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**" 'NOT IN CANADA' : THE NON-EBOLA
PANIC AND MEDIA MISREPRESENTATION
OF THE BLACK COMMUNITY "**

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Abstract

This paper investigates the case of a non-Ebola panic in Hamilton, Ontario in 2001. Using in-depth interviews of journalists, hospital staff, members of the Congolese-Black community and content analysis of coverage by four Canadian newspapers, this study shows that the media problematized the case by cross-articulating a health scare of Ebola with immigration, crime and "race". Utilizing extant "late modernity" literature and its attendant anxiety over risks, the study shows how a "scapegoat" was created, feasted upon by the media and aroused the collective conscience of mainstream Canadian society. Consequently, the voice of the community was misrepresented and underrepresented in the media. This study explicates the human material effects of media coverage on members of the community. Through interviews with key dramatis personae in the event, this study qualitatively teases out how weak ties to major institutions of society can lead to a drowning out of minority standpoints regardless of its authenticity and factuality.

Key words: Ebola; media; moral panic; risk; race; immigration

Introduction

As media analysts, we often use source quotes to reveal the contours of power differentials in society. This research methodology allows us to deduce that the media give more voice to those with influence and power than to ordinary members of society. The disproportional representation of the elites' viewpoints in the media insidiously reinforces social inequality, and consolidates their social, political,

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and economic power. However, recent studies show that the power elites do not have any monopoly over the control of media space as the powerless can redefine situations in both mainstream and alternative media outlets (see Greenberg & Knight, 2004; Hier, 2002; McRobbie, 1994).

This study uses the case of Canadian newspaper coverage of a visitor from Africa suspected of a serious disease to demonstrate how “race” was sustained in Canadian society. It is argued throughout the paper that the media were able to associate a contagious disease and other social vices with immigration by screening out an alternative voice in the Black community. We borrow the concept of “convergence” from Hall, Critcher, Jefferson, Clarke & Roberts (1978, p. 223) to explain the cross articulation of two or more events by the media “to implicitly or explicitly draw parallels between them” (Hall et al., 1978, p. 223). We maintain that the media make immigration and racial diversity problematic by cross-articulating them with diseases and crime. Interviews with journalists, medical professionals, and community members, combined with news articles, constitute the primary data for the study.

Drawing on Knight’s (2000) three categories of news sources--official, ordinary, and alternative--we show that these sources are accorded different values by journalists, and also are a reflection of asymmetric power relations in society. The official source represents the voice of representatives of social institutional actors; the ordinary source represents the voice of members of the Black community in Hamilton; and the alternative source of the Ebola story was under-developed. We conclude by evoking Fraser’s (2000) notion of “cultural misrecognition” and “material injustice” as the *raison d’être* of modern pluralist societies. We claim that in this study, Blacks were misrepresented and underrepresented in the media because of their status location and material condition in Canadian society.

Following a review of this case study, we present a theoretical backdrop, followed by the methods used for data collection, and an analysis of the findings.

Ebola in Canada?

The presence of a possible Ebola-positive patient from the Democratic Republic of Congo admitted to a Hamilton hospital first appeared in the print media on February 6, 2001. Newspapers indicated that while the woman, on a visitor's visa, was visiting an acquaintance in Hamilton on February 4, 2001, she fell ill. According to her host, as reported in the newspaper stories, on Sunday night an ambulance was requested to transport her to the Henderson Hospital. Under initial medical examination, Ebola was considered a probable cause of her illness by medical practitioners attending to her. The *Globe and Mail* of February 7, 2001, quoting a source familiar with the case, reported that on Monday, February 5, 2001, the woman's illness had become so severe that she was "bleeding from several sites on the body". Newspaper reports stated that the symptoms exhibited by the woman, coupled by her travel history, made doctors suspect the Ebola virus. According to the *Hamilton Spectator* and other news media reports, the situation had become serious enough that those who came in contact with the woman, including five ambulance workers, were immediately identified for isolation; and the ambulances in which she was transported were decommissioned.

