

5

SARS

SARS stands for Severe Acute Respiratory Syndrome, the new infectious disease which began in China in the second half of 2002 and was introduced to the world in March 2003. SARS as an 'issue' is different from mobile phones and cancer. Where the mobile phone debate begins with the 'cause' and reasons or speculates about effects, the discussion of SARS begins at the other end, with illness and death, and tries to work backwards to the probable causes of infection in particular cases. But there is similarity too. In both cases public interest in the topic has for many people a personal character. People are anxious to know if their normal behaviour – which might include travelling on a plane as well as using a cellphone – is going to put them on a danger list. In one case the risk is open – the danger might be cancer, or something else, or nothing at all – in the other case, it has a name – SARS – and a list of bodily symptoms.

This chapter begins with a brief account of how the world learned about SARS in 2003. It is followed by a discussion of the role of the internet – websites and Usenet groups – in disseminating information and opinion with respect to this new disease on a global scale.

My discussion of websites compares the online voice of global authority – that of the World Health Organization – with two other web contributions to the story of SARS. These are two very different 'blogs' – 'SARS Watch', a news digest, and 'Wangjianshuo's blog', a diary-style account of one man's life and thoughts within a Chinese city affected by SARS.

In relation to newsgroups, the chapter focuses upon the three-and-a-half months following the crisis announcement. This is in contrast to the ten years of Usenet activity which were reviewed in the mobile telephone chapter. If the mobile phone issue is chronic, then the SARS issue

was acute. Yet many of the headings which were significant in relation to the cellphone material are also relevant here, and the chapter examines the balance between confidence and doubt, lexical expression, associations and sources.

The story of SARS

The story of SARS broke in March 2003, when the World Health Organization issued a global alert as the unidentified disease, which it had been monitoring as an 'atypical pneumonia' for about a month (although cases had occurred in China as early as the preceding November), began to spread in Vietnam, Hong Kong, Singapore and Canada. Its second public communication on this topic, on 15 March 2003, took the form of a 'travel advisory' whose purpose was to attract the attention of governments, airlines and other interested parties, with advice about the treatment of possible sufferers. This document introduced the name 'SARS', and prompted the global news media to devote airtime and column inches to the topic. Over the next few months the disease spread to yet more countries and claimed more lives: precautionary measures were instituted and by July 2003 the disease was considered to be contained, although there have been additional reported cases into 2004, for example, on 8 January 2004. A WHO paper of 20 May 2003 describes SARS as 'a puzzling and difficult new disease' (World Health Organization 2003a). Throughout March, April and May it remained an extremely hot topic, competing with the Iraq war for the global headlines.

As with other health risk topics, there are issues here about the relationship between expert or otherwise 'authoritative' discourse and the terms upon which this makes its way into public frameworks of knowledge, understanding and belief. SARS was presented to the world, by the WHO, from within the domain of medical science; but in the wider public domain, medical science becomes just one element in a much wider play of ideas. As yet, there has been no published work on the public discourse of SARS with the exception of Eagleton (2004). Eagleton focuses upon the local response to a global issue in the *South China Morning Post* (SCMP), the major English-language newspaper in Hong Kong, analysing several aspects including the move from neutral to more emotive reportage, as well as the spread of SARS-related material beyond the news pages into features, editorials, letters, medical advice columns and an email discussion list. There are many similarities between the discourse of the SCMP and the more internationalized

patterns found in the Usenet newsgroups discussed below, including shifts and ambivalence about the naming of the disease as well as the attempt in some articles to link the SARS outbreak and the Iraq war. There are also distinctively local aspects. For example, personal hygiene is one of the themes in the Usenet materials, as well as in the *SCMP* as in this piece of advice to children:

So, did you have a good 'holiday'? Have you been wearing your mask properly and washing your hands regularly? Did you take your body temperature this morning before you headed out for school? I hope all your answers are yes!

(*SCMP*, 28 April 2003, quoted in Eagleton 2004: 43)

Eagleton, however, argues that in the context of Hong Kong this theme is actually an issue about 'loss of face' and that the *SCMP* is in fact attempting to handle the implication that Chinese culture has something to be ashamed of in respect of personal hygiene.

On the internet

This section explores some of the ways in which the World Wide Web and Usenet are being used for public communication about SARS.

The official voice and the blog

The variety of web resources for public communication about SARS is less extensive than those for communication about mobile phones and risk. Search engine enquiries inevitably pull up the World Health Organization website and that of the CDC (Centres for Disease Control and Prevention, a US government agency). Other national government health departments also maintain resources for enquiries on this subject and there are various research centres based at universities which have their own websites. Journals with websites, such as the *New England Journal of Medicine* offer resources, and so do non-governmental organizations like the Red Cross. Sites like this are essentially official because they are produced within organizations: they contrast with sites produced by individuals without such institutional backing, mainly in the form of blogs.

One kind of complaint about finding information on the WWW is the uncertainty about the 'status' of particular sites and the views expressed therein. In a world where there is no 'peer reviewing' of content and anyone can say anything within any legal limits which

are enforceable, this gives rise to a sense of the WWW as a chaotic multivocality. 'Branding' of output becomes very important in such a context, some brands carrying more weight and authority than others. The rise of the 'blog' and the styling of some sites as blogs, allows the 'unofficial voice' to express opinion and purvey 'information' from a personal perspective.

This section compares official online discourse about SARS with two unofficial contributions. The official voice is represented by the materials on the World Health Organization website;¹ the unofficial voices are represented by two blogs. One of these, called SARS Watch,² is maintained by Tim Bishop, who describes himself as 'a sometime entrepreneur, engineering manager, product manager, project manager and writer who has been working in high tech start-ups for over a decade'. This blog was most active between late March and mid-June 2003, although there have been occasional contributions to the site since that date. The third contribution is Wangjianshuo's blog.³ The author, Jian Shuo Wang, simply says of himself that he lives in Shanghai and works in IT software. The significance of these three sites will become apparent below.

The three sites

The WHO website is an essential resource for finding out about SARS. Much of its material is either biomedical, or else bureaucratic, to do with control measures and their implementation. By contrast, SARS Watch mainly draws its material from public domain sources – journalism, printed and online, as well as material from the aforementioned official sites, including the WHO (which it praises). It can be regarded as a kind of 'news digest' on this one subject, though its materials go beyond mere news reports, as will appear in the analysis below. Wangjianshuo's blog is rather different, and more typical of blogs in general – an online web diary and 'commonplace book' for public consumption. This website, like that of the WHO, does not have SARS as its single focus of concern, but it does carry a large range of entries about SARS during the key months of the outbreak, because the author was resident in a city affected by the disease.

Textual structure. The WHO's work on SARS fits within its own organizational structure, belonging to the branch of the organization dealing with communicable diseases. This has its own English acronym, 'CSR', but the full title is 'Communicable Disease Surveillance and Response'. The structure of the website is mapped on to the structure of the orga-

nization, so the SARS section of the site is embedded at the third level of structure: the site possesses the usual search engine and alphabetic browsing facilities which have become familiar on very complex sites such as this. As the screenshot shows (Figure 5.1), the multi-section

English | Español | F

Search

World Health Organization

Home

Countries

Health topics

Publications

Research tools

WHO sites

CSR Home

Alert & Response Operations

Diseases

Drug Resistance

Global Outbreak Alert & Response Network

International Health Regulations

Laboratory & Epidemiology Strengthening

Preparedness for Deliberate Epidemics

Public Health Mapping

Communicable Disease Surveillance & Response (CSR)

[About CSR](#) | [Country Activities](#) | [Outbreak News](#) | [Resources](#) | [Media Centre](#)

Location: [WHO > WHO sites > CSR Home > Severe Acute Respiratory Syndrome \(SARS\)](#)

Severe Acute Respiratory Syndrome (SARS)

[- WHO SARS International Reference and Verification Laboratory Network: Policy and Procedures in the Inter-Epidemic Period \(pdf, 27k\)](#)
 23 January 2004
[- WHO post-outbreak biosafety guidelines for handling of SARS-CoV specimens and cultures](#)
 18 December 2003 (French)
[- Summary of the discussion and recommendations of the SARS Laboratory Workshop, 22 October 2003 \(pdf, 80k\)](#)
 5 November 2003
[- Consensus document on the epidemiology of severe acute respiratory syndrome \(SARS\)](#)
 17 October 2003
[- Alert, verification and public health management of SARS in the post-outbreak period](#)
 14 August 2003 (French)

