

10

The Public Face of an Epidemic Risk: Personalization of an Ebola Outbreak in Nordic Media

NINA BLOM ANDERSEN AND HARALD HORNMOEN

ABSTRACT This chapter explores how newspapers in Denmark and Norway both verbally and visually framed and personalized risk and crisis assessments and scenarios following the Ebola outbreak in West Africa in 2014. Our point of departure is media samples from the two Nordic countries in two different periods of the outbreak. We investigate how authorities, non-governmental organizations and victims were used as sources and personalized in the mediated narratives. Whereas health authority sources provide risk assessments based on statistical predictions, NGOs such as Médecins Sans Frontières's coverage rather build on narrative evidence and personalization that focus on victims in stricken African nations. However, although the ways in which health authorities and NGOs frame risk differ, they testify to how the news media in Denmark and Norway tend to support and convey the crisis communication strategies of the institutions that the actors portrayed represent.

KEYWORDS Public health emergency, Ebola, Crisis communication, Health journalism, Personal narrative

1 INTRODUCTION

The Ebola outbreak in West Africa in 2014–15 remains the most severe on record. In June 2015 the World Health Organization (WHO) estimated that there had been 27,181 cases and 11,162 deaths from Ebola. Almost all were in Guinea, Sierra Leone, Liberia and Nigeria. In April, WHO described the outbreak as “one of the

most challenging we have ever faced”, and on 8 August 2014, WHO declared the outbreak a Public Health Emergency of International Concern (PHEIC). PHEICs are defined as “extraordinary events” in terms of their significance and public health risk that have implications beyond the states affected either in their potential to spread or in their requirement for a coordinated international response. Media coverage in Nordic countries increased in August 2014 following WHO’s declaration and another declaration by Médecins Sans Frontières (MSF) that the second wave of Ebola was out of control. However, it was not until MSF announced that a Norwegian working for them who was infected was to be medevacked to Norway (6 October) that media coverage in Norway expanded markedly.¹ In Denmark, the coverage had increased a week before² when a Dane was hospitalized under suspicion of being infected by Ebola.

A relatively large number of studies have explored press coverage of epidemics (e.g. Dudo, Dahlstrom & Brossard, 2007; Fung, Namkoong & Brossard, 2011; Hansen, 2009; Wallis & Nerlich, 2005). Some have dealt specifically with coverage of Ebola outbreaks (Pieri, 2019; Ungar, 1998; Joffe & Haarhoff 2002), with the media’s use of sources in risk communication (Kitzinger, 1999; Ashe, 2013), or the interplay between scientific expertise advice and media coverage (e.g. Nerlich & Halliday, 2007; Hornmoen, 2011), and between government information subsidies and news coverage of health crises (e.g. Curtin, 1999; Nucci, Cuite & Hallman, 2006; Turk, 1985). However, little research has been conducted on how European news media personalize epidemic risks.

This chapter’s objective is to analyze two Scandinavian countries’ media coverage of the 2014–15 Ebola outbreak in West Africa. We look at the coverage in both Norway and Denmark, focusing on how key news media personalized the infectious disease in language and visually, and how their different modes of personalization implicate understandings of the risk of spreading and being infected by the virus. We pay particular attention to how the media represent dominant sources such as health authorities and NGOs and their narratives about potential as well as infected victims.

Our research question is:

How was the West African Ebola outbreak and risk framed and personalized in Norwegian and Danish news media narratives in 2014?

-
1. A web search query with the term “ebola” in *Retriever Atekst*, the database of Norwegian media, showed clear spikes in the (print) media coverage in August (627 hits) and October (1673 hits) compared to other months of 2014–15.
 2. As documented by a search with the term “ebola” in the media research archive *Infomedia* in Denmark.

2 THEORY/LITERATURE REVIEW

According to Kitzinger's review (1999) of research on the reporting of risk and uncertainty, some key factors in deciding when a story is reported on are: the potential magnitude of the risk (focus on risks that are likely to kill or harm many people), that the risk involves a 'human face' e.g. of existing victims, and that the risk has a strong visual impact. However: although journalistic judgements of what counts as newsworthy risks are important in deciding whether a story is reported, actors providing journalists with information play a role in shaping the reporting. Authoritative sources have privileged access to the media (Schanne & Meier, 1992), and the trajectory of a risk story will partly depend on how it is released and managed. Journalists will turn to official bodies with responsibility in the right area in the case of a particular risk event such as an epidemic (Ashe, 2013). With the resources and PR teams to ensure that their press releases are accessible to journalists, official sources can manage a risk story to keep it on the agenda (Kitzinger, 1999).

Health authorities have traditionally pursued a vertical and unidirectional model of risk/crisis communication, gathering epidemiological data and using it to provide health professionals and the public with information in a coordinated and coherent way (McInnes & Hornmoen, 2018). Depending on the authorities' assessment of the risk of the spread of infection during a particular outbreak, their communication strategies are adjusted to meet public concerns and advise on precautionary measures to be taken.

Smith (2005) suggests that not only such governmental agency sources but also NGOs may play a vital role in press coverage of risks. The various stages of emergency preparedness and response during the 2014–15 Ebola outbreak engaged actors from both governmental institutions such as national disease control institutes and NGOs such as MSF (de Bengy Puyvallée, Kittelsen & Storeng, 2018). An assumption underlying our analyses is that the manner in which the media represent these different sources' risk accounts and personalize their preparedness and response activities will guide public perceptions of the risk and what is needed to mitigate the spread of infection.

Our analyses focus on the media framing of risk accounts regarding sources such as health authorities and NGOs, as well as on the media's personalization of them and of Ebola victims, whether stricken or potentially at risk. We draw on conceptualizations of risk accounts as developed in risk sociology, as well as literature on the media framing and narration of risks, as explicated below.

Furedi (2008) holds the somewhat provocative perspective on modern societies that *fear* to a large extent defines their ideological horizon, and that the concern of a

population presumed vulnerable seems to co-define social life. Whenever any kind of uncertainty occurs – like the threat from a deadly disease – there is a tendency in society to answer with a “vulnerability-led response” (p. 646). Authorities, not least those with emergency management responsibility, first seem to perceive the public as potential victims of a number of different threats, and second anticipate that people panic in the case of severe incidents. Both are one-sided views of what to expect of the public, Furedi (2008) argues. He views authorities’ ways of dealing with crises, or situations characterized by uncertainty, as mistaken.

Furedi’s argument is to some extent parallel to or an enhanced version of Beck’s (1992) view that society fundamentally gathers around the paradox that the scientific idea of the ability to measure and foresee risks no longer prevails, although societies still rely on science and scientific worldviews. Furedi (2008) states – and here he follows Beck – that the classic conception of risk builds on a *probabilistic* thinking, the idea that risks can be calculated, and foreseen to some extent. However, the use of statistics and the idea of probability has increasing competition from a *possibilistic* thinking. From this point of view, the possibilistic way of analyzing a potential threatening situation is seen as based more on “intuition”, and as “speculative” (p. 653).