As the media coverage became intensive, public reaction in the Hamilton area grew. Newspapers reported that the Heritage Front, a white supremacist group, picketed the hospital and distributed anti-immigration pamphlets in the vicinity. Newspaper reports showed that after a series of medical tests which spanned over a few days, Ebola and other suspected hemorrhagic fevers were ruled out. As soon as these conditions were ruled out by medical experts, newspaper reports claimed that her medical care costs were too expensive for tax payers, and that she was involved in diamond smuggling and violating rules.

The Black community not only cast doubt on the media coverage of the event, but also, in a Fanonian sense (Fanon, 1965), distrusted the medical establishment and considered it condescending and patronizing in its treatment of the case.

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Risk, Insecurity, and the Mass Media

We live in a period of “late modernity” marked by the grand narrative of risk (Beck, 1992; Giddens, 1990; 1991). The commonality of anxiety over risk has towered over the commonality of need or scarcity of material resources that characterized the previous era (Beck, 1992). The separation of time from space (Giddens, 1990) proliferates risk and risk consciousness, making humans vulnerable to anxiety and ontological insecurity. The perception of risk and its material manifestation constitute social disorder. Specific social disorders of crime, disease, illness, war or immigration disrupt normal routine, causing existential insecurity. Nevertheless, humans have a quest for certitude and stability in times of disruption to their basic routine of life (Giddens, 1990). Humans deal with uncertainty by constructing enemies, where they do not objectively exist. This is why Beck (1992) characterizes the risk society as a “scapegoat” society because of tendencies to politicize social problems.

Research on “moral panic” (Cohen 1972; Goode & Ben-Yehuda, 1994; Hall et al., 1978; Thompson 1998) explicates the delineation of certain categories of people as scapegoats or folk devils in a quest of certitude during periods of accelerated social change. The mass media play a major role in mobilizing and convincing the public about the existence of *real* harm that might be posed by the folk devil. Hall et al. (1978) argue that the mass media foment moral panic to create a consensus among the public for the purpose of asserting the hegemony of the ruling class.

Recent studies on moral panic have challenged the original conception of the powerlessness of the folk devil. Compared to the past, McRobbie (1994) argues, folk devils are now more difficult to create because of the expanded scale of the media; relative affordability and ease of access to them have allowed folk devils to contest their negative label. Also, fragmented market niches have provided avenues for the powerless in society to articulate their issues and contest their (mis)representation in the media:
...a new brand of experts has appeared. These are not the academics who used to fill this role in the past, but are

instead extremely articulate and televisually skilled representatives from pressure groups and voluntary organizations. It is they who now do the job of defending the folk devils who are the figures of fear and fantasy wielded by the orchestrators of moral panic (McRobbie, 1994, p.111).

The dominant group does not occupy an unchallenged position in the media space. There are now available avenues or opportunities for the political economy of power to be "confronted openly by the moral economy of harm in which ordinary victims, and their supporters and representatives, enjoy a degree of discursive influence over the grounds on which hegemony is contested and negotiated" (Knight, 1998, p.124).

Hier (2002) documents how members of the rave community contest the discursive construction of rave culture as a potential health risk to their persons and the public at large; thus averting a full-blown moral panic. However, he fails to elaborate on the influence of the youth's "cultural capital" (Bourdieu, 1984) on their re-definition of the situation. Cultural capital, including tastes, art, and literature, is often associated with the middle class. While economic capital and cultural capital can overlap, at other times they are at odds. While the preponderance of media outlets with their openness for diverse views has made it possible for powerless groups to articulate their issues and contest their misrepresentation in the media, studies have also claimed that the mainstream media are still powerful and that their "discourses of domination" (Henry & Tator, 2002) have a marginalizing human material effect on racial minorities. However, racial minorities can also mobilize on the basis of race to fight the domination that Henry & Tator (2002) write copiously about. Racial minorities fight racialization by inverting it, and using racial identity as a resource for mobilization (see Stubblefield, 1995).