MORE INFORMATION

[- Guidelines, recommendations, descriptions](#)
[- WHO Collaborative Networks](#)
[- Travel advice](#)
[- Media](#)
[- Other information resources: links, images](#)

ARCHIVES

[- Situation updates](#)
[- Cumulative number of reported probable cases](#)
[- Areas with recent local transmission](#)

WHO Global Conference on Severe Acute Respiratory Syndrome

17-18 June 2003

[More information](#)

SARS: Status of the outbreak and lessons for the immediate future

Prepared for the SARS technical briefing, WHA 56, 20 May 2003

[Full text \(pdf,104k\)](#) | [French version \(pdf,153k\)](#) | [Chinese version \(pdf,303k\)](#)

Resolution to the WHO World Health Assembly Severe Acute Respiratory Syndrome (SARS) (pdf,120k)

HIGHLIGHT

Report t Executiv Severe a syndrom

January :

WHO po biosafet for hand CoV

[Full text \(French\)](#)

18 Decer

[Summan discussio recomme SARS Lat Workshop 2003](#)

5 Novem 80k)

WHO SAP Research Committee first mee

22 Octob

DISEASE

Avian in (H5N1)

[Full text](#)

Avian in (H5N1)


[Full text](#)

Cholera

[Full text](#)

Disease

New pul Laborato manual, (revised) Interim g



Contain risks

22/02/2004

<http://www.who.int/csr/sars/en/>

Figure 5.1: WHO SARS section

format, created through the use of cascading style sheets, is one which is familiar from other organizational websites, such as that of the BBC, and the division of the 'page' is reminiscent of modern newspaper layout, minus the photographs. This is a page of headings and links. The prominence and top-down order of the three headings again reflects the internal arrangements of the WHO as an organization, with 'World Health Organization' at the top, elaborated by a logo, followed by 'Communicable Disease Surveillance and Response' and then by the actual page title: 'Severe Acute Respiratory Syndrome (SARS)'. The text following this title offers up a bulleted list of five hyperlinked texts, each identified by the name of the corresponding document. So much for description. The textual structure here suggests that this is a site designed for the needs of those users who already know what they are looking for. The more casual citizen/consumer, without a specific focus for their enquiry, would not find it easy to know what links to follow and perhaps would be unsure even of what to enter in the search engine.

By contrast, SARS Watch (Figure 5.2), typically for a blog, is organized primarily in diary form. Blogs provide for the needs of writers who want to alter their site a little every day by adding new information. The newest material goes at the 'front' or 'top' or 'beginning' of the document. Earlier material is not deleted or changed, it just gets demoted to a place further down the screen, or away from the main front page. The basic organizing principle is that of date sequence; the headings under which new text is added are date headings.

SARS Watch offers (on another page) a table of contents comprising just the headings of each entry; alternatively, readers can choose, from a different menu, to look at one of the 10 most accessed entries, or one of the 10 most commented-upon entries. There is also a search engine for those who are looking for something in particular, for example, how many cases of SARS were recorded in Toronto during the outbreak. But, essentially, the assumption is that the reader will be interested in whatever the author has found out, or has thought about, most recently.

Wangjianshuo's blog follows the same basic design principles as SARS Watch (Figure 5.3), with differences related to the design of the software which are not relevant to this analysis. An alternative menu allows readers to access items not by date (the default approach) but instead by category.

As the screenshot (Figure 5.3) shows, on this blog SARS is not necessarily mentioned on the gateway to the site: this will depend upon how recently Wang has written about SARS. He wrote about it a few times in March 2003, but by April it had taken over and most of the daily

SARS Watch™ Org

following **Severe Acute Respiratory Syndrome** around the globe

[Home](#) [Table of Contents](#) [SARS Links](#) [Books](#) [SARS Weblog News Feeds](#) [SARS Media News Feeds](#) [Discuss](#)

[Join](#) [Archives](#)

January 06, 2004

It's official: SARS is back

WHO has **confirmed** that the 32-year-old television producer in Guangdong province suspected of having SARS actually has the disease.

Results from laboratory tests over the weekend have led the Ministry of Health of China and the World Health Organization (WHO) to upgrade the suspected SARS case in southern China to a laboratory-confirmed case.

The latest results were obtained from virus neutralization antibody tests carried out by two laboratories in Hong Kong SAR, China, that are part of the WHO international laboratory reference network, as well as by a laboratory under the Chinese Centre for Disease Control and Prevention in Beijing.

The virus neutralization tests from all three laboratories indicate that the male patient, a 32-year-old television producer in Guangzhou, Guangdong Province, has recently been exposed to a SARS coronavirus (CoV).

The tests compared the level of SARS neutralizing antibodies in the patient's blood over recent days with levels found early in the course of his disease. The results showed that the level of these antibodies had risen significantly, fitting the laboratory definition of SARS.

This is the first case of SARS (other than the two laboratory scientist who contaminated themselves) since China and WHO declared SARS eradicated last July. So the inevitable question arises, how did the man contract SARS?

I've seen a number of theories advanced over the last week, everything from **suggestions that the victim had a mild case of SARS last year and that this is a resurfacing of the virus to suggestions that he contracted SARS from rats**. Clearly, nobody knows. WHO is reminding people that even though the SARS virus has been identified in civet cats, it isn't known if the cats are the reservoir for the disease, or if they contracted it from another animal in the Guangdong wild animal markets. The Chinese government isn't taking any chances – **they have decreed** the closure of all wildlife markets and the killing of the estimated 10,000 civet cats in the markets, by **"boiling and drowning, electrocution and incineration."**

The man himself has recovered from SARS, and the Chinese authorities are planning to release him on Thursday, according to a

Figure 5.2: SARS Watch.org

Wangjianshuo's blog

Events (in Shanghai) that affect my life (and others')

[Home](#) | [Life](#) | [News](#) | [Shanghai](#) | [Tech](#) | [Travel](#) | [WWW](#) | [Random](#) | [About me](#)

BENZ TAXI IN SHANGHAI

Friday, February 20, 2004

Hey. Take a look. I finally saw and took a shot of the hot Benz taxi in Shanghai. It is reported that 50 Benz taxi were put into operation but I never seen one. This morning, when I arrived at Metro Tower, a shining car passed by. It was a Benz. At a second look, I realized it was a...

FULL STORY 4 comment(s)

PREVIOUS HEADLINES

- [Foggy Shanghai](#) | 2 comment(s) | Thursday, February 19, 2004
- [Professional English](#) | 6 comment(s) | Thursday, February 19, 2004
- [Receiver Pay SMS?](#) | 3 comment(s) | Thursday, February 19, 2004
- [About Jian Shuo Wang](#) | 7 comment(s) | Wednesday, February 18, 2004
- [Wifi Hotspot Competition Becomes Hot](#) | 2 comment(s) | Tuesday, February 17, 2004
- [Always-Red Pedestrian Signs](#) | 2 comment(s) | Thursday, February 17, 2004
- [China Internet Market Analysis](#) | 2 comment(s) | Tuesday, February 17, 2004
- [Beijing Impression](#) | 10 comment(s) | Monday, February 16, 2004
- Read: [Other entires](#) (complete list)

SEARCH THIS SITE

DIRECTORY

Life

[Entertainments](#)
[Friends](#)
[Fun](#)
[Holidays](#)
[Learn](#)
[Me](#)
[Wendy](#)

News

[Blogging](#)
[Muzimei](#)
[SARS](#)
[Space](#)

Tech

[Backstage](#)
[Movable Type](#)
[Review](#)
[Spam](#)
[Usability](#)
[Webcam](#)
[Wireless](#)

Travel

[Airlines](#)
[Cities](#)
[Cycling](#)
[Daocheng](#)
[Dreaming](#)

我在这一站	cn
Wendy's	Map

COMMENTS

- [oshee](#)
- [Michael](#)
- [Darragh](#)
- [James](#)
- [Sekhar](#)
- [FRANCIS](#)
- [bugs](#)
- [pablo](#)
- [Apple](#)
- [Lee](#)
- [Jen](#)
- [Jian Shuo Wang](#)
- [Jian Shuo Wang](#)
- [Last 20 comments](#)

Figure 5.3: Wangjianshuo's blog

entries are about the outbreak in his city, or about SARS in China generally. The following entry was written before the first officially confirmed cases of SARS in Shanghai were reported.