A central argument in this chapter, influenced by Furedi, is that risks are presented in news stories in ways in which “... the nature of risk is not only probabilistic and mathematical (aspects developed through statistics), it is also narrative” (Mairal, 2011, p. 65). The argument is that such narratives can be recognized in some cases where journalists cover disastrous and potentially catastrophic situations marked by uncertainty.

Framing analysis is suited to investigating how the media construct understandings of risk in the public sphere. A tenet of framing theory is that media frames may impact how audiences conceive of and feel about issues (Scheufele, 1999). According to Price & Tewksbury (1997), distinct characteristics of news – such as highlighting the local, the personal and the recent – can, by stimulating particular ideas, goals and feelings, indirectly guide public opinion. Gamson & Modigliani (1989) suggest that journalists and audiences use media discourse as a set of interpretive packages and frames that give meaning to complex issues. As stated by Shih, Wijaya & Brossard (2008), understanding how the media frame specific issues, such as diseases with an epidemic potential, is a prerequisite to understanding “the dynamics surrounding the formation of public perceptions of these issues” (ibid, p. 142).

However, we also note that although frames are attempts to present a central organising idea on a subject, different – and often contradictory – frames may

appear in the same article, and thus create ambiguous meanings (Gamson & Modigliani, 1989). In the analysis, we investigate the relation between the visuals and the texts to see if they accord or express ambiguity. We also draw on the concept of narrative visual presentations from Kress and Van Leeuwen (1996) to analyze the visual framing and personalization of the outbreak and risk of Ebola. Narrative representations draw attention to what depicted actors do rather than what they are, as in conceptual representations.

In our framing analysis of risk accounts, we partly draw on Furedi's conceptions of probabilistic and possibilistic thinking and also adopt and adjust some of the frames identified by Shih, Wijaya & Brossard (2008) in their study of how the *New York Times* framed public health epidemics in news stories between 1996 to 2005, such as mad cow disease, West Nile virus, and avian flu. In their framing typology of media coverage for epidemic diseases, Shih et al. include three frames we find applicable – in slightly modified form – to analyzing accounts of risk by authorities as represented in our material. These frames are *uncertainty* (uncertain aspects of cause, cure, possible spread of the epidemic. The disease as something unknown that needs more examination) *action* (story stresses actions against the disease, e.g. prevention, potential solutions), and *reassurance* (stories emphasize readiness and/or successes of authorities in combating the disease).

From the field of health communication, we draw on Volkman (2017), who shows how classical traits from theories of narration are fruitfully employed by risk communicators in order to persuade people of health-related messages. Narration can serve as evidence and in some cases is just as convincing, or even more convincing, than statistical evidence. When employed as evidence, narratives can communicate experiences and share knowledge, attitudes, beliefs, and ideas about complex health issues, propose behavioural change, and assist individuals in coping with disease.

In analyzing coverage of a PHEIC in Nordic countries, a perspective on how Western media in visual and verbal narratives depict consequences of the risk of the infectious disease outbreak in African countries needs to be taken into consideration. 'Sanitising', with meanings such as 'making clean' or 'sterilising', is seen by scholars such as Chouliaraki (2006) and Figenschou (2011) as typical of the Western mediation of suffering and death. One removes unpleasant or undesired features, often justified by ethical concerns, in ways that can be seen as attempts to conceal the painful realities of death. Chouliaraki (2008) and Figenschou (2011) have differing approaches to the way the media apply narratives of people suffering from severe incidents, but both may productively be drawn on in our analyses. Chouliaraki provides analytical notions concerning the distancing and sometimes

de-humanising media frames, often to be recognised when there is a lack of immediate identification and relevance of international disasters to the reader. However, she also introduces the term “emergency news” to explain the distinct way that the media covers international disasters that urges an audience to act. Figenschou (2011), on the other hand, presents cases that frame suffering to be ‘close’ to the audience in ways that may arouse feelings of compassion in the reader.

Pieri (2019) argues that a “re-framing” occurs in British media coverage of the 2014 Ebola outbreak, “from a (localized) health and humanitarian emergency to a global security concern” (p. 88), and that this is a central transformation.

3 MATERIAL

When exploring the public face of Ebola in different types of news media in the two countries, our sample consisted of articles (news reports and commentaries) in the digital editions (web pages) of *Aftenposten* (subscription-based daily newspaper), *Nettavisen* (online-only newspaper) and *NRK* (public-service broadcasting company) in Norway, and *Politiken* (daily subscription-based ‘broadsheet’), *BT* (tabloid daily) and *DR* (public-service broadcasting company) in Denmark. The sample in both countries’ newspapers was selected from one week after WHO’s declaration of a PHEIC (8 August 2014). In a second sample, the Danish articles were selected from one week following the first announcement that a Danish citizen was under suspicion of infection on 1 October, whereas the crucial period for the Norwegian sample was selected from one week following the med-evacuation of the Norwegian health worker (from 6 October). The overall sample consisted of articles from the periods that include the term ‘ebola’.

Using media research archives (Retriever in Norway and Infomedia in Denmark) we ended up with a sample of 42 *relevant* articles from the first week and 206 from the second week from the Norwegian coverage, whereas the Danish sample consisted of 43 relevant articles in the week of August and 69 texts in the week in October. This yielded a total of 360 news articles (N=360). Our chosen articles address aspects related to the assessment or consequences of the spread of the Ebola virus by focusing on risk accounts of transmission in the stricken areas in Africa and/or to other persons/nations, or on the treatment or portrayal of those already infected.

From this sample we carried out closer readings of articles with distinct personalized narratives and/or thorough lines of argument.

When articles in our sample explicitly address how user comments on their newspaper’s social media pages impact their coverage, we have also chosen to include examples of such comments in our analysis.

4 ANALYTICAL APPROACH

First, we describe general tendencies in the material. Thereafter we present closer qualitative analyses of framing and narration in some of the selected texts that personalize health authorities, NGOs and Ebola victims.

The qualitative analyses are based on principles of abduction (Blaikie, 1993). In other words, the analyses are carried out in a process in which we move between existing literature on the subject and the empirical material. The preliminary reading of theory and literature on the subject provided us with a number of potential analytical categories on the coverage of risk, contagious diseases and Ebola. Going through the sample in our study, we looked for these categories and for potential new ones, and in this manner the material formed our final analytical lens.

4.1 EXPLANATION OF TEXT CATEGORIES (FRAMES) IDENTIFIED

In our initial overview of general tendencies in the two periods, we identify the texts' way of situating the Ebola topic according to whether they primarily project:

1. a domestic or 'national' perspective (relating to the Norwegian or Danish society and its citizens), or
2. an international perspective, in the sense that they focus on Ebola as an issue of international concern and thus extend their perspective beyond Denmark and Norway.

In the closer analysis, we probe into how argumentation through narrative evidence (Volkman, 2017) is applied in texts that involve stories, anecdotes, or cases, and share knowledge, attitudes, beliefs, and ideas about risks and illnesses through personal experiences in both a Nordic context, and in an international one.

