

THE SECURITIZATION OF EBOLA
IN CANADIAN MEDIA DISCOURSES

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A major research paper submitted in partial fulfillment of the requirements for the
Master's degree in International Development and Globalization

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List of Acronyms

Acronyms	Meaning
HIV/AIDS	Human Immunodeficiency Virus / Acquired Immune Deficiency Syndrome
SARS	Severe Acute Respiratory Syndrome
EVD	Ebola Virus Disease
CDC	Centers for Disease Control and Prevention
DRC	Democratic Republic of Congo
CFR	Case Fatality Rate
UN	United Nations
UNSC	United Nations Security Council
GAVI	Global Alliance for Vaccines and Immunisation
WHO	World Health Organization
UNMEER	United Nations Mission for Ebola Emergency Response
CS	Copenhagen School
UNDP	United Nations Development Programme
CHS	Commission on Human Security
PAHO	Pan American Health Organization
IHR	International Health Regulations
PEPFAR	President's Emergency Plan for AIDS Relief (USA)
ST	Securitization Theory
USA	United States of America
UNAIDS	Joint United Nations Programme on HIV/AIDS
MSF	Médecins sans Frontières
PHEIC	Public Health Emergency of International Concern
FSI	Fragile States Index
DA	Discourse Analysis
PHAC	Public Health Agency of Canada

Acknowledgement

Writing this major research paper has been a long and inspiring journey that would not have been the same without the support provided by the people around me. First, I would like to share my deepest gratitude to Dr. Sanni Yaya for being an incommensurable source of knowledge and guidance along the whole process. An enormous thank you goes out to my aunt Linda and uncle Luc for their help with the linguistic revision of this paper. Thank you for your patience in reading all those (often overly wordy) sentences!

To my beloved parents - thank you for continuous encouragement, love and wisdom during those past two years. Thank you for always being there and for believing in me when I was in doubt.

Finally, I cannot forget to thank my dear MA friends and partners in crime. Daph, Grace, Emily, Alex, Stefan - thank you for your presence, advice and support throughout the past years. Thanks for the long days and late nights studying and writing together in the '*jail rooms*'. I could not have done it without you all.

Abstract

In 2015, the international community was struggling to put an end to the largest and most violent Ebola outbreak of its 40-year-old history (CDC, 2015). This outbreak attracted unprecedented attention from both public health specialists and worldwide media consortiums. The scale of this human disaster raises important questions about our vulnerabilities and our level of preparedness towards infectious agents, but also on our perception of risks in this increasing global culture of security.

This research aims to explore the processes of securitization of the 2014-2015 West African Ebola outbreak in Canadian media. Building from the Copenhagen School's theory of securitization, we conducted a discourse analysis of the news stories published about the latest Ebola epidemic in two mainstream Canadian newspapers (Globe and Mail and La Presse) over a year-long period. The results of this analysis have shown that the securitization of Ebola in Canadian media mostly took place through the deployment of a grammar of security as well as the use of the two complex set of narratives related to globalization and local politics.

This study has implications for our understanding of the securitization theory as well as global health governance mechanisms and emergency responses linked to communicable diseases like Ebola. More broadly, this analysis intends to start the reflection on whether positioning an outbreak following a rhetoric of security happens to be the most adequate option to guide Canadian interventions in times of public health crises.

Key words: Security, Securitization, Ebola, Media, Health, Epidemics, Discourse Analysis

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January 2018

CHAPTER 1 - INTRODUCTION

Epidemics are nothing new to the human race. For centuries, human societies have suffered the tremendous consequences of deadly infectious diseases which have killed millions of people and weakened or even endangered the survival of whole civilizations (Sands *et al.*, 2016). Several infectious disease outbreaks have carved their place in history books: the 1918 influenza epidemic, various episodes of cholera, tuberculosis and smallpox, or more recently the African HIV/AIDS crisis and the 2003 SARS outbreak (Peterson, 2002). Over time, our approach to such health challenges has evolved in parallel with the progress of medical science, the discovery of new viral and bacterial agents and the growing resistance to common antibiotics and antivirals (Chen & Narasimhan, 2003). What has also contributed to change our vision and practices towards preventing and managing epidemics is the way they were portrayed in policy discourses and in mainstream media outlets (Ingram, 2005).

In 2015, the international community was struggling to put an end to the largest and most complex Ebola virus disease (EVD) epidemic of its 40-year-old history (CDC, 2015). This outbreak, which stroke violently across West Africa during the spring of 2014 up to 2016, attracted unprecedented attention from both public health specialists and worldwide media consortiums reviving questions about our vulnerabilities and our level of preparedness towards infectious agents (Larkan *et al.*, 2015). Now that the dust seems to have settled, health and social sciences researchers, policy makers and humanitarian organizations are trying to make sense of the crisis and to learn lessons for future public health emergencies. Today, number of questions remain to be answered to get a better grasp of how the so-called 'perfect storm' that was the 2014-2015 Ebola crisis created such dramatic consequences. Two of these questions are the following: Why did Ebola receive such a high-profile news coverage and did that coverage impact the international actions to contain the crisis? This topic guides the direction this masters thesis is taking.

1.1. Background: overview of the 2014-2015 Ebola outbreak

The Ebola Hemorrhagic Fever —or simply Ebola— has been known by the medical community for quite a while now as the first outbreak dates back to 1976 in the Democratic Republic of Congo (DRC) (Buseh *et al.*, 2015). This infection can be transmitted from wild animals to people and can spread quickly between humans via direct contact with infected

bodily fluids (blood, secretion, sweat, urine, etc.) or even via contact with material contaminated with these fluids (WHO, 2015).

Since the first known and declared manifestation of the virus, a total of 24 sporadic epidemics were reported on the African continent although each one of them was constrained within national borders and never killed over 300 people (Lancet Ebola Resource Centre, 2014 cited in Larkan *et al.*, 2015). The case fatality rate (CFR) has varied from 25 to 90 per cent during past outbreaks (WHO, 2015). That being said, as it has been noticed with other epidemics, Ebola's CFR has tended to fall over the year. As more outbreaks occur, more data is collected about the pathogen and medical experience and knowledge with the disease increases (WHO, 2015). The 2014-2015 epidemic, which happened mainly in Liberia, Sierra Leone, and Guinea, represents the most severe outbreak since the discovery of the disease, both in number of reported cases and deaths and in number of countries involved (Guinea, Liberia, Sierra Leone, Nigeria, Senegal, Spain, United States, Mali, United Kingdom and Italy). Although medical experts and epidemiologists have been struggling to identify patient zero, it is said that this outbreak originated in Guinea and that the first victim was a two year old child who would have been contaminated by a fruit bat via spillover in December 2013 (McPake *et al.*, 2015). Shortly after, a few health workers from the town of Guéckédou in Guinea also became ill, but the spread of the disease remained minimal until May 2014, when the number of patients rose dramatically (McPake *et al.*, 2015). After months of inaction and denial, Ebola became a serious concern for both the overwhelmed West African states and for the entire international community. "In a leadership vacuum, high-income countries sent in military assets, the UNSC declared Ebola a threat to international peace and security, and [former] UN Secretary-General Ban Ki-moon created a special UN mission" (Gostin & Friedman, 2014:1323). Enormous human, material and financial resources were redirected to the fight against the spread of this highly contagious virus, which lasted until January 14th, 2016, the date on which the three hardest-hit countries announced the completion of the crucial 42 day period without new cases (WHO, 2016).

At the peak of the 2014-2015 epidemic, there was no proven cure or licensed vaccines available to treat the growing number of people suffering from the disease. Health specialists were limited to administering supportive care-rehydration with oral or intravenous fluids in order to try and contain the damage engendered by EVD and hopefully decrease the number of deaths. Luckily, in December 2016, vaccine manufacturer Merck, Sharpe & Dohme was able to

develop an rVSV-vectored vaccine which proved to be highly protective as shown by a trial involving 11 841 people in Guinea (WHO, 2016). A few weeks after the confirmation of the vaccine's effectiveness, GAVI signed an agreement with the pharmaceutical company to support the provision of vaccines to protect and prepare against future outbreaks. This partnership rested on a purchasing commitment of 300 000 doses of the vaccine which would be available in May 2016 "for use in expanded clinical trials and/or for emergency use as needed while vaccine development continues" (GAVI, 2016). Since then, only one additional outbreak has been reported by the World Health Organization (WHO). On the 11th of May 2017, the Ministry of Health of the Democratic Republic of Congo notified international public health agencies of a cluster of suspected cases of EVD in the province of Bas Uélé. The next day, a national reference laboratory confirmed at least one case of the deadly virus; this was followed by the deployment of an investigation team led by the Ministry of Health, supported by the WHO and partners. This team's role was to assess the situation in the affected remote area (WHO, 2017). Thankfully, the WHO declared the DRC's small scale outbreak over on July 2, 2017 and promised that enhanced monitoring and surveillance in the country would continue, especially because this event marked the DRC's eighth outbreak of EVD since its discovery back in 1976 (WHO, 2017).

1.2. Statement of the problem

1.2.1. Purpose of the study

Based on the assumption that frames and narratives employed by mass media can tell a great deal about the social, political and cultural contexts in which health emergencies arise (Shih *et al.*, 2008), this research offers a window for understanding public opinion and knowledge related to the latest West African Ebola outbreak. Drawing from the analytical model of securitization, we endeavour to analyze how the expansion of the concept of threat was emphasized by the Canadian media through a complex set of frames and the use of a language of security. The choice to privilege Canadian media sources for our discourse analysis over those from other countries was motivated by personal interest —resulting from my Canadian nationality— as well as from exposure and availability. As for the former, it has been recommended that "scholars who engage in discourse analysis must have a thorough understanding of the context [here, the Canadian context] of the discourse they are analyzing — modes of production, class structure, political formations — in order to situate their analysis and explain relationships" (Crawford, 2004).

When looking more broadly at the course of events, the political profile of Ebola was shaped throughout a series of actions and declarations embedded in very particular circumstances leading ultimately to the intersubjective construction of Ebola as a security issue. About six months into the outbreak, the United Nations Security Council (UNSC) declared the West African Ebola outbreak a “threat to international peace and security”, marking one of many steps in the securitization of the issue (Burci, 2014). This resulted in a raise of the political profile of the disease and allowed for the establishment of extraordinary measures to control it (Buzan *et al.*, 1998). In addition to this indicative statement, concrete actions such as travel bans, the installation of quarantine facilities, the creation of the first ever UN-led emergency health mission, the United Nations Mission for Ebola Emergency Response (UNMEER) as well as the involvement of military assets, possibly played a role in strengthening the perception of urgency and insecurity attached to the pandemic (Burci, 2014). With hindsight, did the media’s intensive coverage of Ebola led to a distortion in the perception of risks (and hence the response to them), portraying the epidemic as a greater threat than it was in reality? Also, why do some diseases receive high-profile news coverage, while others seem to remain ignored by the Western media? Let us compare the recent Ebola outbreak with other diseases raging in sub-saharan Africa. The number of laboratory-confirmed deaths associated to Ebola, which reached 11 314 over a period of about 18 months, accounts for a tiny fraction of the number of deaths attributed to other endemic diseases such as malaria, measles or even diarrhoeal infections. Indeed, even if those three illnesses are preventable and curable, they still evoke a way more devastating burden for the African population, killing respectively about 438 000, 114 900 and 760 000 people each year (CDC, 2015; WHO, 2015). Why then, do we rarely hear about these over the news? The fact that some diseases responsible for a large number of premature deaths each year yet fail to be securitized seems to suppose that the positioning of particular health issues on the security agenda appears to be to a great extent unrelated to a clear and tangible danger to life, or in other words, to measure morbidity and mortality (McInnes & Rushton, 2011). Hence, this situation sheds light on important concerns as to why and how certain health matters reach the political agenda and even become securitized while others do not.

