
I lived in Toronto during the SARS outbreak of 2003, and I watched with great curiosity the way this new disease was constructed by news media for audiences, particularly in North America. I recall watching a CNN reporter wearing a surgical mask around his neck as he did his stand-up report on a strangely empty University Avenue. At the end of the spot, the anchor in Atlanta bade the reporter be careful, suggesting that there was an obvious peril by his mere presence in Toronto at that time. This spot spoke volumes about how the Toronto experience of SARS was being framed and about the ways risk was being construed in a spectacle of the outbreak that did not match what was happening “on the ground,” so to speak. While there were certain people wearing surgical masks in Toronto in response to the outbreak, this was not as widespread as the reporter’s dangling mask implied. In actual fact, masks were rather rare, particularly outside of the so-called Chinatown neighbourhood, an area whose normally bustling flow of people was reduced to a trickle by news of a new disease emerging from Asia.

Most of the people I saw wearing such masks were of Chinese descent, a reflection, I thought at the time, not so much of concerns about contracting SARS but of constructions of it in news media as a disease “belonging” to them. (The masks worked to signify this and to provide a prophylaxis against it much more than they protected against any microbe.) Beyond this, however, was the troubling image of the empty location where the stand-up was shot; how was it that University Avenue, usually a log-jam of vehicles and people of all sorts, was utterly desolate but for the reporter? It was later that day when, on a streetcar, I passed the spot where the reporter had stood and found the answer to that question: University Avenue was closed because of construction, impassable to pedestrians and vehicles alike owing to barriers that had been erected there.

I do not wish to diminish the experience of SARS in Toronto or elsewhere in any way. It was a disease outbreak that infected 8096 people and killed 774 around the world (including 44 in Toronto), put a tremendous strain on medical resources, cost hundreds of millions of dollars in health care expenditures and lost revenues in Toronto alone, and precipitated fear and anxiety among the infected as well as the uninfected. It was also a profound wake-up call that revealed the fault lines of health care systems when it comes to pandemic preparedness. SARS taxed these systems in many ways, showing what reductions in health care funding, for example, would mean in the event that an all-out pandemic occurred. SARS taught us that we would be woefully unprepared for a pandemic unless significant changes were made, with a plan developed and followed through in a globally co-ordinated way. While pandemics past had taught us how widespread and devastating a pandemic might be (the Spanish Flu pandemic of 1918-1920 is estimated to have killed over 50 million people; the Asian Flu pandemic of the 1950s, 2 million people; and the Hong Kong flu pan-
demic of 1968, 1 million), it nonetheless seemed that the rapid spread of SARS caught us unawares. Microbes, we must remember, travel. So too do the ideas we have about them. And these ideas influence our ability to respond, or respond in time, to a pandemic on governmental, institutional, and individual levels.

It was for this reason that I was keen to review The Social Construction of SARS, edited by John H. Powers and Xiaosui Xiao and published by John Benjamins Publishing Company in 2008. The focus of this edited collection of 12 papers, along with the jacket blurb promising “studies of how a major health-related crisis was understood and dealt with from a communicative perspective in such diverse places as Hong Kong, mainland China, Singapore, Taiwan, Canada and the United States during the SARS outbreak,” presented a potentially valuable intervention into thinking about what was learned from SARS. Having been asked to review such a text in the midst of a nascent influenza pandemic (H1N1, or Swine Flu), the area of my own research, made it all the more compelling.

This collection of papers is certainly topical. It is important, for better or for worse, to look at what, if anything, was learned from SARS, including what was learned from a host of problematic government decisions (most notably for this book, the apparently deliberate cover-up by Chinese authorities of the outbreak at its starting point and for many months following) and by news media as they attempted to grapple with the pressures of making sense of the outbreak and reporting on SARS in the face of limited financial and personnel resources, along with the tensions between the demand to serve as public health communicators and government censorship. The problem of having so few reporters dedicated to the health beat and therefore conversant with the vocabularies and concerns of medicine generally and epidemiology particularly is raised as a spectre of concern in a number of the chapters of this volume, a concern that certainly merits further elaboration.

This volume presents an interesting experiment in methodology, showing how different approaches might be brought to bear on elements of the same object of analysis to yield sometimes nuanced variety in results and their interpretation. For those teaching research methods in Communication Studies or Health Studies, this experiment might prove an interesting case study in public health communication and the role of news media in making sense of a disease outbreak. Approaches include those one might expect, including content analysis, critical discourse analysis, frame analysis, rhetorical analysis, and an analysis of metaphors of disease. But there are also a few that might not be expected, such as fantasy theme analysis, narrative analysis, and analysis of cognitive responses to risk reporting. While the chapters utilizing these unexpected methods might have encouraged an expanded way of thinking about SARS, they were odd and did not seem to work well with the rest of the volume. In their effort to be methodologically inclusive and to report research findings from a wide variety of different methodological perspectives, the editors of this volume have erred on the side of a representativeness that can seem cloying and to the detriment of theoretical nuance or the kind of geographical breadth that might be of interest to those concerned with health communication in a time of pandemic in Canada. The first four papers focus on the experience of Hong Kong, the next three
on the Chinese mainland, the next three on Singapore and Taiwan, and the final two chapters on what is called “cross-national constructions of SARS,” which primarily involves a comparative discussion of representations of SARS derived from the aforementioned national spaces of the outbreak. The promised discussion of North American representations of SARS on the book jacket does not fully materialize and is limited to brief discussion of reporting in The Toronto Star. Nonetheless, comparisons are made between party journalism and market journalism in China and between print coverage and online news coverage, and there is an analysis of the efficacy of disease prevention campaigns and public health warnings.

For me, the most interesting aspect of the text comes not from the object of analysis but from the geo-political contexts occupied by those conducting analysis. There is a clear difference between chapters authored by those writing from the context of Hong Kong and those from mainland China, for example. Criticism of governmental responses (or lack thereof) to the SARS crisis is much more apparent in the former and significantly hedged in the latter. One might easily surmise the reason for this. What it speaks to is an important recognition: that politics matter to research, not only in the approach of researchers to what is researched, but also in what research results it is possible to publish and what interpretations is it possible to disseminate with impunity. This is, of course, an issue of academic freedom.

Epidemics are not just medical events. They are also political events. Crises may become the catalysts for renewed critical conversation, but they can also be occasions in which such conversation is foreclosed. This might well be the most significant lesson to be learned from SARS.

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