When identifying and analyzing dominant frames, we have chosen to look into how risk accounts are conceptualized, by which we refer to how the texts sources or actors predominantly assess the risk, or how they react/respond to the risk associated with Ebola, whether this is done by authorities, NGOs or by portraying victims.

Probabilistic risk frames refer to accounts with risk assessments that ask: what is likely to happen?

Possibilistic risk frames refers to accounts in which the risks depicted are based on speculations about what can possibly go wrong. Typically, these emphasize worst-case events or scenarios, as in this example: "Lui warns that the epidemic

may have warlike consequences for the whole region if action is not taken.” (*NTB/Aftenposten*, 15.08.2014)

Whereas these two risk accounts are theoretically informed by Furedi’s (2008) work, additional risk assessment frames appeared from the previous studies by Shih et al. (2008), though somehow moderated to the empirical material presented in this chapter.

Determination and control refer to an account in which the texts’ sources explicitly or implicitly give the impression that they are in control of the risk, e.g. by communicating that they will reduce the risk for spread of the disease to a minimum.

Uncertainty and uncontrollability refers to an account in which these states or qualities of how the risk will develop are emphasized by text actors.

In the close analyses, we investigate how frames and narratives of exemplary news articles personalize the epidemic. We consider the implication this may have for readers’ understandings of the risk of Ebola in the stricken areas and for a spread to Denmark and Norway and other Western countries.

5 GENERAL TENDENCIES IN COVERAGE IN AUGUST AND OCTOBER 2014

In the period following the announcement by the WHO of Ebola as a PHEIC in August 2014, the outbreak was predominantly framed as an international rather than a domestic issue in Norwegian and Danish media. However, some of the stories about events on an international level appear motivated by an interest in what may happen if “our” health workers would have to be evacuated due to infection. Stories on the death of a Spanish health worker (e.g. Ritzau/Reuters 2014) and a suspected case of Ebola in the United States are included in this period (Abildtrup, 2014; Astrup, 2014; Frandsen, 2014; Maach, 2014). Stories that try to contextualize and explain Ebola are not as dominant as reports that inform or register facts about the outbreak. We also find that the risk accounts waver between statements from sources among NGOs and health authorities who claim that they will control the spread of the disease within a timeline of six months, and those who express more uncertainty about how it will develop, emphasising a current uncontrollability in the stricken African regions.

In the weeks in October that follow the evacuation of the Norwegian doctor and hospitalization of the first Dane suspected of being infected in Denmark, a domestic perspective is more marked than in the week following the announcement of the PHEIC. An international perspective is still dominant, but when applying an

international frame a keen interest is displayed in what has happened to infected health personnel patients evacuated to other Western countries. In other words, much of the interest in the fate of international health workers is apparently related to the news of a Norwegian doctor being brought home for treatment.

6 CLOSER ANALYSIS OF PERSONALIZED NARRATIVES

6.1 HEALTH AUTHORITIES

Strikingly similar motifs create visual focal points for many articles in both countries' media coverage during the week following the announcement of a PHEIC. The recurring theme of the Ebola stories across the different media is of health personnel in protection gear engaged in different aid activities, especially in the stricken African regions. Those who suffer from infection are more or less absent in the pictures, as indicated in Figures 1A and 1B below.

These images are typically narrative representations as opposed to conceptual representations (Kress & van Leeuwen, 1996; Skovholt & Veum, 2014) as they preferably depict health workers as engaged in various types of Ebola-related action rather than representing static conditions. They appear as dynamic actors who are apparently doing what needs to be done in preparing for – or during – risk and emergency situations. However, although we may get an occasional glimpse of a worried human face behind a mask, what largely comes across are images that are *sanitized* – rather than *personalized* – visualizations of the Ebola outbreak. We also find that there is a certain ambiguity to the many images of health personnel in protective gear. On the one hand, they connote a clear intention to be determined to prevent the spread of the infectious disease, but they also signal the gravity of the situation and the strong need to protect oneself against being infected, thus suggesting the risks involved for those who are not protected when coming into contact with infected victims.

International health authorities, not least from WHO, are most markedly represented in the depiction of Ebola outbreak in August, expressing their concerns about its severity. They are frequently quoted for estimations of numbers and death tolls, and are often portrayed as protagonists for a theme of probability through an argumentation in which evidence of their claims is based on statistics.

Furthermore, the Danish media to a large extent refer to a domestic context: how their own health authorities prepare if patients need treatment in Denmark. For this, they rely heavily on the Danish health authorities. The inclusion of their statements serves a different purpose than those of the international health authorities. The domestic framing of the outbreak focuses on the authorities' assessment of their

UDLAND - 8. aug. 2014 - 9.06

WHO slår katastrofe-alarm over Ebola



Foto: AHMED JALLANZO

UDLAND - 8. aug. 2014 - 20.54

Ebola-epidemien raser: Nigeria erklæret i undtagelses-tilstand

JAN BJERRE LAURDSEN, BERLINGSKE NYHEDSBUREAU

Læger og sygeplejersker flæser sig beskyttelsesdragter på ELWA-hospital i Liberias hovedstad Monrovia. Ebola-epidemien har nu fået præsidenten... [Via more](#)

FIGURE 1A Facsimiles of visualizations of health personnel carrying out or preparing for emergency tasks; facsimiles of Danish coverage. Both from *BT.dk*, 08.08.14. Reproduced with permission.

Ebolaepidemien kan gi krigslignende konsekvenser i Vest-Afrika

Ebolaepidemien i Vest-Afrika blir verre og verre. Leger Uten Grenser advarer om krigslignende konsekvenser. 1 million mennesker er satt i karantene. Det vil ta minst seks måneder å få epidemien under kontroll.



FOTO: Amandine Colin/Leger Uten Grenser

Levningene etter en død ebola-pasient som skal overleveres til familien blir båret ut av en klinikk av helsepersonell fra Leger Uten Grenser.

Øver på ebola-behandling i Norge

På Ullevål universitetssykehus trener nå 30 ansatte på å behandle pasienter med ebola. Med heldekkende verne drakter forbereder de seg på det verste; at viruset kommer til Norge.



Seksjonsleder Malin Jørgensen hjelper beredskapssykepleier Madelen Foss Syversen med å få på verneutstyret som brukes ved Ullevål universitetssykehus.

FIGURE 1B Facsimiles of visualizations of health personnel carrying out or preparing for emergency tasks; facsimiles of Norwegian coverage (*NTB/Aftenposten.no* 15.08.14, *NRK.no* 12.08.14). Reproduced with permission.

ability to deal with potential patients coming to the country, though not through statistical evidence, which is absent in their statements. On the contrary, their claims of determination and ability to control such a situation are backed by narrative evidence. A professor at an infection hospital ward provides a detailed description of the training of the staff in wearing the protective gear: “It’s almost like a full body suit that we know from the moon landings” (Yding, 2014). The professor refers to his own experience of the high level of security that the suits provide:

I have tried myself to wear a suit without supply of oxygen, and I nearly got suffocated. This is why people work in pairs. Training is needed for us to be ready for the day where a case of Ebola might arrive (ibid.).