April 6th 2003

The sunny weather continues. The rumor of SARS discontinued. With the recent official news on SARS from the Ministry of Health, the ban for news on the topic of SARS is lifted. Newspapers, TVs, radios and websites rush to report SARS in one night, just as the speed of spreading Bill Gate's news.

I haven't tried metro since the first day I heard about SARS. Yesterday, I had a try. I didn't see any one with a mask then. It is said that about 5–20 people wearing facial masks in metro during the rush hours.

In the bus, I didn't find **any** one wearing masks too. People insists to open the window eve in the air-conditioned bus. The only two masks I have ever seen is in the bund areas. The official news reports again and again that there is NO SARS in Shanghai. Shanghai is clean and safe. Don't need to wear masks . . .

Hyperlinks. There are various ways of managing the insertion of hyperlinks. Since any screen element can function as a hyperlink, images will do as well as words, nor do the words which function as hyperlinks have to be the same as the title of the page to which the link leads. Another difference is that hyperlinks can stand apart from running text or they can be part of it. The WHO site is conservative here. Its hyperlinks are verbal, not visual and most of them are free-standing. SARS Watch is a little more ambitious. The right-hand frame (not shown in Figure 5.2), used mainly for links and supplementary information, includes some visual links to other sites, and in the main frame it makes extensive use of hyperlinks which are part of the running text – recognizable as such through the use of the familiar convention that hyperlinks are in a blue font and underlined.

January 6th 2004

I've seen a number of theories advanced over the last week, everything from suggestions that the victim had a mild case of SARS last year and that this is a resurfacing of the virus to suggestions that he contracted SARS from rats. Clearly, nobody knows. WHO is reminding people that even though the SARS virus has been identified in civet cats, it isn't known if the cats are the reservoir for the disease, or if they contracted it from another animal in the Guangdong wild

animal markets. The Chinese government isn't taking any chances – they have decreed the closure of all wildlife markets and the killing of the estimated 10,000 civet cats in the markets, by 'boiling and drowning, electrocution and incineration.'

All of the underlined phrases in this passage are hyperlinks to online articles in the *New York Times*, *Washington Post* and *Straits Times*. Wangjianshuo's blog adopts this style as well. The underlined words in the 6 April story are both hyperlinks to other entries in the blog.

Interactivity. Discussions of the value of the internet as a revolution in communication always mention the greater potential for interaction between reader and writer as compared, for example, with mass media where the communication is principally one way. Organizations routinely provide for 'feedback' from their readers on their websites, and individuals too invite their readers to enter into correspondence with them via email. It is instructive to compare the different forms in which the WHO site and SARS Watch provide for interaction with readers: in both cases this provision is highly structured, but with very different effects.

The WHO has a 'Suggestions' page. The wording on this page does not invite suggestions regarding the regulation of health policy, only suggestions in regard to the design of the website, and it seeks to know something about the person who is making the suggestion:

Thank you for taking the time to comment and help us improve our web site. We have included a few questions about you and your interests, to help us better identify who is accessing our information. If you would like a response to your message, there is the possibility of including your email address, which will not be used for any other purposes. The questions marked with an asterisk (*) are required. With your suggestion, please try to give as much information as possible so that we may clearly understand your comment.

There are not very many personal questions, and they are optional: WHO is interested to know your organization, your area of work, the type of information you are looking for and the focus of your suggestion (design, search, language/translation, content, other).

The communication between the WHO and the reader thus starts in the public domain, from this page, but immediately goes 'private' – the readers' messages themselves are not for public consumption, and may

or may not have any practical consequences in relation to the organization, content and appearance of the WHO site.

SARS Watch does things differently. First, it is organized so that readers can if they wish also become members, and provide some minimal information about themselves in the form of a 'profile', including name, email address, location, website URL, occupation, birthday and interests. Apart from name and email address these fields are optional, and SARS Watch, unlike the WHO, does not want to know what kind of organization you work for. Second, it provides, after every new entry, a hyperlink called 'comments'. By following this link the reader comes to a new page with the following elements: the item itself is repeated at the top; if the webmaster has any more information, that goes in the next section; a third section shows what other readers have written on this aspect of SARS (if anything); and a fourth section has fields for the current reader to complete with their own comments. This section offers the option of having the comments added to the SARS Watch site.

So long as readers are interested enough to want to join or at least to say something from their own perspective and with their own information about the topic, the site itself must constantly change, and not because the author has changed it. A final section allows the reader to 'Send this story to a friend'. The arrangements in place for structured multivocality are working: despite its relatively short lifespan the site does (did?) have members, and attracted a considerable number of responses which were added to the site in the manner described. Wangjianshuo's blog also invites and incorporates comments from readers on the site and the webmaster offers, as a less public form of communication, between himself and his readers, an email newsletter to update interested readers on new additions to the site.

Content. Just as there are differences between the WHO, SARS Watch and Wangjianshuo's blog in their use of the medium, so there are differences in content and linguistic style. As indicated above and in the screenshot (Figure 5.1), the WHO is in the business of producing and distributing official papers, many of which have a regulatory function, including documents of record for the use of national governments who may need to implement their own policy measures in order to control the spread of SARS. SARS Watch in contrast is a news digest. It is interested in WHO documentation and provides many links to these as well as to more informal statements originating with WHO personnel. But it is interested in other things besides, especially those with a 'breaking

news' character which would be of much less interest to the WHO. If a typical item on the WHO website is: 'Summary of the discussion and recommendations of the SARS Laboratory Workshop, 22 October 2003', then a typical SARS Watch entry (29 April 2003) is 'The Lancet publishes study of SARS in children'. There is a 'human interest' dimension to some of the SARS Watch entries, for example, a story about a 'special doctor' in Toronto. Some of the themes which arise are also concerns of the newsgroup participants whose discourse is discussed below, for example, on the cultural acceptability of spitting in public. Wangjian-shuo's blog also carries news: one of his entries discusses the report by the WHO following their visit to Shanghai to assess the situation there. But since the purpose of the blog is broadly the author's life, experience and opinions, and since he surely knows that the wider world is interested in the Chinese experience of these things, many entries are about the impact of the outbreak upon daily life in the city:

29th April 2003

Taxi drivers are among the most sensitive people for any changes in the city. I initialized a chat with the third taxi driver after SARS hit the city. If you still remember, the first taxi driver told me on April 17 that his car was disinfected once every month. The second taxi driver told me on April 23 that his car was disinfected every morning from April 21. Let's see what the third taxi have to tell us after one week.

You see the green label at my front glass? We are required to return to taxi company once from 10:00 PM to 8:00 AM the next morning everyday. The taxi company will organize disinfection for each car carefully. It is done very careful now. The cover of the seats are changed everyday.

Meanwhile, every taxi is equipped with a bottle of disinfectant. We are required to spray the disinfectant every noon when I leave my car for lunch. I will close all doors so the spray will work better. Then open all the windows after I return. If I meet any passenger who goes to hospital or I suspect he/she is ill, I will also spray the disinfectant after he/she leave.

Whereas the WHO, in publishing its documents, is stamping them with its authority, the standard practice on SARS Watch is to link to, quote from, or reproduce, with attribution, other people's documents. It clearly attributes any authority to the original sources and not to itself – it is just a route to the words of others – while it still maintains the

right to add commentary and interpretation to those words. There is no place in WHO documents for first-person address, but there is on SARS Watch:

April 30th 2003

I have linked to a lot of stories criticizing the actions of China's leadership, but the media need to spend more time looking at what the U.S. is doing to prepare for SARS, this summer's expected West Nile virus epidemic, and other public health threats.

As befits its 'personal experience and opinions' brief, the move to the personal mode is even more marked on Wangjianshuo's blog. The 'non-native-speaker English' is a feature of the language but not one which impedes communication, though Wang sometimes apologizes for it.

Newsgroups and SARS

The material

In the previous chapter, the newsgroup material examined covered ten years of Usenet traffic. In this chapter, the data covers a mere three-and-a-half months – from mid-March to the end of June 2003 – as does the sample of about 1000 messages which I have used for the purposes of focused analysis. During this period there were between one and two thousand threads of four messages or more which are wholly or mainly about SARS. Because of the very large numbers involved it is impossible to do an accurate calculation of the total amount of Usenet 'traffic' on this subject. As the months unfold, it becomes more likely that when contributors mention SARS in Usenet messages (which they often do) this will be an 'incidental' mention in the context of a message with different primary concerns. It is impossible to determine when a mention is 'incidental' except by reading all the candidate threads – the subject line alone does not give enough information. Table 5.1 does give some indication of the scale of response to SARS on Usenet, by quantifying the number of threads (4+ messages long) which were wholly or mainly about this subject during the last two weeks of March 2003.