1.2.2. Research questions

This major research paper will examine the presence and patterns of securitization in the Canadian media discourse related to the most recent Ebola outbreak. This research will also provide insights on a set of secondary questions: did the securitization process in Canadian

media evolve over time? Did it vary among different media outlets? What vocabulary or grammar of security was used to securitize the issue?

1.2.3. Methodology

Aligned with the main objective of this study, which is to comprehend the highly context-specific mechanisms behind the securitization of Ebola-related discourses in Canadian media, we opted for an exploratory qualitative research design. Through a unique case study approach, our intention is to add a layer of reality to the exploration of the complex phenomenon of securitization of communicable diseases. As stated by Balzacq (2005:192), “the circumstances leading to securitization vary in form and content; it would therefore be presumptuous to think that they can be grasped comprehensively”. Hence, this thesis can be regarded as a point of reference for further research on the securitization of Ebola in Canada and elsewhere.

We will conduct a discourse analysis of the news stories published on the 2014-2015 Ebola outbreak in two main Canadian media outlets (*The Globe and Mail* and *La Presse*) in order to assess if a process of securitization has taken place over a year-long period. First, we will achieve a keyword search through the selected sample of newspaper articles in order to observe to which extent a grammar of security was used by the media when reporting about the EVD epidemic. Second, we will perform a more in-depth qualitative content analysis to appreciate the discursive subtleties and general narratives related to the possible securitization of Ebola in a limited quantity of news pieces. Moreover, we will proceed to an extensive literature review that will allow us to corroborate our evidence with knowledge produced by previous research, to comprehend the phenomenon within its broader context and to stretch out some general tendencies in terms of narratives associated with infectious outbreaks in the past.

1.2.4. Hypothesis

Building from the Copenhagen School's (CS) theory of securitization, we believe that the moment when the UNSC declared the Ebola epidemic a “threat to international peace and security” on September 18th, 2014 will mark an accentuation in the use of securitizing discourses in Canadian media. In that sense, we will attempt to investigate the discursive approaches which were employed in the securitization of EVD and observe any variation over time or between media outlets. In addition, although uncovering the effects of securitizing discourses on policy practices is not the focus of this research, we will briefly reflect on how the highly politicized and security-centered media coverage of the Ebola outbreak could have

possibly impacted the emergency interventions instigated by the Canadian governmental authorities in reaction to the spread of the disease. However, we fully recognize the complexity behind the process of policy making and aim only at increasing the level of awareness of the social and political implications of securitization, which calls for further research to draw significant conclusions.

1.3. Study rationale

This study has implications for our understanding of both the securitization theory as well as global health governance mechanisms and emergency responses linked to communicable diseases like Ebola. First of all, the relevance of this research is underlined by the profound gap that exists within the academia about our comprehension of the practices of securitization, regardless of them being successful, failed or partial. According to Rushton (2010:496), some key questions are still hardly understood by researchers in the field: “How does persuasion operate in this process and how far can power explain outcomes? How can we empirically determine the point at which an issue has been successfully securitized? In what institutional settings does security carry a particular weight, and what alternative framings are privileged elsewhere?”.

While looking more specifically at the securitization of health issues, several areas could benefit from further research. Although some researchers have addressed closely related topics like the growing links between global security and transnational health-related threats, the possible effects of health issues on the stability of states, the conditions that may lead to securitization of health emergencies or the potential effects of securitizing discourses on responsive actions, little has been done on the way securitization plays out through discursive mechanisms and frames used by mass media. A few academic pieces offering discourse analysis of media coverage in relation to the theory of securitization have been produced notably on the cases of HIV/AIDS and SARS (Buzan *et al.*, 1998), but due to its novelty, the securitization process of the latest EVD outbreak remains mostly unexplored.

From a social and political stance, the importance of this research lies in the fact that it is essential to understand the dynamics by which the securitization of a public health crisis is produced to fully comprehend how actions are then implemented following this conceptualization of the disease. The Copenhagen School’s theory of securitization claims that framing a disease as a threat through a securitizing discourse enables the use of extraordinary

measures, hence suggesting a certain framework of action or logic of dealing with the proposed problem (Buzan *et al.*, 1998). In that sense, a clear understanding of the sociopolitical implications of securitization can not be fully achieved without investigating how the framing of the health crisis itself takes form through the discursive mechanisms and employment of security labels.

As for the present case study, it could be seen as a first step towards identifying the contradictions and logics of governing in the Canadian Ebola response. Greater knowledge on the securitization of the EVD outbreak could help the Canadian government and public health officials better assess the role of media in communicating the risk of communicable diseases to policymakers and the general public. Furthermore, although this does not fall within the scope of this research, a greater grasp of the securitization of the 2014-2015 EVD epidemic can then lead to the evaluation of the advantages and limits of such discourse. It could start the reflection on whether positioning an outbreak following a rhetoric of security happens to be the most adequate option to guide Canadian interventions in times of crisis, in opposition to a more comprehensive care-centered approach based on human rights and health equity (Elbe, 2010). Ultimately, this study could contribute (very modestly) to the existing literature that attempts to uncover structural inequalities within our global health governance system, which tends to be dominated by the interests of the West (McInnes, 2008).

This thesis provides new and important insights on a social reality that remains to be fully defined and researched. Indeed, the phenomenon of securitization of health issues seems to gain ground in this increasing global culture of security. Ebola is far from being an isolated event as epidemics are foreseen to be one of the significant global challenges the world will have to face (Fidler, 2003a). Therefore, it appears essential to draw lessons on the way this public health emergency was depicted and responded to, in a context where national security is a growing priority for nation-states. This study then serves as an additional piece of the puzzle in determining how media framing of health threats, under the logic of securitization, can possibly influence the success or failure to control an infectious outbreak. As mentioned by Smith (2008), the need to address and explore the perception of risks and its communication is the key to avoid unnecessary hardships during future health-related emergencies and to formulate effective guidelines to protect the health of all. In the end, how we understand and envision security threats like pandemics has considerable impacts on how we act upon them.

1.4. Outline of the thesis

This thesis is organized in five chapters. Following this brief introduction, Chapter 2 intends to present a comprehensive review of the selected literature touching upon key concepts and theories from the fields of public health, international relations and security studies. The first section of this chapter will address the shift in the security concept towards the human security perspective as well as the significance of this new paradigm in regard to global health. Then, the following part will examine the academic debate and critics of the Copenhagen School's theory of securitization and outline previous instances of the securitization of public health issues.

Chapter 3 comprises important background information on EVD in general as well as the nature and context of the 2014-2015 epidemic, which will serve to better situate the reader before moving forward in our analysis. The principal concepts of the Copenhagen School's theory of securitization previously described in Chapter 2 will then be applied in the context of our very own case study. This will help set the limits and parameters in which our analysis is situated. Finally, the methodological considerations underlying this research will be detailed, underlining the relevance of using discourse analysis as the main method to address the securitization of the 2014-2015 Ebola outbreak in Canadian media outlets.

Hereafter, Chapter 4 will feature the results linked to the analysis of the media frames existing within our selected sample of newspaper articles discussing the West African Ebola episode. Main themes as well as the presence of patterns or trends related to the securitization of Ebola in Canadian discourses will be discussed with respect to our choice of methodology and theoretical framework.

The concluding chapter will allow us to take a critical stance towards the main findings of this study in relation to the established research questions. We will briefly reflect on the potential implications such discourses have in terms of Canadian emergency responses and policy decisions when dealing with Ebola. At last, a final evaluation will then bring perspective to these conclusions and explore limitations as well as future research avenues on the topic.

CHAPTER 2 - HEALTH AND SECURITY NEXUS

2.1. A new paradigm: from traditional to human security

The field of security has long been considered a preserve of the states (Khong, 2001). This traditional, state-centric vision of security was strongly influenced by the historical context of the time. As mentioned by Burgess, “during the Cold War and World War II, the environment in which one lived and operated influenced scholarship aiming to understand security”(2008:55, cited in Burgess & Gräns, 2012). Indeed, previous to the 1980s, the world went through long periods of conflicts in which wars were declared to defend and preserve territorial integrity, political institutions and national sovereignty (Peterson, 2002). These ‘old wars’ were fought with weapons, by national military forces and referred to a state’s capacity to ensure its survival and to “shield its citizens from external danger in an international system ruled by anarchy” (Heymann, 2003:195). Security threats are then envisioned as exogenous to the state and perpetrated by rival aggressors through military power, strategy and deterrence (Fidler, 2003a; Khong, 2001). From a theoretical point of view, traditional security is deeply entrenched in the international relations theory of realism which positions the state as the primary actor of the international system, making it both the provider and the object of security (Burgess & Gräns, 2012; Fidler, 2003a). According to this theory, states are in constant search of power and greater domination over other nations and are motivated by national and strategic interests (Battistella, 2003). Consequently, the paradigm of traditional security aligns with the Westphalian idea of sovereignty and promotes non-interference, immunity and state equality as core principles of state behaviour (Curley & Thomas, 2004; McCormack, 2011).

At the turn of the 20th century, several key factors made the time ripe to reconsider the nature of security and what it meant for states as well as for individuals living within those states (Breslin & Christou, 2015). This transition in the international security agenda was enhanced partly by regional incidents such as the genocides in Rwanda (1994) and Bosnia (1995), the financial crises in East Asia (1997) and Latin America (1980s), as well as the 9/11 terrorist attacks in the United States of America (2001), but most of all by two global events that revolutionized the face of security worldwide (Breslin & Christou, 2015; Takemi *et al.*, 2008).

First, the end of the Cold War fostered important changes in the international environment which led to a reconfiguration of the global security landscape. In fact, from an international security perspective, the Cold War and the opposition of the two opposite

superpowers, the Soviet Union and the United States of America, played a key role in maintaining the *status quo* and ensuring a relative level of peace through constant insecurity posed by a potential global conflict (Breslin & Christou, 2015). From the point of view of the superpowers, the end of the Cold War era meant that their focus could move from preventing a potentially devastating Third World War to other security considerations that were threatening the stability of nation-states (Breslin & Christou, 2015). For developing countries and weaker states, the revolution of the polarized international system also contributed to a remodelling of the conception of security “as intervention to prop up a failing state of geopolitical strategic interest was no longer assured” (Heymann, 2003:196). As the very characteristic bipolar system began to convert to a more fluid, multipolar one, nation-states started to conceive security threats beyond ideological conflicts and geopolitical interests of the superpowers (Heymann, 2003; Curley & Thomas, 2004) to include the “legitimate concerns of ordinary people who sought security in their daily lives” (Breslin & Christou, 2015:1). In other words, the focus transferred from defending national borders against foreign enemies to a more inward-looking approach considering the drivers and the root causes of insecurity, unrest and war within a state (Heymann, 2003). During those years, states came to realize that most threats endangering their stability were not related to military interventions, interstate wars or shifts in the balance of power (Burgess & Gräns, 2012), hence making the traditional, state-centred notion of security ill-equipped to address the wide variety of transnational concerns now confronted by nation-states (Curley & Thomas, 2004). The understanding of states as the ultimate providers of security was also questioned, as they appeared to often be part of the problem generating insecurity rather than part of the solution (McCormack, 2011). This idea contributed to give birth to an “alternative vision to the Cold War confrontation, a vision in which nations co-operated to prevent conflict and enhance the well-being of humanity” (Gutlove & Thompson, 2003:21).

Second of all, the ever growing relationship of interdependence between countries have also intensified the need to rethink the security agenda. As globalization gained ground in the 1980s, the nature of the threats affecting individuals and communities began to mutate into transnational concerns. These risks are more often than not intrinsically linked with the sociostructural problems caused by the processes of globalization and are unique in the sense that they can transcend the boundaries of states (Burgess & Gräns, 2012). The now increasingly porous nature of national borders further questioned the capacity of a sovereign state to ensure the protection of its population alone, as adverse events abroad can end up having repercussions on internal affairs (Heymann, 2003). Consequently, the division between

national and international security slowly eroded, recognizing humanity's mutual vulnerability to a range of old and new threats (Gutlove & Thompson, 2003). "In this era of globalization, security is every nation's responsibility and [...] insecurity in one place makes the entire world insecure" (Takemi *et al.*, 2008:11).