In an article about national emergency management of contagious diseases, Danish health authorities emphasize that exercises are carried out frequently and staff is trained in dealing with diseases like Ebola. Authorities also provide a detailed explanation of how diagnoses are identified through blood tests and prompt tests in laboratory. Through the descriptions of procedures for handling potential cases of Ebola-infected patients in Danish hospitals (e.g. Glerup, 2014) the media frame the probability of spread as being low. Numerous visuals of health personnel testing protection gear and suits confirm this. The low-probability frame is in accordance with the frame stressing that national health authorities are determined and in control.

In the Norwegian coverage, health authorities’ expressions of determination and ability to control the spread of the virus, particularly in a domestic context, are clearly more prevalent in the period following the evacuation of the infected medic. This is also the case with the Danish coverage in the second period. In the visual narratives of both countries’ media, there is a tendency to expand on the repertoire from the previous period, with a vast number of pictures of protected health personnel, particularly in the depictions of the med-evacuation.

The visualizations in Norway testify to how the news media’s framing, especially in *Nettavisen*, focused on the transport of ‘our’ doctor home for treatment. On one level, the media’s depictions could be read as an assurance of control, representations in which health authorities could position themselves as someone with an ability to act professionally on what the situation demands. However, the media coverage at this point tended to be very self-centred. It was primarily concerned with depicting the heroic transport and treatment of the infected Norwegian victim and proportionally paid little attention to African victims in this period. This led to critical comments in the Norwegian media, and the criticism eventually led to a certain change in the course of their coverage, as discussed below.



Risiko. Mistanke om ebola betød, at en DR-fotograf torsdag aften blev indlagt på Hvidovre Hospitals Infektionsmedicinske afdeling. Risikoen var meget lille, fortæller udlandschef på DR. Fotografen havde ikke ebola og blev udskrevet tidligere i dag.

Udlandschef i DR om ebola-forskrækkelse: Vi tager alle de forholdsregler, vi kan

DANMARK - 7. okt. 2014 - 10.46

Dansk overlæge advarer: Ebola smitter måske nemmere, end vi har troet

RIKKE GJØL MANSØ, BERLINGSKE NYHEDSBUREAU



FIGURE 2A Facsimiles of visualizations expressing determination in early October 2014, Denmark (*Politiken.dk* 03.10.14, *BT.dk* 07.10.14). Reproduced with permission.

- Nå behandler vi pasienten og tar vare på de pårørende

Den 30 år gamle hjelpearbeideren for Leger Uten Grenser kom til Ullevål sykehus 13.30 i ettermiddag, og har siden fått behandling ved høysmitteavdelingen.



FOTO: Stein J. Bjørge

Politiet vaktet portene utenfor infeksjonsavdelingen ved Ullevål sykehus like før den ebolasmittede pasienten ankommer i ambulansetid i 13.30-tiden.

- Vi er forberedt på å ta imot ebolasmittede



Rundt 3000 mennesker er bekreftet døde av ebola-viruset (Illustrasjonsfoto). Foto: Handout (Reuters)

FIGURE 2B Facsimiles of visualizations expressing determination in early October 2014, Norway (*Aftenposten.no* 07.10.14, *Nettavisen* 06.10.14). Reproduced with permission.

6.2 NGOS

Possibilistic risk assessments supplemented by articulations of *uncertainty* and *uncontrollability* contribute to an alarmist discourse. Alarmist voices in our material are most clearly represented by NGOs providing humanitarian aid in the stricken African countries. Coordinators, e.g. those working for MSF, are frequently quoted in both Danish and Norwegian media, e.g. in metaphorical utterances that raise a high degree of concern. The Canadian MSF president, Joanne Liu, states that it will take half a year to get the West African outbreak under control: “It is deteriorating faster and moving faster than we are able to react” (Ritzau, 2014, August 15). She compares the outbreak to war-like situations:

“It moves and advances, but we do not have any clue about how it happens. The infrastructure has collapsed completely, like in times of war ... If we are unable to stabilize Liberia, we will never be able to stabilize the region” says Joanne Liu (ibid.).

Relating her experience in Liberia, the Norwegian aid coordinator for MSF, Lindis Hurum, claims that preventing the spread of Ebola in this region is “Like stopping a tidal wave with an umbrella” (Fuglehaug, 2014, see also figure 3).

- Som å stoppe en flodbølge med paraply

Lindis Hurum i Leger uten grenser mener situasjonen har utviklet seg fra ille til katastrofal.



afp000756930-8cVt0kxSq.jpg

FIGURE 3 Facsimile of story on MSF coordinator in Liberia, *Aftenposten* 15.08.14. Reproduced with permission.

However, to a clearer extent than international health authorities such as the WHO, the MSF workers relating narrative evidence from their fieldwork in the stricken areas tend to distinguish between the risk of the spread in the African region and that in European or other Western nations. Whereas WHO at this point emphasizes “very serious” consequences if the virus is further spread internationally (Amundsen Willix, 2014), the MSF field worker Hurum, for example, provides a probability-based assessment of the likeliness of spread of the virus in Norway:

Should the infection come to Norway, the Norwegian healthcare system is so good and has such a large capacity that we will not get any epidemic. Further spread is very unlikely in Norway (cited in Fuglehaug, 2014).

Although both health authorities and NGOs in the second period (October) in both countries emphasized the low probability of contagion in Scandinavia, a clear demarcation between controllability in these areas and an uncertain risk scenario for African nations – as well as the urgency of intensifying humanitarian aid in the stricken areas – is most strongly articulated by the MSF leadership. Even though speaking at a remote distance from the crisis scenarios, the secretary-general of MSF in Norway, Anne Cecilie Kaltenborn, coins headline-generating, metaphorical phrases suited to supporting the cause of the organization in the affected areas, such as: “In order to extinguish this fire, we must enter the burning house” (cited in Kagge, 2014). In this manner, the MSF discourse projects possibilistic worst-case scenarios, but it can – above all – be interpreted as an urgent call to the Norwegian authorities to step up their efforts and support for the humanitarian work in West Africa.

In the Danish sample, no examples can be found of narrative evidence of the situation in Guinea, Sierra Leone, Liberia and Nigeria in the week in October. Instead, the sources’ provision of statistical evidence frames the severity on the African continent with a focus on experts’ and health authorities’ mathematical forecast of the gravity of the development of the epidemic:

WHO fear that the number of infected patients will reach 20 000 towards November, while American experts fear that between 550 000 and 1.4 million will be infected by January in West Africa if nothing more is done. The humanitarian organization Save the Children warns that five people are infected every hour in Sierra Leone. If this development continues, by the end of the month ten persons will be infected every hour. (Ritzau/Reuters, 2014)

6.3 VICTIMS

There are few visual and verbal depictions in our material providing narrative evidence of the pain and suffering that Ebola causes to those who are infected in the hardest hit African countries. However, in their distinctive personalization compared to the dominant sanitized representations, they may be all the more effective in constructing a mediated closeness that is suited to arousing feelings of compassion in the news media's audiences.