Thread length varies between 373 messages and 4 messages (threads of fewer than four messages were not counted): average thread length is 24 messages. In March the newsgroup with the most interest in this topic was soc.culture.singapore (36 threads). One of the reasons that there is so much discussion of SARS on groups devoted to hobbies and

Table 5.1: Usenet threads about SARS, last two weeks of March 2003

Newsgroups	Number of threads and percentage from 15 March to 31 March		Example
Health	11	7%	misc.health.alternative
Hobbies and fanclubs	20	12%	rec.arts.movies.current-films
Lifestyle	12	7%	misc.survivalism
Politics	12	7%	alt.politics.liberalism
Regional	77	47%	soc.culture.singapore
Religion	5	3%	alt.bible.prophecy
Science	4	2%	sci.med.nutrition
Travel	11	7%	rec.travel.asia
Miscellaneous	14	8%	alt.prophecies.nostradamus
Total	166		

fan clubs is because of world conventions and other meetings due to take place later in the year in cities affected by SARS. Hobbyists take advantage of their global network to discuss whether their meetings will be cancelled, whether they will take a risk in travelling there, and so on.

As with the material in the cellphone chapter, more detailed analysis is based upon a sample of threads. The sample examined in this case is drawn not only from the threads exchanged in March, but also covers April, May and June 2003. Fifty-five threads were selected, so as to ensure a 'spread' across the following parameters: (a) the growth and then the decline of the issue as a 'hot topic' through these three-and-a-half months; (b) the length of message, between 4 messages and 140 messages, to reflect the variation in length of the threads exchanged in the late March list above; (c) the type of newsgroup, covering all of the categories in the list above. Five hundred and twenty-four different people contributed relevant messages within this sample. The greatest number of relevant messages contributed by any one participant was 34; 308 people contributed only one on-topic message.

Confidence and doubt

Table 5.2 gives a general picture of the balance between confidence and doubt among the newsgroup participants. As in the previous chapter,

Table 5.2: Talking up and talking down of SARS

Orientation to risk	Number of messages	(%)
Talking up of risk	224	17
Not applicable (for example, off-topic)	484	36
Talking down of risk	193	15
Putting both sides, i.e., ambivalent	27	29
Putting neither side, for example, asking a question without presupposition	392	2
Unclear, i.e., difficult to classify	9	1
Total	1329	

this analysis is the result of a process of interpretation which does not do justice to the range of expression. As a crude indicator therefore, and ignoring everything except the 'talking up', 'talking down' and 'ambivalent' categories, it is clear that there is no consensus regarding the hazardousness of SARS.

Online conversations about the SARS outbreak begin when someone either provides information, seeks information or expresses an opinion about some aspect of the SARS story:

Providing information

SARS messages no. 1 (May) on three health newsgroups

As a registered user of www.thelancet.com, you might be interested to know that research by UK epidemiologists and scientists from Hong Kong, fast-tracked for publication on THE LANCET'S website, reports results of the first major epidemiological study about severe acute respiratory syndrome (SARS). [This introduction is then followed by a summary of the Lancet report.]

Seeking information

SARS messages no. 2 (April) on one lifestyle newsgroup

The cause for SARS has still apparently not been absolutely tracked down. I understand that the cold-like coronavirus that was thought to be at the root of the disease is absent in something like 60% of the cases. Anybody have any later info?

*Commenting**SARS messages no. 3 (April) on one lifestyle newsgroup*

I am surprised to hear that the USA, Britain and Australia have apparently issued travel warnings about coming to Canada due to the SARS in Toronto. I find it odd, since there are cases in ALL of those countries (in fact, more in the USA than in Canada, according to WHO), and the Canadian outbreak is primarily limited to hospitals in Toronto, leaving rather a vast expanse of country disease free.

All such initiations, whatever the content, can be seen as responses to the news story as it broke and developed across the globe, following the WHO alert of 15 March. Such responses testify to the concern which the outbreak provoked, even if some respond by attempting to minimize suggestions of serious risk to health and life on a global scale. For every writer who initiates a thread in a voice of concern, there is another expressing doubts about the outbreak's seriousness.

*Fearful**SARS messages no. 4 (June) on one travel newsgroup*

SARS is a real worldwide epidemic. People are dying, there is no cure, thus I have the right to be worried for my family. Wouldn't you be worried?

*Sceptical**SARS messages no. 5 (March) on one regional newsgroup*

'SARS survival rate higher than pneumonia'. Surprise, surprise. If its not killer dogs/sharks/men, it's killer household appliances or killer bugs. The list goes on. All to sell a few more papers and fool the stupid hippy masses.

However it is only with the development of online interaction, beyond the first message, that we can study in more depth the patterns of response to the news of this new virus and of the people and places which it affected. As with many issues of risk and health, it is useful to

explore these patterns in terms of the writer's propensity either to accept the reality of the risk and 'talk it up', or else to remain sceptical and 'talk it down'. These choices are best seen as dialogic engagements in the sense of Bakhtin (1981). They involve either taking issue with a previous contributor on the thread (or on an earlier thread), or with a different contributor on an earlier thread; or with what someone else has said or is reported to have said, such as the prime minister, or with some unspecified source. Dialogic engagements in this sense are most apparent when they involve *contestation* with earlier/other views: *agreement* with another, also dialogic, is somehow less visible.

Here is a sequence of messages from one particular thread in which the various contributors accept the threat and amplify it, in various ways (the number of '>' characters at the start of the line indicate how far back this message is from the most recent one, which is at the end of the sequence). Text in square brackets summarizes material from the original message rather than quoting it:

Talking up

SARS messages no. 6 (April) on one regional politics newsgroup (separate messages numbered a-e)

SARS virus killing 5% & 20% need mechanical respiration

a) >>>>SARS Severe Acute Respiratory Syndrome seems to be >>>>killing about 5% of those that are being infected. Another >>>>20% need mechanical respiration. There is also some >>>>likelihood that Chinese authorities are underrating these >>>>statistics. There is a panic exodus from China that may be >>>>spreading the disease world wide.

>>>>The Wall Street Journal Editorial page has called for >>>>closing borders with China and Hong Kong!

>>>>For this article I advise you to go to the following URL >>>>because it is extensively hyperlinked to primary sources:

>>>>http://www.vdare.com/misc/pringle_sars.htm

>>>>Do not tolerate public spiting!

>>>>Is Australia ready for the big one?

>>>>[citation of article]

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

b) >>>When this gets to Africa it will finish off what Aids started.

>>>There is a huge immuno-suppressed population and very

>>>little modern medicine. Can you imagine the scale of the
>>>disaster that is impending? It is very depressing.

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

c) >>Seems that it's Mother Nature and not Saddam who still
>>holds the whip hand when it comes possessing biological
>>weapons of mass destruction! The worrying thing about it is
>>that I saw some professor on TV yesterday saying that he's
>>far more alarmed about this particular flu outbreak than he
>>ever has been about Aids.

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

d) >This could turn out to be *the* big news and not the Iraq war.

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

e) I'm not surprised. HIV is only transmitted by swapping blood
or semen, and AFAIK [netspeak: As Far As I Know] there are
several promising potential cures/vaccines in late-stage testing.
SARS has only just been identified and AFAIK can be spread by
somebody sneezing on you.

How do these writers signify the seriousness which they attach to the SARS outbreak? The first message here (6a) does so by reproducing an 'authoritative' source text, originating outside of the newsgroup context. This is followed by one which associates the virus with a much better known health problem, HIV/AIDS (6b). This message does not just draw an analogy between SARS and AIDS: it produces an account in which the two diseases are causally related. HIV-infected peoples (that is, the inhabitants of the African continent) are more vulnerable to SARS because the earlier disease has compromised their immune systems. The next two messages (6c and 6d) amplify the seriousness of SARS by framing it alongside the war between the USA and Iraq, suggesting that, counter-intuitively, it is SARS which represents the greater problem. The reference in message (6c) to the opinions of 'some professor on TV' is indicative of an ambivalent or grudging respect for authoritative voices: this particular formulation combining the voice of science with that of the mass media. Finally, the contribution of the fifth message (6e) lies once again in a comparison of SARS with AIDS, but this time the point of comparison is the ease of transmission. By comparison with AIDS, SARS is easy to contract. A simple sneeze will do it.