Voices and Representation

There is a hierarchy of credibility among claims-makers. At the top are scientists (Loseke, 2003, p. 36), and those connected with official institutions (Knight, 1998). Some claims fail to persuade the audience not because they lack

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truth value, but because they are articulated by groups and organizations that are low on the scale of credibility. For example, in the non-Ebola panic, the medical claims occupied a higher level of credibility than the competing claims of lay persons in the Black community. Deriving from Knight's (1998, p. 121-123) typologies of layers of news sources-official, ordinary and alternative-doctors, immigration officials, and union members constituted the official sources of the Ebola scare as their information was treated by the media as credible. Official sources, according to Knight (1998, p.121), are "the primary sources and thus representatives of dominant institutions". Ordinary news sources counteract the official sources. They "personify the effects of bad news, the actual or potential victims who are exposed to harm, suffering, or deprivation" (Knight, 1998, p. 121).

These are the voices of members of the Black community. Alternative news sources are those of social movements and activist groups who are concerned with issues of equity and justice, and their discontents are usually "directed against the institutions that official sources represent, and on behalf of ordinary victims" (Knight, 1998, p. 121). Unlike ordinary sources, Knight posits that alternative news sources are more or less organized and often have the power of collective resources, including their own "experts" and thus sustain a more recurrent presence in the news. Although members of the Black community had their own "experts", who were the non-practicing medical doctors, they were not organized to challenge official sources.

Data Sources and Analytic Procedures

In studies of racial minorities' representation in the media, an examination of media reporting is insufficient for gaining a complete understanding of media representations of racial and ethnic diversity. To fully understand the relationship between race and media, analysis of what does not appear in media coverage is crucial (c.f. Mahtani, 2001). To capture what is "missing", this study draws on in-depth interviews of journalists of four Canadian

newspapers, medical doctors, and members of the Black community in Hamilton to augment content analysis of newspapers.

The four newspapers examined for the study are the *Hamilton Spectator* (N=51), the *Toronto Star* (N=24), the *National Post* (N=21), and the *Globe and Mail* (N=19). These newspapers are selected on the basis of their circulation. The *Globe and Mail*, the *National Post*, and the *Toronto Star* are the largest circulating newspapers in Ontario, the most populous province in Canada. While the *National Post* and the *Globe and Mail* circulate nationally, the *Toronto Star* has its readership in southern Ontario. The *Hamilton Spectator* is the local newspaper published by the same owner of the *Toronto Star* and similarly targets a diverse readership. It serves the Hamilton local community and neighboring towns.

All articles on the non-Ebola case in the four selected newspapers, spanning the period between February 6, 2001 and March 14, 2001, were read more than once by one of the researchers to identify dominant themes in the media narratives before they were coded. The analysis focused on headlines and sub-headlines, the main text (diction, metaphor, etc.), editorials and letters to the editor. Quantification was employed in identifying source quotes for the purpose of understanding voice representation (see table II), and for counting the frequency of "panic-stricken" words such as "Ebola" and "deadly" in the headlines rather than less threatening word like "malaria" (see table I). For source quotes, two or more quotes from a single speaker in one paragraph were counted as one. Frequency counts were limited to "hard news" items, that is, news items that meet the professional journalistic criterion on objectivity.

The second source of data collection are in-depth interviews of 18 members of the Black community in Hamilton; four journalists (one of whom was an editor) who covered the story for their respective newspapers; two medical doctors who attended to the patient; and a director of media communications for the Henderson Hospital, who was the main link between the hospital and the media at the time of the incident. The qualitative approach in the form of interviews, serves to represent the voice of members of the Black community and the impact the coverage had on the community. Most importantly, interviews with

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members of the Black community helped us to understand what Henry (2006) refers to as “the subjective testimonials of people who are aggrieved, hurt, and disadvantaged by racism” (Henry, 2006, p. 170). Although journalists and medical doctors are influenced by institutional forces, they are not unaffected by their own individual biographies, uncertainties of everyday life (Wardle, 2006) and social positionality. Their participation in the research was crucial to understanding how agents shape, and are shaped by, social and cultural institutions. Interviews for the study were conducted between August 2002 and July 2003. Methodologically, this study differs from other case studies that rely mainly on analyses of thematic issues in newspapers (see Greenberg & Hier, 2001; Greenberg, 2000; Hier & Greenberg, 2002).

FINDINGS

Official Sources

The dominant discursive themes of official sources concern health risks in cross-articulation with immigration/identity and crime.