As a result of the combination of these structural changes in the international system and the new appetite for progressive values such as human rights, international humanitarian law, equitable socioeconomic growth that occurred in the 1990s, the human security framework emerged as a revolutionary way to picture security (Suhrke, 1999). Human security takes its origins in the 1994 UNDP Human Development Report, in which the concept was first presented and defined (Burgess & Gräns, 2012; Breslin & Christou, 2015). From that moment on, the notion of human security gained particular recognition within the UN system and acted as a guiding principle at the heart of the agency's work (Gutlove & Thompson, 2003). With the purpose of having it integrated in foreign policy doctrines of various states and international organizations, the UN kept the definition of human security broad enough not to alienate potential stakeholders from internalizing the concept in accordance with their specific context and priorities (Breslin & Christou, 2015). Indeed, the drafters of the 1994 report believed that the strength of this new paradigm of security actually stemmed from its all-encompassing and integrative qualities (Paris, 2001). In 2003, the Commission on Human Security (CHS), which was co-chaired by Sadako Ogata and Amartya Sen, published a second key document that further explored the concept and significantly complemented the 1994 UNDP report by introducing the ideas of empowerment and resilience in the human security framework (Takemi *et al.*, 2008).

By their nature, the supporting principles of human security challenge and question the power relations put forward by the state-centered vision of security and seek to expose the structural injustices inherent to the contemporary economic, social and political structures (McCormack, 2011). According to Fidler (2003a), this approach aligns itself with the critical international theory as well as social constructivism in its attempt to reorient the referent of security towards individuals and communities, moving away from a strictly macro focus (Caballero-Anthony, 2008; Takemi *et al.*, 2008). The necessity and utility of using a people-centred framework resides in its capacity to better reflect the expanding scope and the multifaceted nature of this era's insecurities (PAHO/WHO, 2012; Burgess & Gräns, 2012). The pursuit of sustainable security should then address both threats arising from domestic and

external spheres (Caballero-Anthony, 2008). In its initial report in 1994, the UNDP outlines the seven interconnected dimensions of human security, which are: economic security, food security, health security, environmental security, personal security, community security and political security (UNDP, 1994). In that context, the security of people can be endangered by a wide range of transnational threats like terrorism, civil war, resource-related and ethnic conflicts, macroeconomic instabilities, crime, drugs, environmental degradation, and pandemics (Peterson, 2002; Caballero-Anthony, 2008). Although very diversified, these non-traditional risks share several common features. First, they increase the vulnerability of people and groups within other neighbouring states and have the potential to spill over into regional or international crises. Secondly, they can not be addressed using an unilateral approach. Finally, they often require some sort of international assistance or collaboration due to the great pressure they put on the states' capacity (Curley & Thomas, 2004; Caballero-Anthony, 2006; PAHO/WHO, 2012).

Building on this comprehensive definition, the 2003 CHS report clarified that the ultimate objective of human security was in fact to protect individuals' and communities' freedom for want and freedom from fear (CHS, 2003). In that logic, advancing human security is two-folded as it requires protection against sudden and severe disruptions of daily life activities but also safety from pervasive, widespread threats impeding people to live in dignity and reach their aspirations (Paris, 2001). On the one hand, the top-down, protective measures related to human security often fall under the responsibility of the state to anticipate and, if possible, dampen the likelihood and consequences of harmful situations on its population (Chen, 2004). On the other hand, empowerment strategies aim to "build the capacity of individuals and communities to effectively advocate for and bring about the conditions necessary for their security" (PAHO/WHO, 2012:xi). The latter highlights the intrinsic connection human security shares with its twin concepts of human rights and human development (McCormack, 2011; Chen, 2004). Indeed, during this period, human security evolved in parallel with the increasing concern of the international community regarding the persistence of underdevelopment (Breslin & Christou, 2015). It was also strongly influenced by the changes in the vision of development itself, which was slowly breaking apart from a strictly economic point of view towards one based on equity (Suhrke, 1999).

Despite its revolutionary contribution to the field of security, the human security framework was not accepted unreservedly among the international community and has been criticized on a few fronts. However, Paris brings an important point when saying that human

security—and numerous other conceptions of security not discussed in this chapter, *i.e.* common security, global security, cooperative security, and comprehensive security—are not meant to be perfectly defined and all serve a common purpose which is to "encourage policymakers and scholars to think about international security as something more than the military defence of state interests and territory" (2001:1). Hence, human security can be seen as complementary to state security, rather than in opposition to it (Aldis, 2008).

2.2. Linking security to public health

Both in the 1994 UNDP and 2003 CHS reports, health security, whether that be “from infectious organisms, from the risk factors of non-communicable diseases, or from chemical and nuclear hazards” (Heymann *et al.*, 2015:1886) was recognized as one of the primary non-traditional security concerns and obtained remarkable promotion on the international agenda (Chen & Narasimhan, 2003). Some scholars go as far as affirming that health risks might constitute “the greatest threat to security and stability in the post-Cold War era” (Fidler, 2003a:794). In light of this, it is not surprising to notice that health security has fostered conversations around the world and benefited from significant resources and efforts in various policy areas (Breslin & Christou, 2015). The international community came to the realization that health and human security were mutually dependent and that the artificial distinction between the two concepts had to be removed in order to fully comprehend the extent to which health insecurity was linked to other factors of vulnerabilities (PAHO/WHO, 2012; Caballero-Anthony, 2008; Takemi *et al.*, 2008). In the broader sense of the term, health security can be defined as “premature and unnecessary loss of life which can be avoided by provision of and access to health care” (Lisk *et al.*, 2015:26). As for *public* health security more specifically, the meaning of this concept seems to be oriented mostly towards an emergency-focused approach aiming at addressing acute public health risks that can undermine the collective health, such as epidemic-prone diseases, food-borne diseases, accidental and deliberate outbreaks, and environmental disasters (PAHO/WHO, 2012). According to Fidler (2003a), public health security emerges at the nexus between national security and public health, which implies that the government plays a primary role in protecting its citizens from health threats.

A few contemporary health concerns have contributed to reshape the profile of the field of public health and give it space in the security debates. First, the proliferation of chemical and biological agents as well as the prospect of their use to support bioterrorist activities contributed to further connect national security and public health (Aldis, 2008; Fidler, 2003a). Later on, the

spectrum of health threats recognized as potential drivers of state vulnerability expanded. In fact, according to Kamradt-Scott and McInnes, “attention has primarily focused on health threats that range from the more traditional (largely military) security concerns of biological weapons and bioterrorist attacks, to what are often described as naturally occurring emerging and re-emerging infectious disease outbreaks [...]” (2012:S95). The highly publicized AIDS crisis and its dramatic impacts in sub-Saharan Africa illustrated the disruptive and destabilizing force epidemics can have on states and regions as well as their populations and infrastructures (Heymann, 2003). The HIV/AIDS pandemic, which was the first infectious disease to ever be elevated to an issue of international peace and security by the UNSC, also highlighted the salience of the poverty—conflict—disease nexus and the complexity of underlying factors related to health challenges (Lisk *et al.*, 2015). Over 35 years after the peak of the HIV/AIDS pandemic, the threat posed by the spread of infectious diseases is still very real and even more so now that borders between states have become more and more porous. Indeed, globalization has fostered the conditions for new and resurgent infectious agents to adapt, mutate and spread rapidly across the globe (Heymann, 2003). One of these favourable conditions, also called disease multipliers, is notably the greater mobility of people —about 2 million people are crossing international borders every day— (Davies, 2008; Caballero-Anthony, 2008; Gutlove & Thompson, 2003). As illustrated by Cusimano (2000:174, cited in Curley & Thomas, 2004), “while open society, open economy, and open technology forces can help contribute resources to combat the spread of infectious disease, these dynamics also create an infrastructure that allows and encourages diseases to spread”.

One of the meaningful consequences of the re-appropriation of public health was to position it both as a security concern and an indicator of a country’s development (Lisk *et al.*, 2015; PAHO/WHO, 2012). On the one hand, the relationship between health and development has been highlighted by the claim that health should be recognized as a human right, guaranteeing all individuals, whatever their nationality, race, gender or socioeconomic status, basic access to health services in order to support the realization of their full potential as humans (Lisk *et al.*, 2015). Following this logic, the international community decided to institutionalize the Right to Health in Article 1 of the UN Charter as well as in Article 25 of the Universal Declaration of Human Rights (UN, 1948). Initiatives in this direction have also been implemented at the national level, where many countries around the globe moved forward with integrating a mention of the right to health within their own constitutions (Lisk *et al.*, 2015).

When approaching health from development stance, governments should have the obligation to “protect people from the risks and insecurities brought about by health deficiencies and hazards, often due to particular circumstances of underdevelopment and poverty and conflict” (Lisk *et al.*, 2015:27). As a matter of fact, the burden of infectious diseases falls more heavily on low-income countries as they often struggle with dragging economic development and poor living conditions such as malnutrition, lack of clean water and sanitation, overcrowding conditions and poor hygiene (Fidler, 2003a; Caballero-Anthony, 2008). The vulnerability of these populations towards health threats can also be a consequence of conflict-related situations or precarious conditions due to natural disasters (Spiegel *et al.*, 2007, cited in Bruckner & Checchi, 2011). In light of this, the limited capacity of these states to manage and contain an epidemic outbreak in a timely and efficient manner becomes a concern for the international community as developing or fragile countries can become vectors for the spread of deadly diseases beyond their borders and endanger global health (Patrick, 2011). “Richer populations therefore have a direct interest in ensuring that poorer populations enjoy basic health security” (Gutlove & Thompson, 2003:19).

Policy-makers and governing bodies began to envision epidemics as agents of vulnerability that could both directly or indirectly threaten a state’s security and stability, depending on its initial strength before the onset of the outbreak (Price-Smith, 2002, cited in Fidler, 2003a). Infectious diseases have repercussions far beyond the health sector and can provoke social, political and economic disruption (Peterson, 2002; PAHO/WHO, 2012). For an already weakened state, an outbreak can hinder the capacity of a government to properly function and provide basic social services to its citizens. It can also comprise productivity in various sectors, heavily impact trade and tourism activities and even crush already crippled national economies. Finally, it can lead to widespread panic, collapse of public order and trust in the government, large-scale migration and population displacement or even worsen conflictual situations and civil wars (Peterson, 2002; Elbe, 2010; Heymann, 2003). As for developed nations, the relation to the risk engendered by epidemics differs slightly as it tends to be mostly indirect and to “manifest itself when infectious diseases contribute to *state failure* in other regions of the world, causing military, political, and economic instability that adversely affects the strategic interests of other states” (Fidler, 2003a:818). In addition, the spread of communicable diseases can significantly destabilize the international order by exacerbating foreign policy conflicts such a reduced international mobility due to enhanced custom controls, or international debates over intellectual property rights and access to drugs and vaccines

(Peterson, 2002). To reflect this interdependence and mutual vulnerability of all nation-states in terms of health, the WHO states in its constitution that *the health of all peoples is fundamental to the attainment of peace and security* (WHO, 1946).

In that context, public health, once framed as a domestic matter under which sovereign states were vested the responsibility for the health of their populaces, came to be seen as a foreign policy and international issue (Ingram, 2005; Lisk *et al.*, 2015). Some scholars even talk about public health entering a post-Westphalian phase (Fidler, 2003b) or a new geopolitic of diseases where relationships between power, public health and states have considerably changed (Ingram, 2005). “This idea of the radical dissolution of epidemiological space calls sovereignty into question in new ways, as states can, it seems, no longer rely on the defences of distance to protect them” (Ingram, 2005:532). However, the inclusion of public health concerns within the global security agenda do not bear the same consequences for all players in the international community. States with limited capacity have expressed concerns about increased foreign intervention in their internal affairs as well as doubts that the international cooperation for health security will benefit them to the same extent as developed states (Aldis, 2008; Fidler, 2003a).