But not all of the voices in these newsgroup conversations take the gloomy view of the threat posed by the SARS outbreak. Some are altogether more sceptical. Sceptical voices are more likely to concentrate

upon the known present than upon the unknown future and in doing so draw attention to low absolute numbers of victims; low numbers in proportion to particular populations (for example, all the residents of Toronto, one of the cities with a significant outbreak); the location of victims globally; the location of victims in particular domains such as hospitals; the low numbers of victims in proportion to other epidemics, for example, the Spanish Flu of 1918; and the low numbers of victims in proportion to other risks such as traffic accidents.

Scale

SARS messages no. 7 (June) on one travel newsgroup

The SARS risk in Toronto is miniscule. Let's see: 30 people out of 3 million people in Toronto, that's a rate of 10 per million. (Not to mention that it isn't in the general population, just at a few hospitals, and that nobody is known to have contracted it at Toronto's airport.)

Other risks

SARS messages no. 8 (March) on three regional newsgroups

How many people died from the West Nile outbreak last year? Okay . . . how many people died from alcohol overdose, auto accidents, falling down stairs or accidental electrocution by home appliances? What are the real killers here?

Spanish flu

SARS messages no. 9 (May) on one lifestyle newsgroup

In any case, SARS is not the Spanish Flu. This is not 1918.

Location

SARS messages no. 10 (April) on one regional newsgroup

Let's see, you have a 2% chance of dying from it, and probably a 0.000000000000000002% chance of contracting it here in NZ. So that gives you a 0.00000000000000000002% chance of catching it and dying here in NZ.

Scepticism about the seriousness of the SARS outbreak expresses itself as a reaction against explicit or assumed credulousness – it is, in that sense, dialogic and offered as a corrective to the wrong-headed acceptance of the risk and/or exaggeration of its significance for human health worldwide. Straightforward, rationally argumentative versions of this reaction, as illustrated above, exist alongside more knowing ones which object to the exaggeration and overreaction ('mass hysteria') which they detect in other people and institutions, including of course the mass media, with occasional suggestions about the improper motives for 'hype', as in example 12.

Mass hysteria

SARS messages no. 11 (July) on one regional newsgroup

Toronto was never a no go area. The only place where you could have possibly got SARS was if you were in a hospital, and there never was a real threat to the population at large. A lot of mass hysteria, but unfounded and baseless.

Media hype

SARS messages no. 12 (April) on one hobby newsgroup

Another PRIME example of the media overexaggerating risk to scare people and make money through ads.

A significant feature of this particular story was its 'out of the blue' character. The arrival of a new infectious disease on the world stage may not have surprised the experts within the public health community, but it certainly came as a surprise to the mass media and the general public and, especially in the early days, was treated as a mystery to be solved. This uncertainty is certainly reflected in the discourse of the newsgroups, for example, in the following interchange:

SARS messages no. 13 (April) on one regional newsgroup

>still . . . only 2% of those who get will die.

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Only 99 people out of the 761 who have the disease in Hong Kong have been discharged from hospital. Many of them are on ventilators.

You are ejaculating prematurely here. No one working with the disease pretends to understand what is going on. It might be a paramyxovirus, it might be a coronavirus, no one knows what causes it. No one knows how it is transmitted. It spread throughout a high rise building in the Amoy Gardens complex, no one knows if it was in the air conditioning or the water. 200 or so people from that complex got the disease. . . .

This is still a small epidemic, when it gets really loose who knows that the rate of illness and death will be. At the moment it is affecting a predominantly business/travelling class of people. What will happen when it gets into a population of poor, malnourished, more vulnerable people.

In this exchange, one participant berates a previous one for overconfident ‘talking down’ of the risk. His/her own lack of knowledge is generalized: it is represented as a lack of knowledge with regard to biological facts (‘it might be a paramyxovirus’), a lack of knowledge of the narrative of causality (‘no one knows if it was in the air conditioning or the water’) and finally a lack of knowledge as to the future development of the disease (‘when it gets really loose who knows what the rate of illness and death will be’).

Associations

People make sense of new information by trying to relate it to something they already know more about. In the case of SARS this leads, unsurprisingly to comparison with other illnesses, particularly other infectious diseases. The range of diseases mentioned by writers includes: Ebola, bird flu, West Nile virus, the Black Death, MRSA, anthrax, Norwalk virus, TB, BSE/CJD, leprosy, hepatitis, monkey pox and hantavirus – but the ones most often mentioned in connection with SARS are flu and pneumonia. SARS may be a type of flu, or a type of pneumonia: if it is not, then it is certainly worth comparing with either or both.

But the analogies and associations that are thought worth making go well beyond the domain of disease. As with mobile phones, one response to this risk is to offer the thought that, to the extent that it is a risk, it is much less so than smoking, driving and other lifestyle hazards of the twenty-first century. On the ‘current affairs’ side, the connection with bioterrorism was an easy one to make, and so was the connection with the contemporaneous war between the USA and Iraq.

There are things worth saying about the SARS outbreak which connect with such contemporary concerns as racism (are China and the Chinese being scapegoated?); civil liberties and civic order (the rights and wrongs of quarantine); population control (is this Nature's way of regulating the numbers of humans on the planets, or someone other than Nature?); personal hygiene (the spitting habit); civic responsibility (the selfishness of particular kinds of behaviour with SARS 'on the loose'); the safety of air travel; the over-prescription of antibiotics; employers' duty of care, and others. Science fiction parallels were drawn into the mix: newsgroup writers recalled, variously, a BBC drama series called *Survivors*, a Hollywood movie called *Outbreak*, a Stephen King novel *The Stand*, and other fictional work of an apocalyptic or post-apocalyptic character, with and without elements of high-level conspiracy to pursue ruthless ends.

The SARS outbreak started while the USA and its allies were conducting war against Iraq. The fact that fifteen threads out of the 55 could not discuss SARS without also discussing/mentioning Iraq is not surprising, at least on non-specialist types of newsgroup where 'current affairs' discussion of all types is encouraged. Sometimes this occurs as no more than 'topic change' or 'topic drift':

SARS messages no. 14 (April) from a hobby newsgroup

And while were talking about the news, is anyone else pondering whether the apparent negligence or lack of preparation that allowed the Iraqi national museum to be looted qualifies as perhaps the most serious tragedy of this war?

Sometimes there is an overarching theme to do with the awfulness of life:

SARS messages no. 15 (April) from a hobby newsgroup

The war is over so now we can get back to the real important news of American Idol and who killed Laci Peterson, what a surprise! ?! I'll just go jump into my freezer now. At least Enron is out of business, so we won't have a blackout tomorrow, so I won't be defrosting prematurely.
Shit, this country really sucks right now!

One variant of this proposes that SARS may come to be a more catastrophic world event, or story about such an event, than Iraq:

SARS messages no. 16 (April) on four politics newsgroups

This could turn out to be *the* big news and not the Iraq war . . .

In its character as a 'story' for journalistic purposes, it takes a New Zealander to point out that news values may be different depending on where you are in the world:

SARS messages no. 17 (April) on a hobby newsgroup

Here in New Zealand it is a bigger story than the war at the moment. Then again, there is a proximity issue. The world rugby championships were held recently in Hong Kong and many NZ residents were there for it (it's possibly a bigger sport to Kiwis than NFL is to Americans of the United States persuasion – people here are absolutely rabid for it) whereas the war in Iraq has little impact here apart from some Kiwi regulars joining with the UN to remove mines and clean up unexploded bomblets.

While a 'media spin' angle proposes, on the back of a proposition that the SARS outbreak is really not that big a deal, that it is being made so for essentially political reasons:

SARS messages no. 18 (April) on a hobby newsgroup

The reason the story has been propagated as it has is that it is a 'sexy story' – one that sells ads – and also because it deflects attention off of other more important stories, that could be critical of the government, like the war. I find the timing of the unveiling of the SARS crisis (very close to the start of the Iraqi conflict) and the unveiling of the Anthrax crisis (very close to the start of the conflict in Afghanistan) to be very curious. Just like the anthrax threat was massively overblown and managed to deflect from blunders by the US government, so has SARS.