Health Risks, Racial Identity and Immigration

In novel cases of health scares, the media can “otherize” the etiology of diseases for the purpose of allaying public fear (see Ungar, 2001). “Othering” often implies over-drawn contrasts (Seale, 2002) between “we” and “them”; an essentialized dichotomy. In the non-Ebola scare, the identity of the patient is central to the externalization of the disease. The quest for the identity of the patient began immediately after presentation of her symptoms. In early coverage, the *National Post*, for example, was interested in establishing the identity of the patient:

The woman, who doctors won’t identify, arrived at hospital on Sunday in serious condition. They only say she arrived at Pearson Airport in Toronto on Saturday from the Congo...stayed overnight in the United States before coming to Canada (*National Post*, February 6, 2001).

As table 1 shows, the nationality of the patient was embedded in the headlines with the word "Ebola". About 5% of key words in the *National Post's* headlines contained "Congolese woman"; 21.4% ("Post-Ebola") for those of the *Hamilton Spectator*; 6.7% ("Ebola Period") and 22.2% ("Post-Ebola") for the *Toronto Star*; and 27.3% ("Post-Ebola") for the *Globe and Mail*. Key words such as "Congolese woman", name, nationality and her continent were indicative of how imperative her identity was to the news coverage (see table 1).

The case was used by the media to problematize immigration by associating it with health risks. It has always been the case that Canadian immigration does not require visitors to Canada to undergo a medical test (see <http://www.cic.gc.ca/english/visit/index.asp>), but this case was being used by the media to fault that policy. The *Toronto Star* brought up the issue around immigration and health early in its coverage. One of the early *Toronto Star* news articles, published on February 6, 2001, brought up the topic of the patient's immigration status in an unfavorable way: "Immigration officials noted that Canada does not do medical screening for legitimate visitors to the country, unless they appear ill on arrival". The *Globe and Mail* used the case to point out the problem with the health care system by recalling that residents also did not pay their bills. Its headline of March 14, 2001 read:

Ontarians leave trail of hospital debts too,
Suspected Ebola victim's tab unpaid, but official
says residents also fail to pay up

The article made the following comments:

But the unpaid bills for the uninsured visitor to Canada — who was given experimental drugs and treated for 27 days in an intensive-care unit — have become news despite the fact that many hospitals deal with bad debts from Canadian residents every day (*Globe and Mail*, March 14, 2001).

One of the letters to the editor published by the *Hamilton Spectator* of February 9, 2001 opposed Immigration Minister Elinor Caplan's assertion that Canada could not "shrink wrap" its borders. The letter opened with: "With

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respect to concerns over the latest disease carrier entering Canada, Immigration Minister Elinor Caplan has said: 'it's impossible to set up a policy of testing everyone...It is impossible to shrink-wrap our borders.'" It continued: "Agreed. But the immigration minister can take effective action far short of that." The writer then identified two groups with "the highest probability of being carriers of new and deadly diseases to Canada." They were: "refugee claimants released into the general population as soon as their initial paperwork is done"; and "those arriving from high-risk locations." The letter concluded: "both groups are identifiable" and stated that it was imperative to protect Canada from the danger posed by these groups.

The process of choosing objects of news coverage, and the use of concepts and rhetorical styles is a highly selective one (Henry & Tator, 2002). One way to determine the position of the journalist is through what Bryman (2004: 189) refers to as "disposition". This involves finding out whether journalists are favourable or hostile toward an aspect of the issue. One of the journalists interviewed frankly expressed his dissatisfaction with the way the government handled current immigration matters:

[I] think one of the things I would have been happy with is if we could have established the federal government's role sooner, and the difficulties with the screening process for it really concerned me a lot. It seems to be that there were issues around the processing of prospective immigrants that didn't make sense to me, they were processing far too many people, far too quickly, and that seems to me to be one of the issues that I'm not sure was explored enough. I mean in terms of where the...the importance of this story [was to me] wasn't the individual or...it was that there were bigger problems umm with the system, if I can put it that way. There were larger systemic problems that might have implications for more people in the future, maybe next time we won't be so lucky, and so that's something that I regretted...(Face-to-face interview; March 20, 2003).