That being said, the sovereign states still have a front and centre role to play in addressing epidemic outbreaks happening on their territory (Breslin & Christou, 2015; Davies, 2008). Yet, their actions are not completely free as health and sanitary practices are more and more guided by international conventions and laws such as the International Health Regulations (IHR), which allow the international community to trespass the protection afforded by the rules of sovereignty and to intervene if need be (Davies, 2008; Lisk *et al.*, 2015; Breslin & Christou, 2015). As a result, the institutional landscape of global health, once populated by states and the WHO, now consists of a wide variety of stakeholders who share together the responsibility to protect international health (Lisk *et al.*, 2015). Some of these players include national governments, international and multilateral agencies, private and philanthropic foundations, academic institutions, professional groups, non-governmental and citizen organizations, businesses and multinational corporations, pharmaceutical companies, and global programs and alliances such as PEPFAR, GAVI or Unitaid (Lisk *et al.*, 2015; Gutlove & Thompson, 2003). In that plethora of actors, the WHO, which is often recognized as the leading authority in terms of global health, said that it is the “combination of security interests, recognition of common cause and concern for image [that] will encourage states to cooperate” (Davies, 2008:307). In

other words, health security becomes a shared challenge through which international cooperation is motivated by moral, humanitarian concerns, but arguably more by national security interests (Fidler, 2003a; Aldis, 2008).

2.3. Copenhagen School's theory of securitization

2.3.1. Overview of the theory

The securitization theory (ST) first entered the International Relations vernacular following the preliminary work of Ole Weaver in 1988. In the following decade, the conceptual framework was further developed by various researchers associated with the Centre for Peace and Conflict Research Institute in Copenhagen, of which Weaver was the first director followed by Barry Buzan (Huysmans, 1998). The rich body of work produced by the experts of the Centre was of sufficient coherence and continuity to gain the title of School, and eventually to lead to the publication of the book *Security: A New Framework for Analysis* in 1998. This publication is recognized as the main supporting piece in which the ST is fully outlined (McDonald, 2008). This manual written by Buzan, Weaver, and de Wilde was deeply anchored in the historical reflexion of the 80s. It attempted to revisit the security agenda following the Cold War period in order to better reflect the increasingly shared vulnerabilities of nation-states and the integration of new actors in the security complexes (Buzan *et al.*, 1998). Buzan and his colleagues (1998:11) believed that “all the states in the system are to some extent enmeshed in a global web of security interdependence” and that insecurity is often linked with proximity. In that logic, the ST also sought to incorporate a wider range of non-traditional threats in the analysis, and to expand the vision of the units seen as possible endangered referent objects to include communities and individuals (Buzan *et al.*, 1998). *Security: A New Framework for Analysis* was also revolutionary by the way it “constituted a radical break from Traditional Security Studies by departing from the materialist assumption that security exists prior to words” (Ejdus *et al.*, 2009:11). Almost 30 years later, the Copenhagen School's theory of securitization is still referred to as one of the most significant contributions to the expansion of the field of security studies and has secured a well-established position in the lexicon of contemporary international politics (Huysmans, 1998). Numbers of researchers and experts have used it repetitively as a framework of analysis and have applied it to diversified issues including immigration, health and human rights (McDonald, 2008).

Securitization is in fact a discursive process by which a particular situation is “presented as an existential threat, requiring emergency measures and justifying actions outside the normal

bounds of political procedure” (Buzan *et al.*, 1998:23). This linguistic representation is what the CS scholars refer to as the *speech act*, which is central to the theory as it enables the establishment of a new social order wherein threats can be dealt with outside the normal rules and regulations of policy-making or international law (Balzacq, 2005; Taureck, 2006). In those circumstances, extraordinary measures can be deployed and mobilized to deal with the situation and the use of force can even be legitimized (Emmers, 2007).

The portrayal of a situation as a threat by the use of a grammar of security represents the first phase of the process of securitization. The person, group or entity performing the speech act is known as the *securitizing actor*, whose role is to articulate the security problem on behalf of the *referent object* who is known to be under existential threat—whether it be a larger community, state, nation, civilization or system— (Buzan *et al.*, 1998). The securitizing actor normally holds a position of authority and enjoys social power and acceptance as recognized by the audience, making some individuals—such as political leaders and policy elites, bureaucracies, governments, lobbyists or mass media— more inclined to play this role (Buzan *et al.*, 1998). The second phase of the securitization process implies that the audience to which the securitizing discourse is directed to needs to be convinced of the level of threat associated to the referent object (Buzan *et al.*, 1998). Although the role of the audience in ‘backing up’ speech acts is mentioned in the *Security: A New Framework for Analysis*, the emphasis is strongly put on the securitizing actor as it is said that the “success of securitization is highly contingent upon the securitizing actor’s ability to identify with the audience’s feelings, needs and interests” (Balzacq, 2005:184)

The speech act allows an issue to move on the securitization spectrum (see figure 1 below) from the non-politicized level to the politicized or even to the securitized level (Emmers, 2007). “The process may be understood as a cyclical event, one where a process of re-validation must take place in order for an issue to remain securitized” (Kamradt-Scott & McInnes, 2012:S97). Indeed, the CS thinkers further develop the rationale of securitization as a continuum rather than binary condition by looking into failed or partial examples of securitization (Rushton, 2010). According to the authors, any public concern can end up being securitized— or by the same token, de-securitized— if the right conditions are met (Buzan *et al.*, 1998). That being said, not all issues reach the political agenda. To do so, the crises have to foster discussions or controversies in the public arena to be considered by the government as a public crisis deserving action (Brisson, 2010). Consequently, securitization, by raising consciousness

of the level of threat placed by an issue, often acts as a “powerful political tool in claiming attention for priority items in the competition for government attention” (Buzan *et al.*, 1998:370). In some ways, securitization represents a more extreme form of politicization by encouraging a greater and more high-level state involvement in the resolution of a particular situation (Buzan *et al.*, 1998). The logic behind securitization is then deeply rooted in the principles of power politics and in the traditional role of security provider associated to the sovereign state (Elbe, 2010). However, surprisingly enough, the Copenhagen School promotes *de-securitization* as the most effective road to security; hence distancing itself from “the opinion of most security theoreticians which assume that security is something that is positive and desirable” (Žilović, 2009:25). From Weaver’s point of view, the need to securitize a public issue suggests a failure to tackle such issue in the realm of ‘normal politics’ and through the rules of the democratic political system, that is dialogue, openness, engagement and negotiation (Buzan *et al.*, 1998; Ejodus *et al.*, 2009). In fact, interventions initiated in reaction to discourses of securitization can end up being exacerbated, precipitated or emotionally driven (Buzan *et al.*, 1998; Smith *et al.*, 2004).

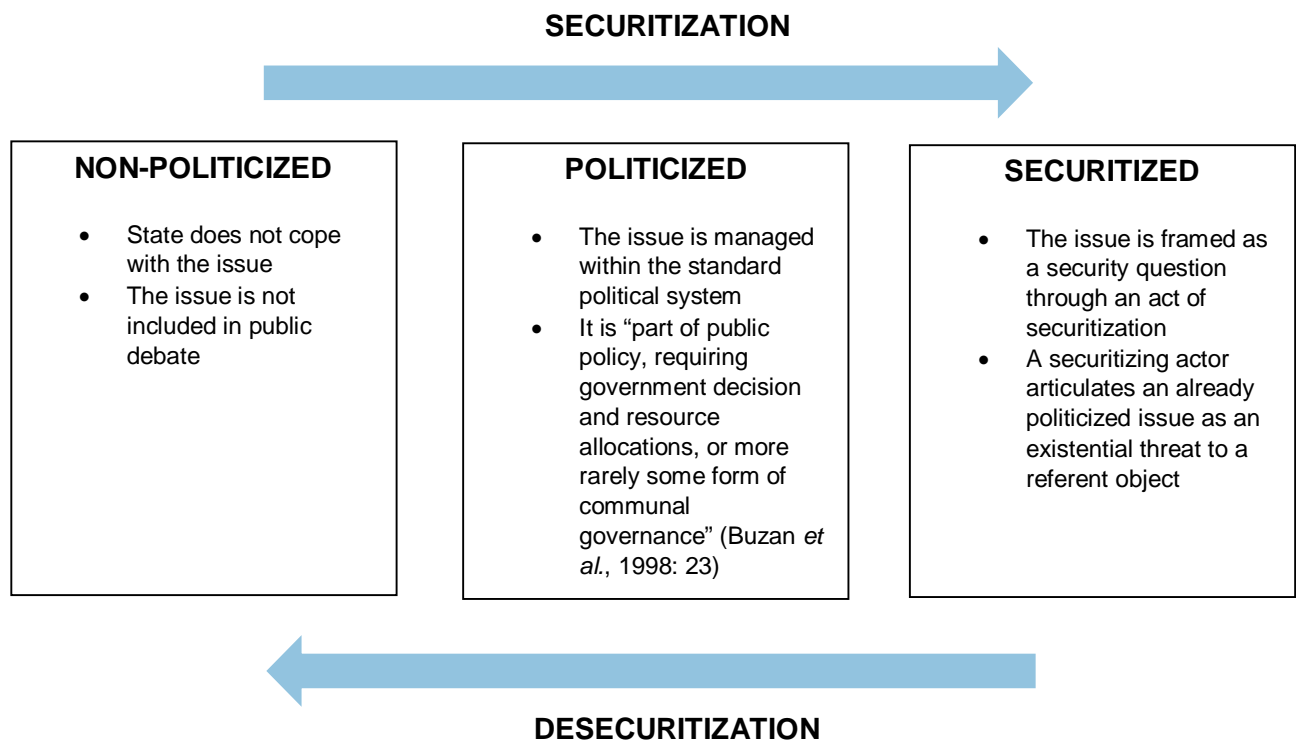


Figure 1 - Securitization Process

Through this new framework of analysis, the school's goal was primarily to address how security is given meaning through self-referential practices, and to a lesser extent to reflect on what political effects these security constructions can have (McDonald, 2008; Balzacq, 2005). The process of securitization then rests on the ontology of constructivism. In that logic, security issues do not pre-exist in the world or do not have intrinsic value but rather are actively constructed through social discourses; they are produced, in opposition to being objectively identified (Buzan *et al.*, 1998). In other words, the social-constructivist assumption refers to the idea that language shapes reality, hence "[...] clearly aims and notions of security rest on cultural, spiritual, religious and social values that determine the perception of the secure and the insecure" (Burgess & Gräns, 2011:96). The intersubjective character of securitization was then recognized by the CS scholars, which made the distinction between a real threat and a perceived threat no longer relevant. In fact, a threat becomes real not necessarily because a real existential threat exists, but because the issue is presented as such a threat (Buzan *et al.*, 1998). This intersubjective nature transformed the practice of securitization into a highly intentional, strategic and political action from the securitizing actor with profound implications for public policy (McDonald, 2008; Kamradt-Scott & McInnes, 2012).

However, in order to have political implications and to change the previous state of affairs, the securitization process has to be successfully negotiated between the securitizing actor and the audience through an illocutionary speech act (Buzan *et al.*, 1998; Taureck, 2006). The Copenhagen School concludes that "a successful speech act is a combination of language and society, of both intrinsic features of speech and the group that authorizes and recognizes that speech" (Buzan *et al.*, 1998:32). On the one hand, securitization relies on an efficient use of the linguistic and grammar of security in order to construct a plot that outlines the urgent nature of the threat. On the other hand, what CS school calls *facilitating conditions*, which are external and socio-contextual factors, also play a key role in the achievement of securitization (Buzan *et al.*, 1998). "The focus here was on the form of the act, position of speaker and historical resonance of particular threats" (McDonald, 2008:567).

2.3.2. An imperfect theory: critics and shortcomings

Although the Copenhagen School's ST has proven to be one of the most compelling framework to analyze the construction of security issues, number of scholars have highlighted elements that remain problematic or contested in the theory.