Sometimes parallels are being drawn: China and Iraq behave the same:

SARS messages no. 19 (April) on a lifestyle newsgroup

>the govt of the PRC went to considerable lengths, supposedly
>using panic containment measures, as the official excuse – to
>conceal the real extent of the SARS outbreak. Part of these
>measures included bussing the patients around Peking in
>ambulances during the WHO Inspectors visit at one hospital
>& using a hotel in the grounds of another hospital to re-locate
>the SARS patients to. All conducted under a media restrictions,
>however, to what extent would any Western govt be prepared
>to restrain its media in the event of such a spread of the disease?
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
sounds familiar. kind of like the why the Iraqis moved stuff
around when the UN weapons inspectors were in the area.

The dominant theme in discussions of Iraq before, during and after the war itself was of course the issue of Iraq's possession of weapons of mass destruction: since some of those could have been 'biological' weapons, the possibility that the SARS virus had been deliberately developed to be used in this way comes in for some discussion:

SARS message no. 20 (April) on seven politics newsgroups

<http://www.informationclearinghouse.info/article2848.htm>
Russian Scientist: SARS Virus Was Created In A Weapons Lab
ACADEMICIAN KOLESNIKOV: THE SARS VIRUS OF ATYPICAL
PNEUMONIA HAS BEEN CREATED ARTIFICIALLY
IRKUTSK, April 10, 2003.
RIA Novosti correspondent Alexander Batalin
The virus of atypical pneumonia (SARS) has been created arti-
ficially, possibly as a bacteriological weapon, believes Sergei
Kolesnikov, Academician of the Russian Academy of Medical
Sciences.

Once this idea is on the table so too is the 'other' war – the 'war against terrorism' focused on Osama bin Laden and Al Qaeda:

SARS messages no. 21 (April) on a regional newsgroup

>How long before we're told that the bug was developed by Al
>Quaida in secret labs in Iraq?
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
When is Bush's next speech?

In this example, the writer is playing with the notion that the American side might well want to claim such a thing, whether true or not, to further their propaganda war against their various enemies. 'Conspiracy' ideas in this material are however generally contested:

SARS messages no. 22 (March) on four regional newsgroups

>>>Paradoxically, the ones who launch mass immunizations (e.g.
>>>for smallpox) are the most likely to be the ones who use it as
>>>a weapon because they are in a position to limit their own
>>>casualties.
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
>>But that does not suggest that those who immunize are
>>necessarily planning an attack either. Clearly that cannot be the
>>case.
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
>Necessarily? No. But let us not allow sentimentality to impair
>our judgement.
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
No. But let us not allow mere jitters to impair out judgement either.
A mass inoculation for flu every year does not presage a BW attack
via a flu virus. That being the case, there must be some other more
useful indicators. Otherwise, we'd be On Guard every time there
was a vaccination regiment going on anywhere in the world.

Or, as in example 21, conspiracy is proposed with such complete lack of supporting argument as to suggest that the attitude is either tongue-in-cheek or a knee-jerk reaction. Other attempts to read a political angle into the story are more opportunistic: one thread discusses whether a suggestion from some countries that their citizens should not travel to Toronto until the city be declared SARS free is revenge on Canada for failing to back the military campaign in the Middle East.

SARS messages no. 23 (April) on one lifestyle newsgroup

I am surprised to hear that the USA, Britain and Australia have apparently issued travel warnings about coming to Canada due to the SARS in Toronto.

...

can't help but note that these are the three countries primarily involved in the Iraq war, and wonder if this advisory is a back-door attempt to get back at Canada for stating it will not join a non-UN sanctioned war.

Lexicon

There is a more subtle aspect to the consideration of whether writers are in the business of talking up the SARS danger or of talking it down, and this concerns the lexicon which is brought into play to discuss the topic. The keyword is of course the acronym SARS itself, the initials standing for Severe Acute Respiratory Syndrome. This was the keyword used in the initial search through the newsgroup archive, and its extensive appearance in the database is a consequence of the research procedures.

But the question is not just whether the acronym 'SARS' has made its way from expert discourse into mainstream English usage, or even how it made its way there. The interesting question is how it functions in this particular arena of English usage and whether, in that context, there are patterns of use which feed into the broader rhetoric of talking up and talking down of the danger.

It is fairly clear that the word itself was proposed by one particular research scientist, adopted and claimed by the World Health Organization, who introduced it to the world in their emergency travel advisory of 15 March. From there it was picked up by newswires and reproduced in substantial numbers of mass-circulation Sunday and daily newspapers, as well as by news broadcasting organizations worldwide. This amounts to a global, top-down dissemination process for a lexical innovation, backed by considerable scientific authority. In principle, within its own domains of expertise, science has permission to create names for entities which it discovers, such names then being non-negotiable except from within science itself. However, Leach (1999) introducing his research on the struggle in science over the meaning of the word 'cloning' observes:

By naming scientific processes and scientific artefacts, scientists attempt to both pin down and construct the objects of their study. But this is never a simple process, and disagreement over scientific meanings is a normal part of the day-to-day communication among scientists. (Leach 1999: 218)

When such names enter popular discourse, lexical drift and further struggles may occur, although popular usage will not usually override scientific authority within scientific communities if they possess sufficient consensus regarding their mastery of reality. Lexical drift can be rationalized as a matter of divergence that has taken place between the 'ordinary meaning' and the 'specialized meaning' of the word in question, ('inflation', for example), although this situation has its own potential for confusion and conflict in any encounters between the discourses of the 'lifeworld' and those of the 'experts'.

There was some recognition within newsgroup discourse of naming as purposive, motivated semiotic activity. At least one writer appreciated that the name could have been other than what it actually became:

SARS messages no. 24 (April) on a lifestyle newsgroup

They have certainly been clever in their choice of name for the new mystery illness. It is, by definition, Severe as people die from it, and Acute as it comes on rapidly, and tacking on Respiratory Syndrome, because it affects the lungs, produces the catchy acronym. SARS rhymes with Mars and is vaguely suggestive of Star Wars, both of which subliminally hint at SOME ALIEN MANACE FROM 'OUT THERE'. This is certainly a lot more threatening than other possible names that might have included Cars (alluding to its origins as the Chinese Acute Respiratory Syndrome) – or even the Acute Respiratory Syndrome epidemic which would never do – the laughter would be contagious in itself.

Does the 'talking up' of SARS as a threat to human health produce distinctive patterns of use? The answer is yes. SARS is positioned as part of a lexical set in which 'disease' is the ultimate superordinate term, but with some doubt as to its position at the intermediate level – is it a sub-type of influenza or a sub-type of pneumonia?

SARS messages no. 25 (March) on two hobby newsgroups

I haven't heard of this current outbreak being referred to as any form of influenza, but it is true that most of the world's strains of flu seem to originate in southern China, the same area where this pneumonia was first reported.

Whatever its rightful place in the taxonomy – this, too, being an area where some divergence between official discourses and folk taxonomies might well arise – there is also a need to make reference to the collective social fact that groups of people are suffering from SARS now. On a scale of severity, the three most common words for this are 'problem', 'outbreak' and 'epidemic'.

SARS messages no. 26 (March) on three regional newsgroups

Tung Shee Wah also tried to hide the truth of SARS problem because it may cause other impact on weaken Hong Kong's economy.

This is relatively neutral, a notch or so below the more common 'outbreak':

SARS messages no. 27 (July) on a regional newsgroup

So please do come to Toronto. You will find a lot of deals around to help spur the economy, after visitors just disappeared. It's safe. It has always been safe, in spite of SARS. And the SARS outbreak has been contained, and never was significant.

More fearful messages apply the word 'epidemic':

SARS messages no. 28 (April) on two regional newsgroups⁴

It's sad to hear that HaNoi-Vietnam has about 10% (5 people died/46 case) death ratio in this SARS epidemic. More people will be died on SARS!

There are further options for the fearful, some of them reminiscent of British tabloid newspaper style, mostly involving classification (for example, 'disease') combined with emotionally coloured premodification (for example, 'terrible') or other elaboration:

SARS messages no. 29 (various threads/newsgroups/months)

- a) a mysterious disease
- b) a life-threatening disease
- c) this terrible disease
- d) this scary disease.
- e) a potentially deadly virus
- f) a very worrying infection
- g) a potentially lethal and vigorous virus
- h) a wholly new and hitherto unknown-to-science viral infection
- i) a new highly contagious atypical pneumonia
- j) an indiscriminate killer
- k) such a scourge

Examples (j) and (k) have been included here as illustrations where classificatory nouns are left behind in favour of others descriptive of the disease's effect on people.