6.3.1 INFECTED VICTIMS

This applies to the story about an infected Ebola victim, Marie Finda Kimono. This was an internationally distributed photo essay by a photographer, Sylvain Cherkaoui, who was assigned to depict the West African Ebola outbreak for MSF. The genre of photo essays is conventionally seen as a series of photographs – often with accompanying text – that are arranged to tell a story and evoke a mood and emotions in the viewer (photo essay, 2014).

In Norway it was published in *Aftenposten* (Fuhr, 2014, in Denmark: Cherkaoui, 2014) as an article bearing the title “Marie Finda’s last three days”, in which photos were accompanied by an introductory text and captions. Five of the 13 photos in the essay are presented in figures 4 and 5.

In the article, the Guinean woman's last days are captured (with consent) in pictures documenting her days in the following order: how she sits discouraged in her home with signs of Ebola such a nose-bleeding and exhaustion; a doctor measuring her fever level; the burning of the potentially infectious mattress she has slept on; a troubled visit to the toilet; her strenuous walk to the transporting car in which the caption informs us that she has decided to travel alone; her exhausted leaning against the car before lying on a mattress during transport; her arrival at the hospital, where she received by a nurse in protection gear; a well-protected doctor's examination of her leading to her being diagnosed with Ebola the day after; then her corpse two days later accompanied by a doctor in protection gear laying flowers by her head; the lowering of her coffin, followed by the disinfection of the surroundings with chlorine to prevent the spread of the disease.

Finally, her sister, the one who called the doctor, is depicted mourning by her grave.

Although there are ethical dilemmas tied to exposing private pain in public, and although the exposure of pain of infected ‘ordinary people’ also may position them as less powerful, we find that the documentation of suffering here, with its dignified personalization of the pain, is not a formulaic case of exposing



📷 Sylvain Cherkaoui / Cosmos pour MSF

Hun har alle tegn på ebola - utmattethet, oppkast, diare og neseblod. Marie Finda Kamano sitter motløs og syk og venter på at legene skal frakte henne til et sykehus som kan stille en diagnose. Resten av familien hennes må isoleres inntil det foreligger sikkert svar på om hun virkelig har ebola eller ikke.



📷 Sylvain Cherkaoui / Cosmos pour MSF

Utmattet og dyvåt fordi hun sølte vann på seg underveis, er hun endelig framme ved bilen.

FIGURE 4 Facsimiles from photo essay about an infected Ebola victim (*Aftenposten*, 14.08.14). Reproduced with permission.



Sylvain Cherkaoui / Cosmos pour MSF

Framme ved sykehuset blir Marie Finda mottatt av en sykepleier i beskyttelsesdrakt. Hun skal følge henne til avdelingen for dem de mistenker har ebola, men som ennå ikke er diagnostisert med sykdommen.



Sylvain Cherkaoui / Cosmos pour MSF

Sannsynligvis ble Marie Finda smittet av ebola da hun klargjorde et ebolaoffer for begravelse. Nå tar man ingen sjanser - derfor blir hennes døde kropp lagt i en forseglet likpose i kisten. Hun blir begravet bare få skritt fra hjemmet sitt. Slekt og naboer følger med idet kisten senkes.

FIGURE 4 (Continued).



📷 Sylvain Cherkaoui / Cosmos pour MSF

Søsteren Fatou sørger ved graven. Det var hun som tilkallede lege. Nå er det flere i lokalsamfunnet som bebreider henne at Marie Finda ikke fikk bli hos familien, men ble sendt vekk på sykehus

FIGURE 5 Facsimile of photo of the mourning sister of the infected victim, *Aftenposten*, 14.08.14. Reproduced with permission.

distant suffering. On the contrary, the personalization serves to bring the suffering closer to the reader or viewer by testifying to how Ebola affects a person (see Figenschou, 2011). Feelings of compassion in the reader or viewer may be aroused when the depiction of the painful suffering of the subject is taking place in her daily surroundings, in this way evoking images of the ordinary life that has recently elapsed. This is the only story in which narrative evidence of the suffering of an African victim of Ebola is provided in the Danish August sample, and in which an African citizen who gets ill and dies in Africa is personalized.

At the same time, this may be considered an instance of what Chouliaraki (2008) has termed “emergency news”, a format portraying personalized sufferers with a limited agency that calls for immediate external intervention. This photo essay may be seen as type of narrative evidence that expresses experiences of the ill (“illness narrative”, Volkman, 2017, p. 6), and captures the agony of the infected victim. However, on another level the series tells the story of the Ebola disease as a challenge to be battled and won – a “quest narrative”, to use a term for a particular type of illness narrative (ibid., p. 6). By depicting medics treating the patient and

preventing the spread of the disease, one can also interpret the photo narrative as an attempt to show that the infectious disease can be controlled. In addition, the narrative suggests that dying Africans can be treated with dignity if international humanitarian NGOs are afforded the conditions necessary to help. It is worth noting that this function of the narrative will be in the interest of those who have commissioned the story, MSF, the NGO which at the time the essay was published was calling on more support for its work in the stricken areas.

6.3.2 POTENTIAL VICTIMS

Danish and Norwegian readers are barely familiarized with the voices of people in Liberia, Guinea, Sierra Leone and Nigeria. An exception is a story of restricted agency with its frame of fear among the population in Liberia (Ritzau/AFP, 2014). Three laypersons are quoted in this article. The reader is informed of their names and the specific area in which they live: “Bopolu, north of the Liberian capital, Monrovia”. The article does not touch on the spread of Ebola, but on the side effects and consequences of the attempts to restrain the transmission of the disease. The trade and commerce of food and nutrition is limited, and people fear that starvation will be a consequence of the containment of the outbreak:

“People are panicking. We are afraid of starving to death,” says Siaffa Kamara ... “How do we survive?” ... A woman from the same area expresses similar feelings: “We agree that it is necessary to initiate steps to bring down the virus. But we do not want to starve to death,” says Miatta Sharif ... “We cannot get any supply of food, how do we survive? The victims of starvation will be numerous compared to those who have died from Ebola”, she says (*ibid.*).

A *possibilistic* frame characterizes the voices in this text.

Notably, despite the fact that no Danes become infected by Ebola in 2014, accounts from Danes influence most of the narratives of fear and uncertainty involving potential victims in the October coverage. For example, the journalist Rasmus Tantholdt, who has been in Liberia to cover the outbreak, articulates a discourse of determination and control, but at the same time he expresses the uncertainty he experiences upon returning home:

Even though he believes he has taken all necessary precautions during his stay in Liberia, in the weeks to come he will be “very aware” if he becomes ill ... “You cannot avoid thinking about it, when you return home, and I will of course be very aware” ... at the same time he stresses that he is certain that

he has not caught the disease, following the knowledge he has of Ebola ...
“However, I do not know if there is something that I do not know about this disease” (Grønbech, 2014).