This journalist's anxiety confirmed Li's (2003) claim that Canadians are perplexed over the growing presence of people of non-European descent, who constitute just about 13% of the Canadian population. This journalist's concern might not necessarily be about "immigrants", but about the discernable physical features of "new immigrants". His anti-racial diversity views as a journalist show that he was influenced by his own social positionality and political embeddedness (Henry & Tator, 2006, p.256).

Crime and Immigration

On the 3rd of March, 2001, the *National Post* carried a headline on its front page, titled: " "Ebola" victim investigated for diamond smuggling: sick woman caused panic". In the days that followed other newspapers joined in developing the story.

Although the theme of crime appeared in the latter part of the coverage, a close reading of the overall coverage reveals that the woman was a suspect of crime from the onset. Interviews with journalists revealed that suspicions preceded the news of her involvement in diamond smuggling. We make this claim based on the following interview statement of a journalist:

There are so many irregularities around, or there appeared to be I should say, there appeared to be some irregularities around why she came here, and what she told Canadian officials she was here for. That it looked as though she was coming for, I'm sorry my memory of this is...as I recall a conference or something in Montreal...but her arriving in Hamilton, the timing of it made it look as though she wasn't going to the conference in Montreal at all, and that made everyone suspicious...so it appears as though she was trying to hide her real purpose for coming here. That raises the question why diamond smuggling was one kind of an answer...(Face-to-face interview; May 05, 2003).

That the first news linking her to diamond smuggling was run by the *National Post* is not surprising. Henry & Tator (2002, p. 120-137) have shown that the *National Post*

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appears to have a strong aversion to immigrants. One of the ways the *National Post* problematizes immigration, according to Henry & Tator (2002), is by racializing crime. The headline of the first story in the newspaper linking the patient to crime read thus:

‘Ebola’ victim investigated for diamond smuggling:
sick woman caused panic (*National Post*, March 5,
2001)

While it is the *National Post* that first ran the news, the other newspapers’ accounts had similar themes. All the newspapers eventually published stories implying that the motive for her coming to Canada was diamond smuggling. As in the following headline, the patient was constructed as a criminal.

‘Ebola’ patient in smuggling probe:
Left hospital Friday, went into hiding
(*Hamilton Spectator*, March 05, 2001)

Her nationality in association with Ebola and smuggling also made headlines. The following is an example:

Congolese woman draws RCMP’s interest
Mounties will meet Immigration officials to discuss
Hamilton visit (*Hamilton Spectator*, March 6, 2001)

The representation of the woman as a suspect of crime is congruent with van Dijk’s (1993b) assertion that topics such as crime are ethnicized. That is, crime is topicalized and cross-articulated with “race”/ethnicity in the media (van Dijk, 1993b, p. 249). Expressions that characterized her as a criminal were found in the newspaper articles examined. Some examples include: “the Congolese woman at the source of an Ebola scare last month has been released from hospital, and has gone into hiding amid news reports she is being investigated for links to a diamond smuggling” (*Toronto Star*, March 5, 2001); and “an official said her condition could not have been caused by swallowing diamonds, a tactic sometimes used by smugglers” (*National Post*, March 3, 2001).

Table I: Key words in the newspapers' headlines

Key Words	National Post		Hamilton Spectator	
	N ₁ (%)	N ₂ (%)	N ₁ (%)	N ₂ (%)
Ebola	4(40)	6(31.6)	3(16.7)	11(39.3)
Deadly	1(10)	1(5.3)	3(16.7)	1(3.6)
Risk	1(10)	1(5.3)	1(5.6)	2(7.1)
Congo	0(0)	1(5.3)	1(5.6)	3(10.7)
Congolese Woman	0(0)	1(5.3)	0(0)	6(21.4)
Mystery	1(10)	5(26.3)	1(5.6)	3(10.7)
Virus	3(30)	1(5.3)	3(16.7)	1(3.6)
***OTHER	0(0)	3(15.8)	6(33.3)	1(3.6)
TOTAL	10(100)	19(100)	18(100)	28(100)

N₁ denotes the frequencies of words in the newspaper headlines in 'the Ebola period coverage': from February 6, 2001 to February 8, 2001.