First of all, one of the most fundamental flaw associated with the framework of securitization is that it is overwhelmingly focused on the performative role of the speech act leaving under-theorized the contextual conditions in which the process unfolds (McDonald, 2008). More specifically, this emphasis on the analysis of the designation of security overlooks the importance of dynamics such as the role of the socio-political context —or *facilitating conditions*— and the agency of the audience. Indeed, securitization is better understood as a highly contextual practice that occurs within a field of forces or a configuration of circumstances, which mesh together the social, political and historical conjunctures, dominant narratives of identity, struggles for power within states, conflicting or diverging interests from various societal groups (McDonald, 2008). In addition, since securitization embodies the act of convincing an audience to agree with a given interpretation of a security issue, greater attention should be directed to analyzing the psycho-cultural disposition of this audience, the core values that influence the audience's sensitivity to an existential threat as well as the power that both speaker and listener bring to the interaction (Balzacq, 2005). Based on these elements, the hearer exerts its agency by internally decoding the sentence's meaning as well as the speaker's meaning to then accept or deny the depiction of the threat made by the speaker (Balzacq, 2005).

Another shortcoming attributed to the theory resides in the fact that, despite being referred to as a 'process of securitization' by the CS academics, the model seems to erroneously emphasize the possibility for securitization to be achieved through a singular speech act realized by a unique securitizing actor. Both the *form* and the *context* of the act are defined too narrowly. As for the former, several other forms of representation and artifacts — such as images, bureaucratic practices, physical actions, metaphors, emotions, stereotypes, gestures, silence, and even lies— are left unaccounted for (Balzacq, 2005). Although these can be critical to persuade the audience of the need for an issue to be securitized, they are also very difficult to analyze due to questions about agency, intentionality and the importance of contestation over meaning (McDonald, 2008). Concerning the context of the act, scholars contested the fact that the theory of securitization focused on the focus of intervention —or the speech act— which “suggests an either/or approach to politics in which there are no gradations or continuums of issue/problem/threat” (McDonald, 2008:577). In order to counter such simplification, Stritzel (2007) proposed to extend the definition of a speech act in order to include the evolution of linguistic structures over time and to better represent complex discursive mechanisms stemming from various influences and actors.

Furthermore, McDonald (2008) has blamed the securitization theory to be too state-centric in its level of analysis, disregarding the influence of a multitude of stakeholders in the construction of securitizing discourses. This raises concerns as to whom can act as a securitizing actor and influence the decision-making process and whose experience of security remains largely marginalized or ignored (McDonald, 2008). In that sense, the logic of securitization can be seen as anti-democratic as it allows some actors —like political leaders, elites and public officials— to be in a much better position to securitize issues due to their positional authority, political capital and capacity to marshal the resources; while the powerless in global politics are portrayed as mostly passive recipients of elite discourses (Balzacq, 2005; Wishnick, 2010).

Following this line of thought, Emmers (2007) exposed that the theory was problematic in the sense that it was clearly euro-centric and anchored in the regional European security dynamics. The understanding of the way a situation can be politicized and pictured as a security threat to a state and its population as well as the very idea of normal politics and panic politics are deeply entrenched in Western liberal ideology (McDonald, 2008). According to Hyusmans (1998:501), “securitization is fundamentally ethnocentric because it is entrenched in a cultural and historical interpretation of the rhetorical structure and it can hardly be universalized”. McDonald (2008) also warns us about the risk for the CS securitization theory to reinforce dominant voices of developed states associated with traditional security discourses.

2.4. Securitization of public health issues

Over the years, several diseases have been subjected to a securitizing process. As a matter of fact, the HIV/AIDS, SARS and Avian flu epidemics all attracted their share of attention regarding their framing as threats to international and national security of nation-states (Maclean, 2008). By being securitized, these infectious diseases were “elevated from a technical public health issue that could be dealt with through the routine procedures of public health institutions and scientific experts, to something perceived as posing a much more existential threat to populations, economic systems and even political structures” (Elbe, 2010:479). This new frame applied to a health crisis enables the diversion of resources by giving the issue a higher political and budgetary prioritization and can also temporarily modify the mechanisms and instruments of global governance (Chen, 2004; Breslin & Christou, 2015).

2.4.1. HIV/AIDS

The adoption of resolution 1308 by the UNSC in July 2000 marked the beginning of a decisive period in the process of securitization of the HIV/AIDS epidemic (Rushton, 2010). As a result of this historic debate in which the security implications of a disease were discussed for the first time by the UNSC, the international community came to an agreement that HIV/AIDS had moved beyond a localized public health crisis and was now threatening international peace and security, the viability of several states and global economic development (Lisk *et al.*, 2015; Heymann, 2003). In Africa, which was overwhelmingly burdened by a high dissemination rate, AIDS perturbed the already fragile health care system but also impacted the stability and performance of political institutions and military and police operations, eroded traditional systems of social support, declined the economic performance of many countries and reduced foreign investment (Heymann, 2003). All these consequences enhanced the risk of state failure and the possibility for this vulnerability to be transmitted to neighbouring countries, making HIV/AIDS a global problematic. Hence, by positioning the HIV virus as possibly the most disturbing human security concern of our times, the UNSC contributed to raise the profile of the health crisis and “paved the way for a signature change in the response and responsibility for both health and human security globally” (Lisk *et al.*, 2015:33).

However, some scholars argue that the international security framing supported by the UNSC resolution 1308 was not fully successful and could represent an example of partial or failed securitization (Rushton, 2010). In fact, alternative frames —such as the international development and human rights frames— have also been applied to the HIV/AIDS crisis more often than not. This could be explained in some ways by “[...] a willingness to frame HIV in any (or all) of the available ways” due to the severity and the intensity of the devastation of this infectious disease (Rushton, 2010:501).

2.4.2. SARS - Severe Acute Respiratory Syndrome

The SARS crisis is known as a turning point in the perception of diseases in Asia. Indeed, as a result of this health issue, “ [...] several state and non-state actors in the region have increasingly begun to use the language of security in talking about the impact of infectious diseases [...]” (Caballero-Anthony, 2008:514). The securitization of SARS also initiated a redesign of the security architecture in Asia in regard to infectious diseases and the need for regional cooperation to address them (Caballero-Anthony, 2008). In late 2002, several cases of SARS infection were noticed in the province of Guangdong, China. Following a failure from the

Chinese government to adequately tackle the growing public health crisis as well as an attempt to de-securitize and hide the issue from the international community, “what began as a problem in one area of one state quickly spread across boundaries to challenge the ability of other regional states to engage in their normal daily operations” (Curley & Thomas, 2004:30). Similarly to HIV/AIDS, SARS came to be understood as way more than a health issue, and was portrayed as a significant threat to political and economic activities as well as a major foreign policy challenge (Curley & Thomas, 2004). In addition to widespread panic and social disruption felt locally, SARS also dramatically altered international tourism in Asia and cost the global economy at least \$60 billion (Chen, 2004). In March 2003, as the virus started to spread to surrounding asian states —Singapore, Hong Kong, Vietnam, Philippines, Malaysia and Thailand— as well as in Canada, USA and Europe, the WHO published a rare emergency advisory which enhanced the process of securitization of the disease (Curley & Thomas, 2004). This process was supported by both the use of a language of security by the WHO and by a range of actions such as temporary banning of flights from infected areas, stopping the issuance of visas to persons from these zones, enhancing security measures at airports such as health and temperature checks and quarantining persons from infected countries for 10 days (Caballero-Anthony, 2006; Curley & Thomas, 2004).

That being said, the securitization of SARS varied across countries and had very different consequences on the way the crisis was managed. For instance, while China tried to de-securitize the issue, Western states were in favour of securitizing it to fasten and increase response activities. Other states, like Thailand, suffered ‘by association’ from an over-securitization of the epidemic regionally. Indeed, despite being SARS-free, Thailand’s tourism and economic activities were negatively impacted by the securitization process, showing that the perception of a disease can be as damaging as the disease itself (Curley & Thomas, 2004).

2.4.3. H5N1 and other avian flu epidemics

The case of pandemic influenza is quite singular. “Although pandemic influenza has [...] been recognized as a public health hazard for centuries, it has not always been constructed as a security threat risking political, economic or social stability” (Kamradt-Scott & McInnes, 2012:S96). Over the years, the profile of the disease alternated between being successfully securitized and being de-securitized, without ever being truly institutionalized as a security concern. The cyclical nature of the disease and its frequent mutations definitely played a role in these subsequent periods of securitization/de-securitization (Kamradt-Scott & McInnes, 2012).

The H5N1 pandemic in Southeast Asia stands out as one of the instances when it was depicted as a threat to international stability. In fact, this outbreak of highly pathogenic avian influenza reached the peak of its securitization process around 2005-2006 and started to decline in 2008 (Elbe, 2010). Once more, the framing of the virus emerged from both concrete actions and the use of expressions and language linked to security. As a matter of fact, public health officials and political leaders “warned that in the worst case scenario H5N1 pandemic could lead to rioting to gain access to scarce supplies of anti-virals and vaccines, a collapse of public order, partial de-urbanization as people flee population centres, the extinction of trust in governments, decimation of specific human skill sets and forced, large-scale migration, associated with the further collapse of already weak states” (Elbe, 2010:479). Furthermore, the heightened threat posed by H5N1 and the consequent panic pushed Western states to strategically stock-pile vaccines to prepare for the eventuality of an outbreak within their borders. Eventually, the securitized nature of the global response to this epidemic fuelled the rise of an international dispute on virus-sharing practices between developed and developing countries, mainly Indonesia (Elbe, 2010). In brief, the securitization of H5N1 exemplifies how such a framing can engender negative outcomes and even endanger existing forms of international cooperation and global health governance.

2.4.4. Driving forces of securitization in public health

Based on those previous instances of securitization of infectious diseases, some authors investigated the factors that could possibly act as driving forces towards the use of this framing. First and foremost, they recognized that health threats susceptible of generating ‘spillover effects’ onto other spheres of society were more prone to undergo a process of securitization. Hence, it is not surprising that epidemic diseases are very often envisioned as security threats due to their tendency to cause a significant amount of externalities (Chen, 2004). Their observations also concluded that quick-spreading pathogens with a silent incubation period, in opposition to slow-spreading endemic illnesses, however deadly they can be, are more likely to become securitized (Selgelid & Enemark, 2008). However, this is far from being a foolproof rule as evidenced by the case of the HIV/AIDS crisis, which was securitized even if the illness is not considered a fast-spreading disease like influenza for instance (Selgelid & Enemark, 2008). Widespread social disruption and the dread evoked by a virus—which can notably be related to the nature of the symptoms, and whether they are apparent or gruesome—are other decisive features for the securitization of diseases (Selgeli & Enemark, 2008; Smith *et al.*, 2004). Growing panic within a single nation dealing with an epidemic outbreak can also involuntarily

affect neighbouring states and regional stability, as explained above with the case of Thailand during the SARS crisis (Curley & Thomas, 2004). The finite nature of vaccine manufacturing capacity and the level of knowledge of a biological agent can also influence whether a health issue will undergo the process of securitization or not (Curley & Thomas, 2004). In other words, the urgency with which the international community will address an epidemic outbreak is expected to be heightened if the nature and the behaviour of a pathogen is still relatively obscure to the public health community and if no vaccine currently exists. That being said, a wide range of factors can also touch the imagination of politicians and the general population of a particular nation if they resonate with the commonly shared history or with cultural values or social norms. In other words, variables influencing the securitization process in the field of public health are not easy to pin down as they are highly contextual and can vary significantly over time.