On the other side of the scales, what we find is a range of expressions, with and without the word SARS itself, indicative of a range of sceptical and ambivalent attitudes. There were a considerable number of messages sufficiently doubtful to make use of scare quotes to indicate their distance from the official voices. The word 'SARS' itself gets the scare quote treatment, but so too, from time to time, do uses of the term 'virus', 'disease' and 'epidemic':

SARS messages no. 30 (March) on one regional newsgroup

Doesn't this, alone, suggest that 'SARS' is rather less of a danger than it being blown up to be?

SARS messages no. 31 (April) on one lifestyle newsgroup

The problem with this 'virus' is that it can live for 24 hours outside the host which is unusual for a respiratory 'virus'.

SARS messages no. 32 (June) regional/political newsgroup

This 'disease' is going to kill less people in one year than there are car accidents – just- in Toronto will in one week.

SARS messages no. 33 (April) on one regional newsgroup

I have not yet heard it called an 'epidemic' by anyone. Where did you hear this ? . . . and no . . . I don't think it is (yet ?).

There is even some discussion as to whether 'virus' should be regarded as a technical term:

SARS messages no. 34 (March) from a hobby newsgroup

>> If they don't know what it is then it's a virus? Seriously. 'virus' is
>> a Latin word which I think just means 'poison'. So bacteria are a
>> virus and rogue prions are a virus and rohypnol is a virus . . .
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
>Which is irrelevant, since _virus_ has a very specific meaning
>these days that is not related to its origins.
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
It means 'You're sick and your doctor can't figure out why'.
Or it means 'Something that makes you sick and that doesn't
grow by itself in a test tube'.
Or 'A non-living substance X which causes a living body to
produce X'. That definition could let prions in.
And while I do see the value of a scrupulous taxonomy of potential
pathogens, 'virus' on its own surely is usually seen in one of the first
two senses I just gave. When scientists or doctors want to be
specific, they seem to talk about 'something-else-latin-o-virus'.

The word SARS, without scare quotes, is also used as a modifier in collocations such as the following:

SARS messages no. 23 (various threads/newsgroups/months).

- a) . . . seriously scared by this SARS thang
- b) The SARS Disease thing that we are having a problem with

- c) This SARS crap is serious.
- d) This SARS thing does seem to be getting a little complicated, though
- 3) This thing may spread via ventilation ducts. . . .

These general nouns, 'thing', 'stuff', 'crap' are all-purpose lexical substitutes called upon in the absence of more specific or appropriate terminology. In these examples the vagueness comes across in much the same way as the scare quotes. It functions as a kind of distancing device for a speaker who seeks to convey a lack of full understanding for what is happening, maybe even some lack of sympathy for the medical discourse responsible for the term SARS in the first place. Some participants go further than just distancing themselves from the official lexicon: they actively argue with the classification of the disease.

SARS threads no. 35 (April) on five politics and regional newsgroups

It's just an overhyped cold caught by Chinese malingerers looking to pull a sickie

SARS threads no. 36 (April) on four regional newsgroups

And have you noticed the politically correct name 'atypical' to me its's pretty typical, it's the Asian flu!

Sources

In these discussions, as with the discussions about mobile phones and cancer, people base their knowledge on a wide ranges of sources, including what they are told by members of their social network. But SARS is different, because it is so new and so little is known, even by sources which claim some authority in this biomedical area. Reference to published sources, including both the print media and the World Wide Web are very much more in evidence, and the patterning of 'textual reference' in this material is somewhat different too. The picture, in relation to the sample, is as shown in Table 5.3: the total is greater than 55 because some threads make use of more than one type of reference.

Table 5.3: Types of reference in SARS threads

Type of reference	Number of threads
Popular/mass media references	48
Science/medicine/health references	
World Health Organization	32
Other science/health/medicine references	18
Governmental references	
CDC ⁵	19
Other governmental references	14
Miscellaneous references	12
Commercial (manufacturers of face masks)	2
No references	2

Using and evaluating the mass media. Talking down of a risk often starts from the recognition that someone else has been talking it *up*. The usual culprits for this are either a previous contributor on the thread, or the mass media, or both together. But as in the mobile phone material, mass media references here perform several functions. They certainly function as an ‘explanatory factor’ for writers who do not think that this disease is anything special, but who recognize that others do; they also function as a source of information both for those who do think that the mass media have a case to answer and for those registering a more fearful or open-minded view on the subject. References to the mass media in this material, when they are of the generic type rather than references to particular articles in the press or programmes/reports in the broadcast media, are almost always of the dismissive, ‘media hype’ variety. Out of the 55 threads in the sample there are 23 in which reference is made to ‘the media’ in generic terms: 20 of these are blaming the media for exaggerating the significance of SARS.

SARS messages no. 37 (July) on a regional newsgroup

You should never have postponed your trip. This SARS thing has been blown so much out of proportion by the media, and it has really impacted this cities economy, especially since the WHO issued a travel advisory, which they have lifted.

Early in the history of the outbreak someone registers the view that the media are not giving the SARS outbreak *enough* attention – in contrast with the coverage of the Iraq war – but this theme does not last for long.

SARS messages no. 38 (March) on a politics newsgroup

This is indeed a rapidly emerging problem. For me, a disturbing one since there has been a case reported in MA (non fatal). I spend much time at Boston Medical center . . . the default hospital for most immigrants including an extremely large Asian contingency. The press for this emerging disease seems to be smothered by the war in Iraq.

One writer is bold enough to counter the 'media hype' line with the view that the mass media are not so influential as they might wish to be and others believe they are.

SARS messages no. 39 (April) on a hobby newsgroup

>In general, masses of people (influenced by the mass media, of >course) can only react to one threat at a time. If SARS is on every >front page every day for a month, good luck getting anyone in >the know-nothing population to think about another risk even >if it's 10,000 times more important.

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
You are assuming that the media has an influence that it does not have. Very few read the papers, very few watch news programs. Many that do, like me, will believe nothing they read or hear.

Another writer appears to believe that the media have been 'sugar coating' the possible risk to individuals:

SARS messages no. 40 (April) on a health newsgroup

There will be a SARS clinic near you 'call local hosp. 'go yourself with hubby and get tested now do not depend on anyone else. 24 hour delay can be to late for weak immune systems. N95 mask is a must for auto persons when outside until the 39 person SARS medical committee get a handle on this super bug. Check world history of 1918 flu. Today with air travel bugs cover world in less than two days.

I do not wish to scare any of the family, just to say it as it is without media sugar coating.

Within all of this material, people settle upon certain choice phrases to express their dissatisfaction with the media. Here are some examples:

SARS messages no. 41 (various months) on various newsgroups

- a) media bullshit
- b) newshound sensationalising
- c) media hype (×3)
- d) media-induced hysteria
- e) overhyping of the ‘rampant’ness of sars
- f) overhyped media sensationalism
- g) constant apocalyptic style media coverage
- h) media driven scare
- i) media over-exaggerating risk

At one level it makes sense to treat all of these as examples of ‘the same’ reaction to the event; a construction of the SARS outbreak as an event which is either getting more attention than it deserves or the wrong kind of attention. Yet it does not seem to be the case, for the most part, that these writers are thoughtlessly deploying an off-the-peg cliché, such as ‘media hype’, to index their objections. Although this phrase does occur more than once, and there is no other set phrase to compare with it in this respect, it is the *variation* in the wordings which people use that is most striking here. These wordings – and the context in which they are used – are indicative of different ways of framing the ‘problem’ of the mass media in relation to SARS. Thus, a reference in one case to ‘apocalyptic’ coverage suggests an interest in an end-of-the-world-as-we-know-it aspect of the coverage; ‘sensationalism’ points towards the elaboration of the most dramatic components; ‘overhyping of the “rampant” ness’ suggests a more specific focus upon ideas about how fast the contagion is spreading and so on; ‘media-induced hysteria’ and ‘media driven scare’ are wordings which pay more attention to the effects of the coverage than upon the coverage itself, ‘newshound sensationalising’ seems to point the finger of blame at the actual journalists.

Using and evaluating the World Wide Web. Another difference between data in this section and that discussed in the mobile phone chapter is the greater extent to which the texts that people quote from, refer to, and invite others to read, are texts available on the World Wide Web

and to which the newsgroup message provides a link. Most of these links lead to text on the websites of news organizations. Some of this is on the websites of traditional news organizations such as the BBC and CNN; some of it comes from internet-based news organizations. Thus, the greater use of web links to news sources in this material also reflects the greater availability of such sites in 2003 as compared with the whole of the period 1993–2002.