N₂ denotes the frequencies of key words in the newspaper headlines in the 'the post-Ebola period coverage': from February 9, 2001 to March 7, 2001.

***Other: This category is determined by empty cells that are more than four. They are smuggling/investigation, mysterious, dangerous, bleeding, and crisis.

Ordinary News Sources: Voice Underrepresentation

Congolese community members in Hamilton, including the medical doctors within the community, insisted that the patient exhibited symptoms consistent with malaria. However, malaria was not given much attention in the coverage. The word "malaria" appeared less than either "Ebola" or "hemorrhagic fevers" in the coverage. It appeared once in the *National Post's* ('Ebola Period') headline and once in the *Hamilton Spectator's* headline ('Post Ebola'). The newspapers suggested that malaria could never have been the cause of her illness. For example, the *Hamilton Spectator* of February 12, 2001, was cynical of the Congolese community members' insistence that it was malaria and not something more serious: "The men gathered in Lufuma-Manuel's shop are not doctors, but all insist she is likely suffering from malaria".

Congolese members of the community felt that Ebola should have never been a diagnosis. A doctor of Congolese descent in the community gave his reasons in the

following words:

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...so my reaction was that I refused to accept from the start that it was a case of Ebola virus, and there is an incubation period, and that if she was a genuine case we should have got many other cases with it in Kinshasa, in which case my colleagues [in Kinshasa] should have told me this, and my colleagues, all of them professors at the university, and [one] professor...was among the experts involved in the first outbreak in Congo (Face-to-face Interview: October 05, 2003.)

A non-practicing medical doctor “diagnoses” malaria:

...It’s cerebral malaria. Here she had a menstruation. Ebola makes people to bleed. The nickname of Ebola is hemorrhagic fever so you bleed when you have Ebola. You have diarrhea and all that, so it happened that this lady was having her menstruation, she had a fever, they label it, Ebola! So the head diagnosis was cerebral malaria, and she was treated for malaria, and she was healed. She was treated effectively for malaria (Face-to-face Interview: May 06, 2003).

These voices were screened out in media narratives. The emphasis was on a deadlier diagnosis than malaria.

The Experiential Dimension

It was made public knowledge in Hamilton that some Black children were taunted and segregated in school. One of the research participants who worked with a social service agency in Hamilton recounted the encounters of Black students in Francophone elementary schools and in children’s playgrounds, based on what she heard directly from the victims:

I remember a mother who was from [the] Congo and her children in Francophone school that the children were coming home crying because the other children were running away from them, telling them you’re bringing...all people from Africa bring

diseases to us,...I think as [an] African person, and the people I know from [the]Congo,...[had the experience that] from the neighborhoods to the schools, people were harassing. I remember a woman telling me her child was asked to leave a playground in a town house [complex] because she would make them sick (Face-to-face interview: April 16, 2003).

Other documented accounts of impacts of the Ebola scare on members of the community entailed direct encounters with racism, and rejections based on their association with the patient. As Hamilton & Troler (1986, p.133) point out, through interpersonal relation pre-existing stereotypes are confirmed by perceivers of stereotypes. Pre-existing racial stereotypes of immigrants as likely carriers of infectious diseases might have confirmed the "hypothesis" that racial minorities carried diseases. A respondent's children attended a local school close to the family's home. With some emotion, he reluctantly responded to the question of how the coverage affected him, his family and people he knew:

It affected us a lot, a lot, a lot...children who are attending schools here were subjects of abuse, you know, at school when other children learn that they are from Africa, they start avoiding them. My kids were included. It really had a serious impact on us...yes, my kids were schooling here, not far from here. [Other children] start asking them, even some teachers: "are you from Congo? You have brought Ebola?" (Face-to-face Interview: April 21, 2003).

As the above quote shows, the public had associated the disease with the Congo and the Congolese community. This might be related to the emphasis placed on the country as mentioned in news headlines. Here are two examples of newspaper headlines with "Ebola" and "Congo" as key words:

Ebola fever case feared
Woman from Congo in Hamilton
(*Globe and Mail*, February 6, 2001)

Mystery virus fells woman
Ebola not ruled out
Woman arrived from the Congo

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(*Hamilton Spectator*, February 6, 2001)

As van Dijk (1991, p.50) points out, headlines have cognitive impact on the readership. Most readers read the headline without reading the remainder of an article. Explicitly stating a disease and nationality in the news headline could have ideological effects on readers. In the non-Ebola case, they were capable of directing public attention to the Congolese, and also to immigrants as carriers of disease.