Another key element that favours the securitization of infectious disease is the real or perceived risk an epidemic can pose to the stability of a society (Smith *et al.*, 2004; Heymann, 2003). In fact, securitization is inherently connected to the notion of state fragility and state capacity. The international community has been voicing legitimate concerns “that weak and failing states may serve as important breeding grounds for new pandemics and, lacking adequate capacity to respond to these diseases, endanger global health” (Patrick, 2006:40). Indeed, due to total or partial breakdowns in the public health system of fragile states, these countries can become vectors for the spread of deadly diseases beyond their borders (Patrick, 2011). Fragile states or post-conflict states deal with a great number of challenges that can weigh heavy on their health systems: destroyed infrastructures like clinics or hospitals following periods of conflict, scarcity or flee of health workers, lack of drugs or other medical supplies or limited disease surveillance capabilities (Benton *et al.*, 2014; Kruk *et al.*, 2010; McPake *et al.*, 2015; Haar & Rubenstein, 2012). Moreover, such states can face an increased burden of diseases as a result of large population displacement and refugee flows, livelihoods disruption, lack of capacity to sustain preventive measures like vaccinations or decline of health determinants and indicators such as high malnutrition prevalence and water shortages (Haar & Rubenstein, 2012; McPake *et al.*, 2015; Benton *et al.*, 2014). Weak governance and institutional leadership can also lead to inadequate management and coordination mechanisms between local and national levels, while financial limitations can provoke a diversion of governmental funds from health care to other types of spending (Kruk *et al.*, 2015; McPake *et al.*, 2015). In view of the tremendous challenges fragile states face when addressing public health issues, it is

not surprising that the international community is often more inclined to securitize epidemics occurring in these countries as they can be concerned that the insecurity will spread globally.

2.4.5. Potential consequences of securitization in the realm of public health

Other academics have focused on the effect of using discourses of securitization and whether they have improved health outcomes and equity overall. Though the analysis of the frames used to portray diseases, the securitization theory has been able to identify both the drawbacks and advantages of the set of policy stemming from the use of the language of security (Elbe, 2010). As explained by Peter Riot, former executive director of UNAIDS: “Whether a health issue is conceptualize as an international development and human rights or a security issue is not just an academic exercise. It defines how we respond to the epidemic, how much is allocated to combating it, and what sectors of government are involved in the response” (Riot, 2001, cited in Peterson, 2002:50).

As for the advantages (see figure 2 below), scholars have claimed that although picturing an illness as a threat to security frequently lead to greater resource mobilization and political attention towards containing the virus (Elbe, 2010; Caballero-Anthony, 2008). The benefits linked to using a security framing are numerous. Indeed, it can be an effective way to raise public awareness and inform citizens of practices that may contribute to the spread of the disease. Moreover, it can heighten surveillance and disease intelligence as well as strengthen immediate capacity to respond when outbreaks occur. (Wishnick, 2010; Heymann, 2003).

However, securitization of infectious diseases also has its share of shortfalls (see figure 2 below) as it is mainly entrenched in self-interest of sovereign nations hence drawing us away from ideals of health equity and hinder international cooperation (Peterson, 2002; Heymann, 2003). For instance, when studying the case of HIV/AIDS, Elbe (2010) came to the conclusion that applying a security framing to the crisis can result in overriding human rights and liberties as securitization transfers the power and responsibility of dealing with the epidemic from the civil society to military and intelligence units allowing for unusual methods. This increased involvement of military organizations in public health interventions can be problematic and confusing for the affected population. Most importantly, funding of emergency health activities with military funds often lead to a loss of neutrality and independence and comes with a high risk of conflict of interest (Peterson, 2002). Securitizing discourses related to outbreak events can also divert attention and resources away from other important endemic health challenges

that represent great burden for some nations as the latter do not engender any risks to developed states (Selgelid & Enemark, 2008). Hence, by constantly prioritizing issues that threaten the health of people internationally, such as communicable diseases, securitization can result in “displacing usual public health functions, such as routine immunization, screening and health promotion” (Aldis, 2008:372). This once more brings to the forefront the lack of equity in the global health agenda as wealthier nations disproportionately dominate the discourse on securitization, placing their own interests and health security over those of others (McInnes & Lee, 2006). While the expansion of global health activities through new forms of partnership with the security and foreign policy communities has been identified as an opportunity, the reality has been a bit deceiving (Aldis, 2008). “The trend to link foreign policy interests to health problems has been criticized on the grounds that it may result in injecting great power politics and narrow national security interests into health and humanitarian matters” (Farmer 1999; McInnes & Lee 2006, cited in Aldis, 2008:372).

	Social	Political	Economic
Advantages of securitization		<ul style="list-style-type: none"> • greater political attention towards containing an outbreak; • promotion of public awareness; • informing the general public of practices that may spread disease. 	<ul style="list-style-type: none"> • enhanced resource mobilization; • heightened surveillance and disease intelligence; • strengthened immediate capacity to respond to an outbreak (through international partnership and aid).
Drawbacks of securitization	<ul style="list-style-type: none"> • social disruption and widespread panic; • overridden human rights and liberties; • displacement of usual public health functions (routine immunization, screening and health promotion). 	<ul style="list-style-type: none"> • hindered international cooperation; • militarization of health issues; • integration of power politics within the realm of public health. 	<ul style="list-style-type: none"> • complicated international mobility and decreased tourism activities.

Figure 2 - Consequences of Securitization

2.4.6. Media framing

The securitization theoretical framework is intrinsically linked to the notion of media framing. Media framing, as understood through a constructivist lens, has been described as an active phenomenon by which media have the agency to socially construct reality through their use of a cluster of discursive mechanisms such as exemplars, stories, visual images, moral appeals, and symbolic devices (Johnson-Cartee, 2004; Ungar, 1998). Hence, the concept of framing can be envisioned as an interpretation or scheme aiming to structure the meaning of a message (Goffman, 1974). This interpretation is not necessarily neutral as it provides a particular reading of the reality, observed and shaped through a filter. Being more a perception of social events than an actual reflection of them, the phenomenon of framing is deeply context-specific and depends on social, political and economic environments (May, 1993). Indeed, news and information do not possess an inherent value unless embedded in a meaningful context and set of values which organizes and lends it coherence (London, 1993). By using particular frames, media contribute to direct the attention on certain features of an issue rather than on others (Shih *et al.*, 2008). In that logic, securitization is one of the many frames that media can use to make their readers focus on the security aspect of a particular crisis. That being said, other frames have also been put forward by media to portray epidemics throughout history, although previous research on media coverage has concluded that health topics are most frequently discussed in terms of risk (Berry *et al.*, 2007). For instance, the Social Amplification of Risk Framework (Anderson, 2006) as well as the Mutation-Contagion Frame (Ungar, 1998) are two typical models which seek to frame public health issues in relation to security risks and level of threats posed by them.

CHAPTER 3 - METHODOLOGY

3.1. Research design

The following chapter comprises an in-dept discussion of the privileged research design as well as the chosen methodology for the present analysis. Considering the type of objectives we are pursuing in this research and the time and resources available, we opted for a qualitative research design based on an extensive literature review and a two-fold discourse analysis of Canadian media coverage. In recognition of the theory-driven nature of the research at hand, this study features a unique case study approach to explore the securitization of a communicable disease as illustrated by the recent 2014-2015 West African Ebola outbreak. Since the mechanisms behind the securitization of Canadian media discourses are highly context-specific, we do not intend to generalize our conclusions or to explain correlative relationships between variables, which would necessitate a multi-case study. On the contrary, the complexity and multidimensional nature of the issue analyzed calls for the use of an explorative case study to examine a situation that does not rely on a single output (Yin, 1994). The case study approach has proven very helpful to comprehend the social phenomenon that develops within systems in which the boundaries between the phenomenon and the context are not clearly identifiable (Yin, 1994). In this case, since our goal is to analyze one instance of the phenomenon of securitization of a communicable disease (the 2014-2015 EVD episode), it is fundamental to establish the boundaries of the studied system as precisely as possible in order to avoid bias and increase precision, adequacy and reliability of our conclusions (Jørgensen & Phillips, 2002; Herrera & Braumoeller, 2004). These boundaries (timeframe, location, chosen media outlets, etc.) are explained in details in section 3.3.3.

Yin (1994) also states that a case study research has great value when it comes to expanding and generalizing theories by connecting existing theoretical knowledge with new empirical insights. Such a research design is even more adapted to topics that have not yet attracted much attention from the academia, like it is the case with the securitization of Ebola. Over time and through the combination of various investigated cases from different contexts, researchers will be able to capture new layers of reality and suggest empirically valid theoretical and practical conclusions (Eisenhardt, 1991; Eisenhardt & Graebner, 2007). The analysis of a complex and evolving process such as securitization benefits from a case study approach because it “ensures that the issue is not explored through one lens, but rather a variety of lenses which allows for multiple facets of the phenomenon to be revealed and understood”

(Baxter & Jack, 2008:544). Hence, looking at the dynamics of securitization from a strict causality point of view represents an inaccurate frame. On the contrary, Balzacq (2005:192) suggests that: “rather than looking for a one-directional relationship [...], it could be profitable to investigate the degree of congruence between, for instance, the strategies of the securitizing actor, the frame of reference of the audience and the immediate context may yield more credible results”.

3.2. Case study: securitization of Ebola

In the research at hand, the case of Ebola was preferred to other epidemics in order to study the process of securitization of communicable diseases for several reasons. First, due to its novelty, the media framing and securitization of the 2014-2015 Ebola crisis remains quite unaddressed. Although similar studies have been conducted on other diseases like HIV/AIDS or SARS, research on the latest EVD outbreak still lack since it was only declared over by the WHO in January 2016 (WHO, 2016). As global health specialists and policy-makers are still trying to make sense of this crisis and to draw lessons for the future, now could represent a political momentum for well-needed reflections on how we portrayed this health-related threat (Gostin & Friedman, 2014).

Second, it has been advanced that the security landscape during the epidemic rendered response, initiatives and crisis management very much challenging. When looking back at the events, Médecins sans Frontières (MSF) even declared that: “in many respects, the 2014-2015 Ebola outbreak epitomizes the role of security and fear in global health” (Hofman & Au, 2017). This widespread fear combined to the intensity and virulence of the disease even led to it being declared a Public Health Emergency of International Concern (PHEIC) by the WHO director-general, a situation that has not happened since the 2009 influenza AH1N1 eruption (Gostin *et al.*, 2014). The unprecedented worldwide media coverage, amongst other things, heavily contributed to the spread of the global feeling of hysteria related to Ebola.

In addition, the particular security and geopolitical context in place at the onset of the 2014-2015 Ebola outbreak also adds to the singularity and relevance of this case study. As a matter of fact, that context played a critical role in shaping and conditioning its understanding as a security threat for the entire world. Indeed, even before the damages engendered by the 2014-2015 Ebola crisis, the three West African countries at the epicentre of the epidemic were already weakened by serious development issues, as exemplified by their poor score on the

Human Development Index — respectively Sierra Leone 183rd, Guinea 179th and Liberia 175th on a scale of 187— (UNDP, 2013, cited in Larkan *et al.*, 2015). At the time, these nations were barely recovering from years of governmental and civil disarray and presented very few functioning health care facilities (Buseh *et al.*, 2015; Cole, 2014; Bloom *et al.*, 2015). In the early 2000s, Liberia and Sierra Leone were just emerging from a decade of inter-related civil wars which had devastating consequences on both nations: over half a million deaths, massive displacement of civilians and a high rate of child soldier enrolment (McPake *et al.*, 2015). As a close neighbour, Guinea was not spared from the spillover of these long lasting conflicts, especially when thousands of Liberian and Sierra Leonean refugees came streaming in the already fragile country. Soon after, Guinea entered a phase of violence and great civil and governmental instability following political changes and a series of coup d'états (McPake *et al.*, 2015). Hence, by the time the first case of Ebola erupted in Guinea, the three West African states “had recovered little from the paralysis of the economy and provision of public services and the destruction of infrastructure and governmental institutions wreaked by the conflict [...]” (McPake *et al.*, 2015:6). That being said, the three countries were largely dependent on foreign assistance to finance their health systems even before the conflicts and political tensions, thanks to 1980s’ structural adjustment programs (Benton, 2016). For these reasons, the UNSC was worried that the Ebola epidemic could hinder and even reverse the limited gains secured by peacekeeping and development projects in post-conflict Sierra Leone and Liberia (Gostin & Friedman, 2014). As predicted, the Fragile States Index (FSI), —a multidimensional analysis of state fragility based on various social indicators— demonstrated worsening scores for the three countries in 2015. In fact, on a scale of nine stages ranging from Sustainable to Very High Alert, the FSI ranked Guinea as a High Alert country while Liberia and Sierra Leone were both classified under the Alert category (Fund for Peace, 2015). Essentially, it has been said that, in the case of the West African Ebola outbreak, “the root cause of the emergency has had as much to do with the geopolitics of the regions in which the outbreaks have emerged as with the characteristics of the diseases themselves” (Cole, 2014:14). In other words, aside from the virulence of the pathogen causing EVD, the Liberian, Sierra Leonian and Guinean crumbling political and health systems influenced significantly how the crisis unfolded and was portrayed by the international community.