His certainty about his own compliance with guidelines is displayed in a narrative about the safety measures that he took in Liberia: how he kept his distance to others, avoided contact, and used disinfection in a number of situations.

6.4 MEDIA META-NARRATIVES

The disproportionate attention the Norwegian media paid to “their” infected doctor when she was transported home in early October triggered several disapproving opinions. In legacy media as well as social media, comments critical of the news media coverage – or of net trolls’ condemnation of Norwegian health workers’ involvement in Ebola aid – were not only made by health authorities and NGOs,³ but also by politicians and media and medical experts.

What followed may be the most interesting aspect of the Norwegian coverage, particularly as displayed in *Nettavisen*. A dominant narrative about the heroic evacuation of the Norwegian doctor was partly replaced by an increasingly self-critical meta-narrative about how Ebola was framed and personalized in *Nettavisen*’s coverage. This is a consequence of how the newspapers had established their own social media pages where their news is presented and frequently commented on by users. It suggests how an interplay between social media and legacy media impacted the course of the coverage in a much more marked way than in the media coverage of the swine flu (Hornmoen, 2011), a PHEIC in 2009 – which was before news media had established their own social media pages.

When *Nettavisen* asked readers on its Facebook site how they viewed the Norwegian coverage in general, many condemned it, pointing out how the coverage aroused fear or panic (Limkjær, 2014). Twitter reactions also pointed to how there is much more to write about in Africa. Such reactions resulted in the article “Media is infected by mass hysteria” (Ibid, see Figure 6).

The article displayed tweets such as this one:

Why can’t the Ebola-infected woman be left in peace. Regards from someone who has worked for several decades in the press.

3. In 2014, the Norwegian national health authorities were ahead of the Danish ones, who appeared later on social media.

Ebola

- Media er smittet av massehysteri



Ebola i norsk media *Foto: Faksimiler*

FIGURE 6 Introduction to story on how media is infected by “mass hysteria”. Facsimile *Nettavisen*, 07.10.14. Reproduced with permission.

Other quoted social media comments were more aggressive and condemnatory towards how the doctor was given the opportunity to be transported home, such as the following:

Why bring her here? Infections all over Norway too? Madness! Keep the infection where it is and do not bring it to a country where people are not yet infected!

There is something very unpleasant about these types of reactions. They were commented on in a Facebook post by the physician Wasim Said (who is also a high-profile media personality), who wrote:

Risking her own life, she has helped the weakest in the world, and you protest that we bring her home for treatment? It is narrow-minded. (Message quoted in Limkjær, 2014)

He also gave his comments in the newspaper under the headline “Surprises me that people can go this far”, stating that:

These statements testify to a human vision that may be called extreme. I think that many of these statements are rooted in lack of knowledge – and therefore fear. And fear may bring out the worst in some of us. (In Skomakerstuen, 2014)

The critical response to comments on social media marked a turning point in the mediation of Ebola. It became less self-centred, more self-examining. Even a digital tabloid such as *Nettavisen* could now publish an article that problematized Western media’s disproportionate coverage. In the article “An African life is not worth as much” (Paust, 2014), they included an illustration by André Carrilho showing a ward where the Western press has surrounded the only white patient. They even drew on Galtung & Ruge’s (1966) influential media theory on the structure of foreign news to explain, if not justify, the current coverage.

7 CONCLUSIONS

We have studied the news coverage in six different Norwegian and Danish online media during the 2014 Ebola outbreak, and conclude that their choice of sources had a significant influence on their framing of the epidemic risk. To a considerable extent, the media quote and reproduce the views of the most official sources. This is in accordance with findings from studies of media coverage of previous Ebola

outbreaks (Ungar, 1998), and findings from coverage of the 2014–15 outbreak in other countries (Pieri, 2019). The types of media in our sample (two traditionally subscription-based ‘broadsheets’, an online-only newspaper, a tabloid, two public service broadcasters) seem to be less important for the form the coverage of the risk/crisis takes. There are more similarities than distinct differences in the way the various media frame and personalize the Ebola outbreak and risk in the two periods of coverage that we analyzed.

From an analytical perspective on risk communication, the sources and actors portrayed can be placed into three distinct groups: representatives of authorities, NGOs and (potential) victims. The first two groups are primary definers of the risk. However, as represented by the media, they deal with it in different ways. While the national authorities in Norway and Denmark are concerned with the potential consequences if the infection is brought into the two countries, the NGOs focus more on the severity of the outbreak on the African continent. The framing of the risk of Ebola spreading in a domestic Nordic context is characterized by national authorities’ narratives of their own ability to stop the disease from spreading and the very low probability of infection in a Nordic setting. When the coverage concerns the disastrous situation in West Africa, the NGOs communicate the epidemic risk in a possibilistic discourse, stressing the uncontrollable character of the outbreak, and worst-case scenarios with very high death tolls. Although the situation in Africa is incomparable to what a Nordic country experiences when an infected medic from MSF is brought to Oslo to undergo medical treatment, as the case is in Norway in October 2014, the coverage blurs the picture of the risk of Ebola.

Additionally, the inconsistency in verbal and visual framing contributes to an even more blurred picture of the risk, since there is a prevailing use of visuals of health personnel in protective gear, depicting sanitization and controllability, though the verbal contents of the articles may nonetheless connote uncertainty and uncontrollability. Although we have not analyzed readers’ interpretation of the coverage, we speculate that the clash of frames might have led to reader confusion.

The Nordic health authority sources, in particular, provide risk assessments based on statistical predictions. However, the most affective media coverage of the epidemic risk builds on narrative evidence and personalization that focuses on victims in stricken African nations. When depicting MSF workers, the news stories project a different sense of urgency. Commenting on the situation in African nations in personalized and metaphorical narratives, MSF employees give evidence of the intolerable impact of Ebola in the region. Their rhetoric is in accordance with the organization’s stated goal of their communication: to give a voice to the displaced, damaged and forgotten through passionate storytelling (Medecins

sans Frontières, 2015). Such storytelling is also displayed in a photo essay about an infected Guinean Ebola victim commissioned by MSF.

A certain fluctuation between expressions of uncertainty with respect to knowing about all aspects of the Ebola virus and conveying an ability to avoid being infected may characterize the narratives of potential victims in our material. The ambiguity of such messages nevertheless primarily serves the function of alerting the reader to the importance of following health authorities' advice and measures when in stricken areas.

In all their ambiguousness, the different risk framings of health authorities, NGOs and victims do share in common that they testify to how key news media in Denmark and Norway support and convey the perspectives of their main sources, the representatives of authorities and NGOs in much of their coverage. We suggest that further research is needed to investigate in greater detail the relationship between the crisis communication strategies of the institutions that the portrayed actors represent and the mediated frames in events of an epidemic risk.

Finally, we note that in the Norwegian coverage there are clear signs that a certain self-critical reflexivity among journalists emerges in an interaction with comments on social media. This may signal a more reflective and contextualizing media coverage of the risks associated with future infectious diseases.