Table II: Frequency of news reports with quoted sources

SOURCE	National Post		Hamilton Spectator	
	N ₁ (%)	N ₂ (%)	N ₁ (%)	N ₂ (%)
Doctors	10(66.7)	6(35.3)	34(54.8)	60(40.3)
*Experts	0(0)	0(0)	1(1.6)	8(5.4)
**Govt. officials	0(0)	4(23.5)	5(8.1)	20(13.4)
Union leaders	3(20.0)	1(5.9)	13(21.0)	4(2.7)
***Blacks	0(0)	2(11.8)	2(3.2)	27(18.1)
Hosp. Staff	2(13.3)	4(23.5)	4(6.5)	17(11.4)
****Other	0(0.0)	0(0.0)	3(4.8)	13(8.7)
Total	15(100)	17(100)	62(100)	149(100)

Globe and Mail		Toronto Star	
N ₁ (%)	N ₂ (%)	N ₁ (%)	N ₂ (%)
12(63.2)	7(46.7)	19(46.3)	16(57.1)
0(0)	0(0)	1(2.4)	1(3.6)
2(10.5)	2(13.3)	15(36.6)	0(0)
1(5.3)	1(6.7)	1(2.4)	4(14.3)
0(0)	0(0)	1(2.4)	4(14.3)
3(15.8)	5(33.3)	2(4.9)	1(3.6)
1(5.3)	0(0.0)	2(4.9)	2(7.1)
19(100)	15(100)	41(100)	28(100)

N₁ denotes quoted sources in the newspaper articles in 'the Ebola period coverage': from February 6, 2001 to February 8, 2001.

N₂ denotes quoted sources in the newspaper articles in the 'the post-Ebola period coverage': from February 9, 2001 to March 7, 2001.

*Experts: university professors.

**Government officials: Spokespersons for the Centers for Disease Control, Immigration and Citizenship Canada officials; Canada customs; police officers, government ministers, and the staff of Canada Customs.

***Blacks: these are mainly Congolese.

****Other: Air Canada, SISSO, ABC, and the Congolese embassy official.

DISCUSSION

We take the distribution of quoted sources in the four newspapers to be an indicator of power differentials among news actors in the coverage. Compared to other groups and organizations, doctors were quoted more often by journalists. This was not unusual. As Stallings (1990) points out, the media often rely on experts in particular fields. Thus, doctors as sources represented 66.7% ('Ebola Period') and 35.3% ('Post Ebola') of quoted sources in the *National Post*; 54.8% ('Ebola Period') and 40.3% ('Post Ebola') in the *Hamilton Spectator*; 63.2% ('Ebola Period') and 46.7% ('Post Ebola') in the *Globe and Mail*; and 46.3% ('Ebola Period') and 57.1% ('Post Ebola') for the *Toronto Star*.

Members of the Black community, like the hospital staff, were affected by the Ebola news. The *Hamilton Spectator* and the *Toronto Star* attributed more voice to the Black/Congolese community members in Hamilton during both the "Ebola Period" and "Post Ebola" than the *National Post*, while the *Globe and Mail* had no quotes from the Black community (see table 2). The *Hamilton Spectator* gives Blacks 3.2% ('Ebola Period') and 18.1% of all quoted sources ('Post Ebola Period'), compared to 11.8% ('Post Ebola Period') of the *National Post*, and 2.4% ('Ebola Period') and 14.3% ('Post Ebola Period') for the *Toronto Star* (see table 2). The high number of source quotes attributed to the Congolese/Black community in the *Hamilton Spectator* does not translate into their agency. For example, a Congolese doctor connected with McMaster University's medical school attributed the patient's illness to malaria, as was reported in the *Hamilton Spectator* and the *Toronto Star*. Apart from not being represented in the coverage as a member of the medical community of the university, but as a "Congolese born radiologist", his perspective was also framed as being in a weak position relative to other physicians of the medical institution who provided a pro-Ebola view. On only two occasions he was quoted by the *Hamilton Spectator* and the *Toronto Star*; and in a couple of instances he was paraphrased. One of

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the few statements attributed to him focused on his critiques of the diagnosis: ‘when someone is on such a long trip, changing jets, and this kind of time, you end up with a situation of tremendous bodily stress’, said Dr. Eli Tumba Tshibwabwa” (*Toronto Star*, February 8, 2001). His voice in this media passage can be seen as evasive or unclear, as it does not clarify his position on what the cause of the patient’s illness is.