Beyond the local circumstances in which the 2014-2015 Ebola outbreak took form, the epidemic also occurred within a very singular global context. Indeed, from a broader perspective, there seems to be a growing trend among developed countries to frame various

social issues as security threats in this context of heightened anxiety, which is characteristic of the era of post-9/11 and the war of terror (Collier *et al.*, 2004, cited in Larkan *et al.*, 2015). Since the beginning of the millennium, issues of global health security and infectious diseases seem to occupy a higher position in the developed states' vision of national security (Patrick, 2006). This tendency has notably been accelerated by the onset of events such as the HIV/AIDS crisis, the 2003 SARS outbreak, the global dissemination of the H5N1 influenza virus, and the 2009 influenza pandemic (Kamradt-Scott & McInnes, 2012). This approach was also reflected within the recent decisions made by international organizations in regard to global health governance. For instance, in 2001, the World Health Assembly passed resolution 54.14 to support the revision of the IHR, hence reinforcing the link between global health security and IHR compliance (Aldis, 2008). "The UNSC additionally recommended that the WHO should keep the UNSC informed during suspicious or overwhelming outbreak of an infectious disease and the Council could take over responsibility of the WHO in the case of an outbreak" (Burci, 2014:33). Moreover, WHO officials have recently indicated serious concerns about the outbreak of the next global deadly pandemic—which they thought would most likely be a flu pandemic—and estimated that "a full-fledged bird flu pandemic could result in between two and eight million deaths and up to 20–40 million in a worst-case scenario" (Caballero-Anthony, 2008:511). Keeping in mind this particular context and the fact that the Ebola hemorrhagic fever was mainly viewed as a rare and neglected tropical disease, the scale and intensity of the latest West African outbreak took the majority of public health experts by surprise and was rapidly followed by a wave of panic across the world (Burci, 2014).

3.3. Methods

As mentioned previously, the present analysis relies on an extensive review of the literature and a two-fold discourse analysis of Canadian media coverage. This section offers a detailed description of these analyzing strategy.

3.3.1. Literature search

We started by exploring the topic of securitization and media framing of epidemics through an extensive literature review (refer to Chapter 2). This allowed us to comprehend the phenomenon within its broader context, to stretch out some general tendencies in terms of narratives associated with infectious disease outbreaks and to map the knowledge produced by previous researches on the topic, both here in Canada and elsewhere in the world. As the securitization of an issue is quite complex and involves a broad range of factors, this preliminary

literature search will enable us to proceed to methodological triangulation by comparing our conclusions with those of previous researches in order to provide corroborating evidences and authentic conclusions.

Scholarly pieces and peer-reviewed articles, notably from the *New England Journal of Medicine*, *Conflict and Health*, *European Journal of International Relations*, *Security Dialogue*, *Health Policy and Planning*, *Contemporary Politics*, *Health Communications* and *The Lancet*, as well as from periodicals or reports published by international organizations such as the Centers for Disease Control and Prevention (CDC), MSF and the WHO will be consulted to support our analysis.

Oposing and comparing theories and findings shared by key authors from the fields of public health, international relations and security studies will help us develop both a theoretical and operational reading of the process of securitization of communicable diseases. Amongst those pillar researchers are Barry Buzan, Ole Wæver and Jaap de Wilde, the precursors of the Copenhagen School's theory of securitization which will be used as a framework of analysis for this research. The book *The Politics of Fear: Médecins Sans Frontières and the West African Ebola Epidemic*, co-edited by Michel Hofman and Sokhieng Au from MSF, will also be an important source of insightful knowledge for this paper. In this book released in early 2017, MSF, which was heavily involved in the containment of the EVD outbreak in West Africa, was aiming to have a more optical reading of what happened during the epidemic, to reflect on the consequences of the securitization of the disease and to draw lessons learned from their experience (Hofman & Au, 2017).

3.3.2. Discourse analysis

Discourse analysis was used as our main research approach in order to understand if Canadian media discourses were securitized during the Ebola crisis, if some themes or words were used to support such a framing and if the trends varied according to media outlets or over time. To do so, we focused our discourse analysis on the 2014-2015 Ebola-related stories published in two main Canadian media outlets, that is *The Globe and Mail* and *La Presse*.

Being an interpretivist and intersubjective qualitative method, discourse analysis presented itself as the most natural and relevant choice to address securitization as a constructivist social phenomena (Herrera & Braumoeller, 2004). As part of this project, we understand discourse analysis (DA) as the systematic study of written texts which seeks to

highlight evidence of the meaning created by discourses, and to explore the ways in which this meaning translates into a social reality (Phillips & Hardy, 2002). Hence, DA seeks to both investigate texts but also the ways in which such bodies of texts interact together as well as their relation with several other dimensions such as: the context, the intentions carried by the producer of the text, the presence of dominant or normative beliefs, the use of scientific evidence or the intended reaction of the audience (Hardy *et al.*, 2004; Crawford, 2004). In other words, DA “is not an analysis of discourse *in itself* as one might take it to be, but an analysis of *dialectical relations* between discourse and other objects, elements or moments, as well as an analysis of the *internal relations* of discourse” (Fairclough, 2010:4). In that logic, we intend to approach our texts sample in line with Fairclough’s (2010) three-dimensional framework, which suggests to study them at the micro level (textual and linguistic analysis of discourses), meso level (analysis of processes of text production, distribution and consumption), and finally, the macro level (analysis of discourses within their sociocultural and political context).

As for the reasoning behind targeting media discourses in our analysis of the securitization of Ebola—in opposition to political speeches, for instance—, it derives mostly from a critique of the securitization theory voiced by McDonald (2008). As explained in the section 2.3.2., the securitization theory was blamed for focusing disproportionately on states and political leaders as the only suitable securitizing actors (McDonald, 2008). In light of this, Stritzel (2007) puts forward the idea that a better suited model of securitization should take into account the positional power of the variety of securitizing actors within the broader context of power relations. In this research, we attempted to do so by including the opinion of a greater diversity of stakeholders—whether they be sovereign states, international organizations or the civil society— by focusing on media coverage rather than strictly on politicians’ or international agencies’ speeches. That way, we recognize that “we are no longer dealing with a singular (state) approach but with a complex of actors with multiple stakes and interests that all play a part in the framing, securitizing, containing and approaching of the Ebola crisis” (Wijngaard, 2015:20). Indeed, by addressing the securitization of this infectious disease through the lens of the media coverage, we were able to capture the variety of speech acts conducted by a larger selection of state and non-state actors, including some major players such as MSF, the International Federation of Red Cross, the WHO and several UN agencies. Hence, analyzing media discourses could help us uncover ways in which power relations between those multiple actors structure, constrain, and produce systems of meaning (Herrera & Braumoeller, 2004).

Moreover, focusing on media discourses could be useful in determining whether the chosen threat representation was accepted and adopted by the audience. For securitization to be considered successful, it would require the audience to be persuaded that Ebola genuinely is a security issue. We believe that the fact that Canadian media outlets pick up the language and rhetoric used by various securitizing actors in relation to the threat posed by Ebola shows in some way a first step in the acceptance process. This is a crucial point for the Copenhagen School, which is careful to distinguish between a securitizing move and successful securitization (Rushton, 2010).

By the same token, broadening our vision of securitizing actors also allows us to expand the conception of the speech act from a unique, time-bound action to an evolutive, multi-speech act phenomenon. Discourse analysis is particularly attentive to fluidity in meanings and is adapted to noticing changes in discourses over time (Laffey & Weldes, 2004). Hence, by analyzing a sample of newspaper articles over a period of a full year, we will be able to highlight the evolutive nature of linguistic structures used to represent the threat.

Data collection and analysis

The databases *Proquest/Canadian Major Dailies* (for English newspapers i.e., *The Globe and Mail*) and *Eureka* (for French newspapers i.e., *La Presse*) were used to create our sample of journal articles to be analyzed. As a starting point, all types of articles with the mention of the word Ebola were extracted from the two databases. They were then screened one by one in order to keep only those that corresponded to our inclusion criteria and to discard duplicates. The articles that featured the word Ebola only in byline descriptor or graphic caption or that included a mention of the keyword used out of context were excluded as they are not sufficiently explanatory of how Ebola was conceptualized within a particular geographic location. The PRISMA flow chart below (Figure 3) was used to improve the reporting of the systematic reviews of our sample of newspaper articles. This described procedure led us to a final sample of 341 articles as outlined in Figure 4. These 341 articles were then sorted by month and by media outlets.

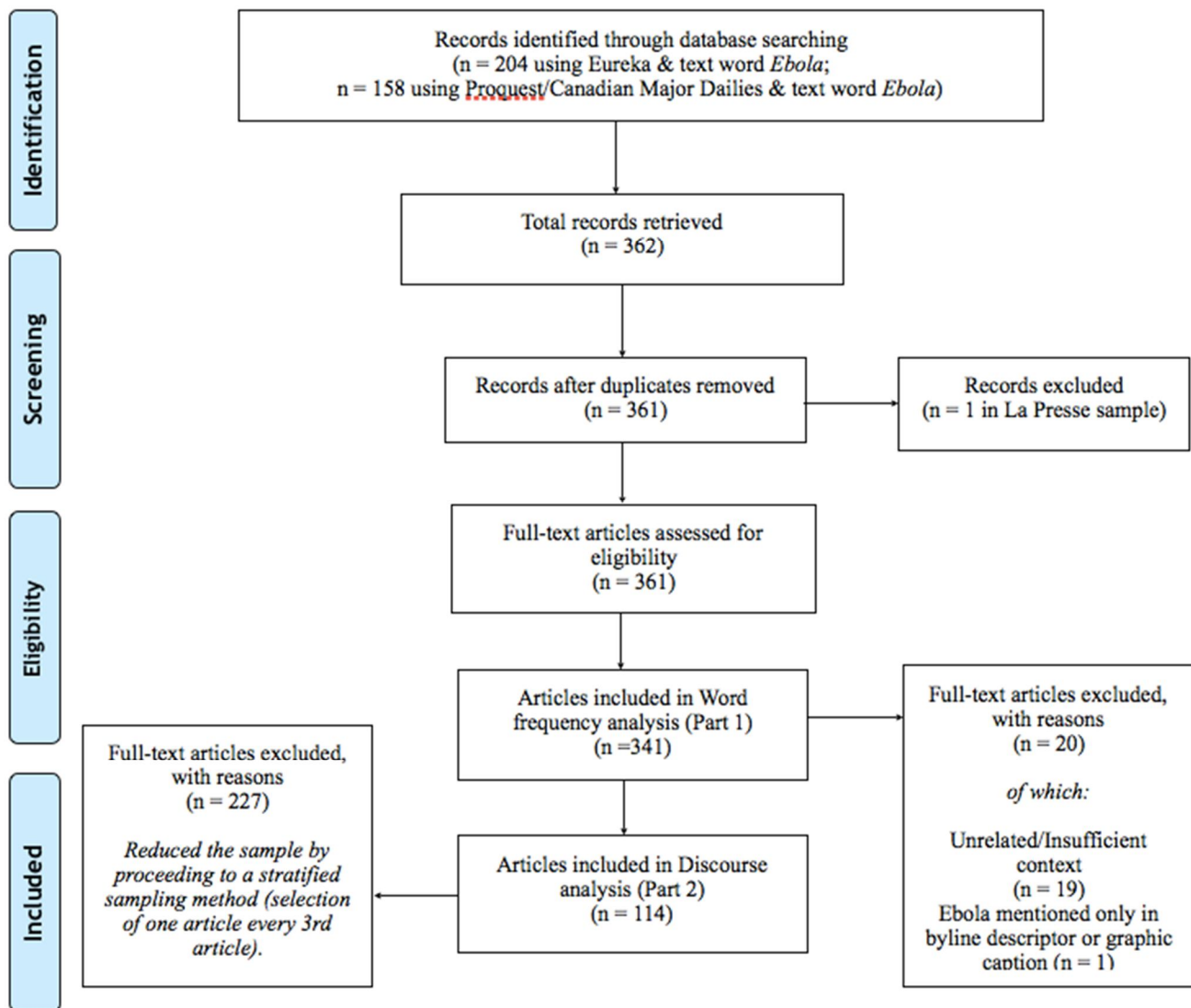


Figure 3 - PRISMA flow diagram for systematic review of the newspaper articles used in discourse analysis of the securitization of Ebola