REFERENCES

- Abildtrup, U. (2014, August 08). FN: Ebola er et problem for hele verden. *DR*. Retrieved from <https://www.dr.dk/ligetil/udland/fn-ebola-er-et-problem-hele-verden>
- Amundsen Willix, K. (2014, August 7). WHO mener ebolautbuddet er en internasjonal helsekrise. *Aftenposten*. Retrieved from <https://www.aftenposten.no/verden/i/4d8pR/WHO-mener-ebolautbruddet-er-en-internasjonalt-helsekrise>
- Ashe, T. (2013). How the media report scientific risk and uncertainty: A review of the Literature. *Reuters Institute for the Study of Journalism*. Oxford: Green Templeton College.
- Astrup, S. (2014, August 12). Spansk præst er nu død af ebola. *Politiken*. Retrieved from <https://politiken.dk/udland/ECE2364553/spansk-praest-er-nu-doed-af-ebola/>
- Beck, U. (1992). *Risk society. Towards a new modernity*. London: Sage Publications.
- Blaikie, N. (1993). *Approaches to social enquiry*. Cambridge: Polity Press
- B.T. (2014, August 8). WHO slår katastrofealarm over Ebola. *BT*. Retrieved from <https://www.bt.dk/udland/who-slaar-katastrofe-alarm-over-ebola>
- Cherkaoui, S. (2014, August 13). Død af ebola: Billeder fra de sidste tre dage i Marie Findas liv. *Politiken*. Retrieved from <https://politiken.dk/magasinet/fortaelling/art5537884/Død-af-ebola-Billeder-fra-de-sidste-tre-dage-i-Marie-Findas-liv>
- Chouliaraki, L. (2008). The mediation of suffering and the vision of a cosmopolitan public. *Television & New Media*, 9(5), 371–391. doi: <https://doi.org/10.1177/1527476408315496>

- Curtin, P. A. (1999). Reevaluating public relations information subsidies: Market-driven journalism and agenda-building theory and practice. *Journal of Public Relations Research*, 11, 53–90. doi: https://doi.org/10.1207/s1532754xjpr1101_03
- de Bengy Puyvallée, A., Kittelsen, S. & Storeng, K. T. (2018). Crisis! How emergency preparedness logic changes global health policy. *Tidsskrift for Den norske legeförening*, 138(16), 1–7. doi: <https://doi.org/10.4045/tidsskr.18.0572>
- Dudo, A., Dahlstrom, M. & Brossard, D. (2007). Reporting a potential pandemic: A risk-related assessment of avian influenza coverage in U.S. newspapers. *Science Communication*, 28, 429–454. doi: <https://doi.org/10.1177/1075547007302211>
- Figenschou, T. U. (2011). Suffering up close: The strategic construction of mediated suffering on Al Jazeera English. *International Journal of Communication*, 5, 233–253. Retrieved from <https://ijoc.org/index.php/ijoc/article/view/851>
- Frandsen, J. (2014, August 08). BILLED SERIE Ebola: Fra lokal smitte til international nødsituation. *DR*. Retrieved from <https://www.dr.dk/nyheder/billedserie-ebola-fra-lokal-smitte-til-international-noedsituation>
- Fuglehaug, W. (2014, August 15). Som å stoppe en flodbølge med en paraply. *Aftenposten*. Retrieved from <https://www.aftenposten.no/verden/i/Rxw58/--Som-a-stoppe-en-flodbølge-med-paraply>
- Fuhr, B. (2014, August 15). Marie Findas tre siste dager. *Aftenposten*. Retrieved from <https://www.aftenposten.no/verden/i/3jQnq/Marie-Findas-tre-siste-dager>
- Fung, T. K. F., Namkoong, K. & Brossard, D. (2011). Media, social proximity and risk: A comparative analysis of newspaper coverage of avian flu in Hong Kong and in the United States. *Journal of Health Communication*, 16(8), 889–907. doi: <https://doi.org/10.1080/10810730.2011.561913>
- Furedi, F. (2008). Fear and security: A vulnerability-led policy response. *Social Policy & Administration*, 42(6), 645–661. doi: <https://doi.org/10.1111/j.1467-9515.2008.00629.x>
- Gaganis, L. S. T & Moland, A. (2014, August 12). Øver på ebola-behandling i Norge. *NRK*. Retrieved from <https://www.nrk.no/norge/over-pa-ebola-behandling-i-norge-1.11876331>
- Galtung, J. & Ruge, M. H. (1965). The structure of foreign news. *Journal of Peace Research*, 2(1), 64–91.
- Gamson, W. A. & Modigliani, A. (1989). Media discourse and public opinion on nuclear power: A constructionist approach. *American Journal of Sociology*, 95(1), 1–37. doi: <https://doi.org/10.1086/229213>
- Glerup, M. R. (2014, August 08). Danmark er forberedt på ebola: Beskyttelsesdragter hænger klar på bøjler. *DR*. Retrieved from <https://www.dr.dk/nyheder/indland/danmark-er-forberedt-paa-ebola-beskyttelsesdragter-haenger-klar-paa-boejler>
- Grønbech, J. (2014, October 03). Rasmus Tantholdt efter ebola-chok: Jeg er meget opmærksom. *BT*. Retrieved from <https://www.bt.dk/danmark/rasmus-tantholdt-efter-ebola-chok-jeg-er-meget-opmaerksom>
- Hansen, K. F. (2009). Approaching doomsday: How SARS was presented in the Norwegian media. *Journal of Risk Research*, 12, 1–16. doi: <https://doi.org/10.1080/13669870802661455>
- Hornmoen, H. (2011). “Pandemisk paranoia”? En analyse av nyhetsomtalen av “svineinfluensaen” i norske aviser. *Tidsskrift for samfunnsforskning*, 52(1), 33–66.