News media links are not of course the only kind of web links to appear in this material. Another kind which is extremely prevalent is the web link to the sites of ‘authoritative’ expert institutions. The most common reference here is to the website of the World Health Organization; the next most common, although a long way behind the WHO, takes readers to the site of the Centers for Disease Control and Prevention.

The WHO has considerable authority, judging from this material. The sheer quantity of references to it, and to its website, ought to be some kind of testimony to the trust that people place in it. But the quantity would mean nothing if all of those references were hostile or critical. That is a long way from being the case. The World Health Organization website is offered among newsgroup contributors as a source of reliable information:

SARS messages no. 42 (June) from a travel newsgroup

>How is SARS in Taipei these days? Are there any new outbreaks?
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
For world health info, see <http://.who.org>
On that WHO web site, the SARS page is <http://www.who.int/crs/sars/en/>
On that SARS page there is a link to a Taiwan update notice at
http://www.who.int/csr/don/2003_0617/en

People also pass on WHO advice to one another:

SARS messages no. 43 (April) from a regional newsgroup

>you should remember that the method of this virus being
>transmitted is not clear yet.
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Precisely. That’s why people should adhere to the advisory. Not
only is it the Malaysian government’s advisory but also the WHO’s
advisory.

Some messages just reproduce passages from text from the WHO site in their own messages; others reproduce pieces of journalism which uncritically report information originating with the WHO. The authority of the WHO can also be used to challenge another newsgroup contributor:

SARS messages no. 44 (June) on a lifestyle newsgroup

>the average person is NOT at risk. it's not like the virus is out
>wandering the city streets, waiting to pounce on unsuspecting
>passers-by! and it's hardly an *epidemic* either.
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
So you think the WHO alerts are unfounded?

The WHO does not claim to be the principal, in Goffman's (1981) sense, for all of the information it purveys. In some matters it knows only what it has been told. This opens the door a little for suspicion and challenge on the newsgroups without necessarily impugning the integrity of the WHO itself:

SARS messages no. 45 (May) from a lifestyle newsgroup

What should be on everyone's mind, is the fact that the govt of the PRC went to considerable lengths, supposedly using panic containment measures, as the official excuse – to conceal the real extent of the SARS outbreak. Part of these measures included bussing the patients around Peking in ambulances during the WHO Inspectors visit at one hospital & using a hotel in the grounds of another hospital to re-locate the SARS patients to.

An important factor here is the fact that the WHO is not just a purveyor of information about the disease, but also an actor in the drama of the SARS outbreak. In this capacity it comes in for some criticism, in respect of its decision to advise people not to visit Toronto during the course of an outbreak there:

SARS messages no. 46 (April) from a lifestyle newsgroup

Some think that the WHO travel restriction recommendation that includes Toronto is wrong – especially people in Toronto. They object to this action by the UN... Although the outbreak in

Toronto appears to have started with a 78 year old Chinese woman who visited relatives in China and was then spread by her 44 year old son, SARS is now not limited to the Chinese population in Canada. In fact, a young girl has apparently carried it from Toronto to Australia. But Toronto is a large city, relatively few people (300 or so?) have gotten SARS (which is not limited to the Chinese population) and mostly only the very young and or elderly have so far died from it. So Toronto probably has a point in objecting to the travel recommendation. It is creating a financial disaster that just might be far larger than the medical disaster.

The strongest form of attack on the WHO combines criticism of the organization both as an actor and as a purveyor of information, finding it, as well as the mass media, guilty of exaggerating the significance of the disease:

SARS messages no. 47 (April) on a hobby newsgroup

That is amazing that the WHO would want to propagate the myth of this disease. Hell, they already are constructing a new building 'to combat SARS.' Amazing. I guess they gave up on the diseases that are more than 99 per cent more prevalent. Go ahead and read up on the governmental and media reactions to the 1976 Swine Flu 'epidemic' . . . strikingly similar.

There is no evidence – in this material – that the various 'conspiracy theories' being touted implicate the WHO specifically, although there is one message which impugns the integrity of the organization. The thesis of economic self-interest winning out over true public health concerns is instantly disputed within the thread.

SARS messages no. 48 (April) on five health newsgroups

AIDS and SARS are ways for epidemiologists (e.g., the CDC, WHO, etc.) to secure their jobs and continued funding for their agencies. No new emerging epidemics, maybe no CDC, no WHO, so we've got an infrastructure that REQUIRES the 'discovery' of new, threatening epidemics. And the media pick a new one every year. This year, it's SARS. For the past couple of years, it's been West Nile Virus. Next year it'll be something else.

As for the CDC – it might be expected that such a source would come in for some scepticism as a government body. This is not the case; not in this sample at any rate. Indeed, it comes off even better than the WHO because it is not perceived as an actor in the unfolding story. It is a target in message 48, but as pointed out above, this is both anomalous in the data and contested within the thread. References to CDC and its website as a source of information are numerous (on 19 out of 55 threads in the sample) and they are overwhelmingly neutral or positive in their judgement of its value. The following are characteristic:

SARS messages no. 49 (April) on three politics newsgroups and one regional newsgroup

Go to these links for complete information:
 World Health Organization (WHO), FAQ
 WHO, current status
 Center for Disease Control (CDC), SARS info
 Canadian Public Health; Don't Panic

SARS messages no. 50 (April) on one health newsgroup

This has some great info about SARS:
<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5212a5.htm>

Discussion

As the above analysis shows, there is the same roughly equal balance between those who respond to SARS with fear and those who respond with some confidence as there was in relation to the mobile phone debate; and some of the same moves are evident in the management of debate about the issue, notably the tendency of the less fearful to invoke 'the media' in generic not specific terms as the primary agent in the production of a scare reaction in the general public.

The analysis above gives some idea of what a 'global' news event looks like as a subject of popular concern, in the early years of the twenty-first century. The fact that it is a health risk story means that it is something which citizens and consumers have reason to think about in relation to their own lives and behaviour – to travel or not to travel,

what personal hygiene precautions to take, whether to avoid certain places and people, the wisdom of particular stock market investments and so on. It is in this respect dissimilar from many global news stories which are about the actions of the political elites. These too affect people's lives, but more remotely and without requiring decisions from those who are affected. Very many threads in the newsgroup material reviewed above include contributions from people who feel their lives to be touched by SARS, even if at 'second hand'. One American expatriate writes 'I AM BORED' from a quarantine room in an unaffected Chinese city, having visited an affected one. Another woman writes that her husband's illness after a visit to China must have been SARS though they did not realize this at the time, and he recovered.

The story, as an event, brings together outbreaks in two continents, North America and Asia, as well as more isolated cases elsewhere; the realm of the World Wide Web brings together websites in Europe (World Health Organization – Switzerland), North America (SARS Watch – USA) and Asia (Wangjianshuo's blog – China). The realm of Usenet involves newsgroups for New Zealanders and Canadians, as well as Singaporeans, Malaysians and Taiwanese – not to mention the residents of the Isle of Wight off the south coast of England who have learned that their island is to be used for quarantine of boarding-school children from suspect areas. The material reviewed here clearly reveals the current bias of internet communication towards the richer, more educated and more computer-literate inhabitants of the world – Africans are strikingly absent except in the third person as victims of AIDS and potential victim of SARS. The theme of international travel is extremely prominent.

But for all that, the subject itself is not a special interest but a general one. Whereas in the mobile phone material most of the discussion took place on newsgroups devoted to cellular phones and radio/wireless communication generally, here, most of the discussion takes place either on regional newsgroups or on newsgroups with quite divergent special interests. Participants in these threads contribute to their newsgroups out of an interest in jewellery-making, ice-skating, sports competitions, Terry Pratchett, raising children and more besides. These primary concerns would not predict 'reacting to the SARS outbreak' as a possible topic of discussion. And while there are personal issues at stake which often explain why SARS comes up as a topic on these groups, such as trying to find out from the grass roots whether it is safe to visit Toronto, these motivations do not account for how the thread subsequently develops. Once the topic has been launched, it usually moves away from

the particular and on to the same general issues, themes, source references, associations and arguments, in groups as different as 'misc. survivalism' and 'alt.design.graphics'. Within Usenet the 'global audience' of the internet is fragmented into distinct interest groups, unaware of each other's particular concerns, and each potentially very small in the total number of individuals reached. But this apparent parochialism is misleading. Global events do touch the affairs of these enclaves, and in their discussions of such topics they manage and display resources of understanding which are not very different from group to group.