, the interface has to contain similar arguments about cultural values and appeal to nationalistic sentiments and collective thinking. Ding's (2013a) study shows that public letters and statements from national leaders and leading clinicians all incorporated cultural values and emotional appeals by reassuring overseas Chinese of support and care from their motherland and by urging them to take risk-reduction measures whether they were in epicenters or were returning to China. Such early official gestures of support created effective interfaces to take measures to address public panics and concerns about certain types of health risks, to calm down overseas Chinese's fear of alienation and stigmatization, and to gradually transform effective grassroots risk management tactics (cancelled trips to China and/or home quarantine upon arrival in China) into official risk policies.

This study contributes to the understanding of possible ways to develop culturally appropriate health risk communication in three ways. First, it clearly demonstrates the need to allow for

public participation and to create digital platforms to invite such participation to enable open health communication processes. With the proliferation of social media, people constantly publish Twitter messages, Facebook updates, blog entries, and forum posts on ongoing political and cultural events. Neither governmental institution nor transnational companies can afford to ignore the enormous power of such consumer- or publically-produced content, particularly when users rally in HFS efforts. In fact, within two weeks after China diagnosed its first two imported cases, the Chinese government quickly responded to the potential of HFSs to stigmatize its privileged flexible citizens by appropriating grassroots risk tactics such as home quarantines, restricted travel, and avoidance of public transport in official risk policies (Ding, 2013a).

Second, to develop culturally appropriate health risk communications requires unwavering attention to local cultural, social, political, and material contexts to better understand public health practices and culturally specific values, needs, and power dynamics. For instance, my study suggests that China's experiences eradicating SARS in 2003 had some significant impacts on how the government and its people responded aggressively to the health risks of international travelers importing the H1N1 flu. It also explains why discussions of restricted travel, voluntary quarantines, and taking responsibility quickly dominated HFS discourses and got adopted as grassroots tactics to reduce risks posed by overseas returnees. China resorted to a people's war, or mass mobilization and mass prevention at the national, regional, local, and communal levels to ensure that everyone actively participate in the national anti-SARS battle (Ding *Rhetoric*). It not only mobilized nationalistic values such as patriotism, collectivism, and self sacrifice, but also employed top leaders' gestures of benevolence, care for its people, and political commitment to ensure the success of its anti-SARS campaign. In the H1N1 flu outbreak, the same cultural values and beliefs were quickly mobilized as grassroots risk reduction tactics to urge overseas returnees for individual cooperation and self sacrifice.

Finally, my study suggests that the development of culturally appropriate health risk communications requires an open system approach that invites contextual usability research in local socio-cultural settings (Spinuzzi & Zachry, 2000). The open system approach invites not only input from health institutions, experts, professional communicators, and the public but also mechanisms to allow contingencies in the communication design processes, destabilization in official messages, and the co-development of mutually satisfying health risk policies and messages.

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