- Joffe, H. & Haarhoff, G. (2002). Representations of far-flung illness: The case of Ebola in Britain. *Social Science & Medicine*, 54, 955–969. doi: [https://doi.org/10.1016/S0277-9536\(01\)00068-5](https://doi.org/10.1016/S0277-9536(01)00068-5)
- Kagge, G. (2014, October 6). Leger uten Grenser: - Vi må inn det brennede huset. *Aftenposten*. Retrieved from <https://www.aftenposten.no/norge/i/Kv2J4/Leger-Uten-Grenser--Vi-ma-inn-i-det-brennende-huset>
- Kitzinger, J. (1999). Researching risk and the media. *Health, Risk & Society*, 1(1), 55–69. doi: <https://doi.org/10.1080/13698579908407007>
- Kress, G. & van Leeuwen, T. (1996). *Reading images: The grammar of visual design*. London: Routledge.
- Lauridsen, J. B. (2014, August 8). Ebola-epidemien raser: Nigeria erklæret i undtagelsestilstand. *BT*. Retrieved from <https://www.bt.dk/udland/ebola-epidemien-raser-nigeria-erklaret-i-undtagelses-tilstand>
- Limkjær, S. E. (2014, October 7). – Media er smittet av massehysteri. *Nettavisen*. Retrieved from <https://www.nettavisen.no/nyheter/--media-er-smittet-av-massehysteri/8494891.html>
- Maach, M. L. (2014, August 08). Ebola-smittet amerikaner: Jeg bliver stærkere hver dag. *DR*. Retrieved from <https://www.dr.dk/nyheder/udland/ebola-smittet-amerikaner-jeg-bliver-staerkere-hver-dag>
- Mairal, G. (2011). The history and the narrative of risk in the media. *Health, Risk & Society*, 13(1), 65–79. doi: <https://doi.org/10.1080/13698575.2010.540313>
- Mansø, R. G. (2014, October 7). Dansk overlæge advarer: Ebola smitter måske nemmere, end vi har troet. *BT*. Retrieved from <https://www.bt.dk/danmark/dansk-overlaege-advarer-ebola-smitter-maaske-nemmere-end-vi-har-troet>
- McInnes, C. J. & Hornmoen, H. (2018). ‘Add Twitter and Stir’: The use of Twitter by public authorities in Norway and UK during the 2015.15 Ebola outbreak. *Observatorio (OBS*)*, 12(2), 023–046. doi: <https://doi.org/10.15847/obsobs12220181173>
- Medecins sans Frontières (2015). Blogs from doctor without borders. *Communications*. Retrieved from <https://blogs.msf.org/blogs/professions/communications?page=2>
- Nerlich, B. & Halliday, C. (2007). Avian flu: The creation of expectations in the interplay between science and the media. *Sociology of Health and Illness*, 29(1), 46–65. doi: <https://doi.org/10.1111/j.1467-9566.2007.00517.x>
- NTB/Aftenposten* (2014, August 14). Ebolaepidemien kan gi krigslignende konsekvenser i Vest-Afrika. *Aftenposten*. Retrieved from <https://www.aftenposten.no/verden/i/xRE1X/ebolaepidemien-kan-gi-krigslignende-konsekvenser-i-vest-afrika>
- Nucci, M., Cuite, C. L. & Hallman, W. K. (2009). When good food goes bad: Television network news and the spinach outbreak of 2006. *Science Communication*, 31(2), 238–265. doi: <https://doi.org/10.1177/1075547009340337>
- Paust, T. (2014, October 6). – Vi er forberedt på å ta imot ebolasmittede. *Nettavisen*. Retrieved from <https://www.nettavisen.no/nyheter/--vi-er-forberedt-pa-a-ta-imot-ebolasmittede/8494605.html>
- Paust, T. (2014, October 12). Et afrikansk liv er ikke like mye verdt. *Nettavisen*. Retrieved from <https://www.nettavisen.no/nyheter/et-afrikansk-liv-er-ikke-like-mye-verdt/8496750.html>
- Photo-essay (2014). In *Webster's New World College Dictionary, Fifth Edition*. Retrieved from <https://www.yourdictionary.com/photo-essay>

- Pieri, E. (2019). Media framing and the threat of global pandemics: The Ebola crisis in UK media and policy response. *Sociological Research Online*, 24(1), 73–92. doi: <https://doi.org/10.1177/1360780418811966>
- Price, V. & Tewksbury, D. (1997). News values and public opinion: A theoretical account of media priming and framing. In G. A. Barnett & F. J. Boster (Eds.), *Progress in communication science*, 13 (pp. 173–212). Greenwich, CT: Ablex.
- Ritzau/Reuters (2014, October 04). Ebola: 3.439 er nu døde under epidemi. DR. Retrieved from <https://www.dr.dk/nyheder/udland/ebola-3439-er-nu-doede-under-epidemi>
- Ritzau (2014, August 15). Læger: Vi får først ebola under kontrol om et halvt år. *Politiken*. Retrieved from <https://politiken.dk/udland/art5529164/Læger-Vi-får-først-ebola-under-kontrol-om-et-halvt-år>
- Ritzau/AFP (2014, August 10). Vestafrikanere frygter sult i ebola-ramte områder. DR. Retrieved from <https://www.dr.dk/nyheder/udland/vestafrikanere-frygter-sult-i-ebola-ramte-omraader>
- Schanne, M. & Meier, W. (1992). Media coverage of risk: results from content analysis. In J. Durant (Ed.), *Museums and the public understanding of science*. London: Science Museum Publications.
- Scheufele, D. A. (1999). Framing as a theory of media effects. *Journal of Communication*, 49, 101–120. doi: <https://doi.org/10.1111/j.1460-2466.1999.tb02784.x>
- Shih, T., Wijaya R. & Brossard, D. (2008). Media coverage of public health epidemics: Linking framing and issue attention cycle toward an integrated theory of print news coverage of epidemics. *Mass Communication & Society*, 11(2), 141–160. doi: <https://doi.org/10.1080/15205430701668121>
- Skomakerstuen, B. (2014, October 7). – Overrasker meg at folk kan gå så langt. *Nettavisen*. Retrieved from <https://www.nettavisen.no/nyheter/--overrasker-meg-at-folk-kan-ga-sa-langt/8495019.html>
- Skovholt, K. & Veum, A. (2014). *Tekstanalyse: Ei innføring*. Oslo: Cappelen Damm Akademisk.
- Smith, J. (2005). Dangerous news: Media decision making about climate change Risk. *Risk Analysis*, 25(6), 1471–1482. doi: <https://doi.org/10.1111/j.1539-6924.2005.00693.x>
- Svarstad, J. & Letvik, H. (2014, October 7). Nå behandler vi pasienten og tar vare på de pårørende. *Aftenposten*. Retrieved from <https://www.aftenposten.no/norge/i/yvpkA/naa-behandler-vi-pasienten-og-tar-vare-paa-de-paaroerende>
- Sørensen, I. D. (2014, October 3). Udlandschef i DR om ebola-forskrækkelse: Vi tager alle de forholdsregler, vi kan. *Politiken*. Retrieved from <https://politiken.dk/indland/art5544659/Udlandschef-i-DR-om-ebola-forskrækkelse-Vi-tager-alle-de-forholdsregler-vi-kan>
- Turk, J. (1985). Information subsidies and influence. *Public Relations Review*, 11, 1–14.
- Ungar, S. (1998). Hot crises and media assurance: A comparison of emerging diseases and Ebola Zaire. *The British Journal of Sociology* 49(1), 36–56. doi: <https://doi.org/10.2307/591262>
- Volkman, J. E. (2017). Narratives in health and risk messaging. *Oxford Research Encyclopedia of Communication*. doi: <https://doi.org/10.1093/acrefore/9780190228613.013.306>
- Wallis, P. & Nerlich, B. (2005). Disease metaphors in new epidemics: The UK media framing of the 2003 SARS epidemic. *Social Science & Medicine*, 60, 2629–2639. doi: <https://doi.org/10.1016/j.socscimed.2004.11.031>
- Yding, H. (2014, August 12). Læger træner i sikkerhed mod ebola. DR. Retrieved from <https://www.dr.dk/nyheder/regionale/oestjylland/laeger-traener-i-sikkerhed-mod-ebola>