One defining feature of alternative voices is that they are organized and have “the power of collective resources” (Knight, 1998, p. 121), even though they are on the side of victims of oppression. The Black community in Hamilton could not mobilize on the basis of identity (see Tilly 1997) because in 2001, it appeared to be fragmented along ethnic lines. It was not until after the event that the Congolese founded *Amitie Canado-Congolais* (A.C.C.; Canadian Congolese Friendship), an association created to fight future oppression. The absence of an alternative voice made the official source dominant.

Conclusions

Fraser (2000) identifies “material maldistribution” and “cultural misrecognition” as anathema to “participatory parity” in contemporary societies. The first centers around economic disadvantages characterizing unequal modern societies; and the second concerns intolerance for cultural diversity and cultural distinctiveness in ethnically diverse modern societies. According to Fraser (2000), misrecognition is perpetrated through various institutions that regulate social interaction, and is “neither a psychic deformation nor a free-standing cultural harm but an institutionalized relation of social subordination” (2000, p.113). Misrecognition of culture attenuates people’s sense of self. In Fraser’s words, “to be denied recognition is to suffer both a distortion of one’s relation to one’s self and an injury to one’s identity” (Fraser, 2000, p. 109). Like misrecognition, maldistribution “constitutes an impediment to parity of participation in social life” (Fraser, 2000: 116) when social actors are deprived of economic resources necessary for full participation. In spite of the analytical

differences between misrecognition and maldistribution, cultural misrecognition cannot be sequestered from economic arrangements of society. Fraser suggests that the solution to misrecognition is "changing the interaction-regulating values" (Fraser, 2000, p. 115) that impede the circulation of cultural minorities in social institutions. As we have shown in this study, there are indications of Blacks' underrepresentation in major social institutions of Canadian society. Other studies have attested to the fact that minorities in Canada are underrepresented in the media institution (Henry & Tator, 2002) and other key institutions of society. Their misrepresentation in the media is a good example of injustices that stem from the combined forces of misrecognition and material inequality. In other words, Blacks were unjustly treated because of their racial/ethnic identity and their material disadvantage.

Li's (1998) distinction between the "social value" of race and the "market value" of race is equally applicable to this case. The social value associated with race might have influence on what matters to journalists and news organizations in their determination of what is credible, incredible or truthful. This was particularly the case with the screening out of a key member of the Black community connected with McMaster's medical school. However, the skewed representation of events in the coverage was evidently a partial manifestation of the Black community's weaker ties to social institutions. For example, many of the medical doctors of Congolese origin in Hamilton were not practicing. Stallings (1990) and Knight (1998) have indicated that there is a relationship between a group's strong attachments to official institutions and their being quoted in the media. In this case study, the power structures that had limited participation of Black immigrants in key institutions of society, including the medical institution, were part of the reason for the marginalization of the Congolese voice. Nevertheless, more research is needed in this area, not just on sensational cases like the non-Ebola panic, but on everyday routine events in the Canadian society.

Redressing the twin injustices of misrecognition and maldistribution, apropos Fraser (2000), will entail what Fleras refers to as "institutional accommodation". Fleras & Elliot (2003) propose institutional inclusiveness as a solution to mis-representation and under-representation of

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racial minorities in the media. They conceive of institutional inclusiveness as “institutional accommodation” that “involves a process by which institutions incorporate diversity by adjusting institutional design, operation, and outcomes to make them more “minority-friendly”” (Fleras & Elliot, 2003, p.312). Fleras & Elliot (2003) are positive that “multiculturalizing” mass media institutions in Canada would entail institutional inclusiveness.

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