	Total # of articles for full period (03/25/2014 to 03/25/2015)	Total # of articles for period 1 (03/25/2014 to 09/18/2014)	Total # of articles for period 2 (09/19/2014 to 03/25/2015)
<i>La Presse</i>	191	63	128
<i>Globe and Mail</i>	150	56	94
Total	341	119	222

Figure 4 - Sample of newspaper articles

Word frequency analysis

After gathering our sample of newspaper articles, we then used the NVivo software to code and detect all references to keywords related to the securitization frame using the word frequency query tool. This automatic function allowed us to search all articles from both chosen newspapers and to count the number of references to vocabulary linked to the grammar of security as understood by the CS theory of securitization. Due to its explorative nature, a combination of bottom up and top down approaches were simultaneously employed to determine which terminology was used to designate the securitization phenomenon during the 2014-2015 Ebola crisis.

On one hand, we identified possible keywords by building from the theory itself, which suggests that the plot of a securitizing act has to put forward ideas of “existential threat, point of no return, and a possible way out” (Buzan *et al.*, 1998:33). Hence, securitizing discourses are far from being restricted to the use of the word ‘security’ itself (McInnes & Rushton, 2011). For instance, examples of security-related language such as ‘risk, threat, emergency, urgency, killer, survival, instability’ can reveal an attempt to securitize an issue. On the other hand, we also proceeded to an explorative reading of a randomly picked selection of articles from both news outlets (*The Globe and Mail* and *La Presse*) and from both period of analysis (before and after September 18th, 2014 when the UNSC first positioned Ebola as an international security threat). Of course, all retained keywords were translated from English to French since *La Presse* is a French newspaper.

Analysis of narratives and discursive dynamics

To conduce this part of the analysis, we needed to restrict the number of articles selected, which we did through a combination of two sampling methods. Starting from our initial sample of journal articles collected for the word frequency analysis and using the stratified sampling technique, we first divided our total population (N=341) into two mutually exclusive strata based on the media source. We did this in order to preserve the same proportion of articles coming from the *Globe and Mail* and *La Presse* in our second set of samples. We then proceeded to a systematic sampling of articles within each stratum by selecting one article every 3rd article ($k=3$). Since the articles in both strata were sorted by order of publication date, the systemic sampling method allowed for the chronological evolution to be reflected in the samples obtained. Figure 5 and 6 describe the process which led to the reduced sample of 114 articles (N'=114).

	Globe and Mail	La Presse
Population	n1= 150 (<i>representing 44% of N</i>)	n2= 191 (<i>representing 56% of N</i>)
Desired stratified sample	s1= 50 (<i>representing 44% of N'</i>)	s2= 64 (<i>representing 44% of N'</i>)
Sampling interval	k1= 3	k2= 3
Final systematic sample	2, 5, 8, 11, [...], 146, 149	152, 155, 158, 161, [...], 338, 341

Figure 5 - Summarized steps to obtain the reduced sample of articles: stratified & systematic sampling techniques

	Total # of articles for the full period (03/25/2014 to 03/25/2015)	Total # of articles for period 1 (03/25/2014 to 09/18/2014)	Total # of articles for period 2 (09/19/2014 to 03/25/2015)
<i>La Presse</i>	64	21	43
<i>The Globe and Mail</i>	50	19	31

Figure 6 - Number of articles selected by stratum

Once that second sampling was completed, we then conducted a more in-depth discourse analysis in order to appreciate the discursive subtleties related to the possible securitization of Ebola in our two media of interest. This method aimed to better comprehend the embeddedness of words within their context and to capture potential recurring patterns and themes associated with the securitization of Ebola in Canadian media. Such a more exhaustive reading of the media coverage goes in line with the assumption that sometimes securitization processes are not so obvious and can be supported by a complex set of references that goes beyond the use of specific keywords. For instance, the relationship between speakers in a text, the dominant voices and power relationships in place as well as the use of metaphors, comparison, substitution, or exaggeration of details can all be as revealing as the actual grammar of securitization (Fairclough, 2010). Again, as it was the case for the word frequency analysis, this second section of our analysis will involve working back and forth between inductive and deductive reasoning to explore content, thematic, and narrative dimensions.

3.3.3. Sampling techniques and criteria

The selection of our sample of media articles intended to offer an exemplary portrait (in opposition to a representative one) of the Canadian media landscape by focusing on two of the most read Canadian newspapers of which one is English, *The Globe and Mail*, and one is French, *La Presse*. These newspapers are both published daily across a wide geographic distribution with diversified readership profiles and political bias, which are detailed below in the Figure 6. The choice of these sources is legitimate as they both are known in the Canadian media landscape for their high editorial standards and their relative neutrality. Moreover, *La Presse* and *The Globe and Mail* are recognized as important news sources for educational elites in Canada, which is significant in the case of this study since they tend to play a front-running role in policy formation (Domhoff, 2006 cited in Saraisky, 2015). In addition, print news were privileged over other types of news channel because they represent a key source of information at both the individual and institutional levels. As a matter of fact, the press is often considered a more accurate source of information in comparison to television media (Glynn *et al.*, 1999 cited in Collins *et al.*, 2006). Following that logic and to avoid duplication, we decided to focus strictly on the two print publications and did not include articles published on the newspapers' websites (cyberpresse.ca & theglobeandmail.com) or mobile applications (*La Presse+* or *Globe2Go*). Technical considerations such as the need for the material to be easily accessible online through indexed archives were also taken into account in the selection of our sample.

Source	Frequency of publication	Geographic distribution	Circulation (Print / Digital Average Weekday)	Language	Political orientation	Ownership	Justification for selection
<i>La Presse</i>	Daily (paper copy*)	Province of Quebec and Ottawa region	279,731	French	Leftist Liberal	Independent - Power Corp. of Canada	Most read French newspaper in Canada
<i>Globe and Mail</i>	Daily (paper copy)	Across Canada	323,133	English	Centrist Liberal	Independent - The Woodbridge Company	Most read English newspaper in Canada

Figure 7 - Overview and selection of media outlets

*Although *La Presse* shifted to digital and ended the distribution of its weekday print edition since January 2016, this does not impact our sample as it only features articles from March 25th, 2014 to March 25th, 2015.

As for the timeframe of analysis, we narrowed it down to cover a time period of an entire year starting on March 25th, 2014, which corresponds to the date when the WHO and the Guinean Ministry of Health reported an outbreak of Ebola hemorrhagic fever (CDC, 2015). This timeframe was separated in two distinct portions of time of similar length (approximately 6 months each, that is from March 25th, 2014 to September 18th, 2014 for Period 1, and from September 19th, 2014 to March 25th, 2015 for Period 2) in order to observe a potential change of discourse over the course of the year. The median date (September 18th, 2014) represents the moment when the UNSC adopted resolution 2177 declaring the outbreak of Ebola in West Africa a threat to international peace and security, which is often referred to as the principal securitizing act of the crisis.

3.3.4. Methodological limitations

The internal validity of this research comes from the fact that it is based upon a strong theoretical framework (i.e., the Copenhagen School's theory of securitization) that has proven its worth over time and which is particularly relevant to the context of our work. In addition, our principal research method (i.e., discourse analysis) is not only closely intertwined with our chosen theoretical framework but it is also one of the most widely used approaches within constructivism (Jørgensen & Phillips, 2002). Moreover, our analyzing strategies were guided by the work of several experts of the field including Fairclough (2010), Laffey and Weldes (2004), Meyer and Wodak (2011), Crawford (2004), Fierke (2004) and Hardy, Harley and Phillips (2004).

As for the external validity, due to the complexity of the phenomenon we are studying, we do not attempt to generalize our findings to all instances of securitization of communicable diseases but rather to understand the ways in which media framing, following a logic of securitization, played out specifically in Canada during the 2014-2015 Ebola crisis. Since the sample of examined media articles and the observed timeframe are quite limited, broad categorizations or sweeping assumptions can not be made without further research on the topic. That being said, researches using discourse analysis approaches are rarely concerned with statistical or theoretical representativeness of the material analyzed as they “mostly deal with only small corpora which are usually regarded as being typical of certain discourses” (Meyer and Wodak, 2011:13). Instead, a case study approach for a research like ours can help generate theories and test hypotheses in a scientific manner in order to facilitate the exploration

of a multifaceted phenomenon (Herrera & Braumoeller, 2004). By looking at a complex issue such as the securitization of epidemic outbreaks from a particular angle or in a particular context, a researcher can contribute by adding one piece of information to the puzzle which could then be completed by the work of others. Hence, in this case, the focus on the interpretive accuracy and reflexive examination are more important since another researcher could benefit from the repeatability of the case study's operations (Hardy *et al.*, 2004). In fact, as long as the researcher exerts a certain level of reflexivity towards its involvement in the process whereby meaning is created, we agree that "differences in interpretation [when performing discourse analysis] are not a problem and may, in fact, be a source of data"(Hardy *et al.*, 2004:21).

One of the biggest challenges associated with discourse analysis as a method is the fact that it involves a fair share of decisive choices for the analyst in regards to the limits of what is or is not included in the object of study. These decisions can substantially influence the reliability of the research, and can even, according to some authors, call into question the objectivity of discourse analysis (Crawford, 2004). In the research at hand, we acknowledge that reliability can be affected by the subjectivity behind the selection of particular media outlets to compose our research sample as well as by the choice of relevant keywords used for the word frequency analysis. For the latter, we approached coding with an interactive process of working back and forth between texts and keywords in order to avoid that the determination of our keywords and codes be limited by personal decisions, and thus arguably the interpretation, of the analyst (Fierke, 2004).

CHAPTER 4 - ANALYSIS: SECURITIZATION OF EBOLA

By nature, the securitization of health issues never appears as a black and white, binary condition. Because securitization is a process that constantly requires re-actualization as a particular threat evolves and changes over time, there seems to be no singular way to clearly identify or determine if an event was fully or partially securitized (McInnes, 2016). “The dread of a disease is never just about a specific disease; it is also about the politics fate of a society, especially considering the fact that health problems have been intertwined with narratives of social crises throughout history” (Hofman & Au, 2017:6). In other words, the degree of framing of an issue in terms of security takes form and is reinforced by the context and period in which it occurs. The case of Ebola greatly exemplifies this notion. Previous researches have demonstrated that historical representations of Ebola outbreaks accentuated the exotic and foreign nature of the virus, while the 2014–15 Ebola epidemic marked a turnover in the understanding of the disease which instead came to be recognized as a global threat in a borderless world (Abeysinghe, 2016).

While context and time both largely influence the narratives associated with a crisis, securitization most of all presents itself as a political choice varying according to the positions held by different securitizing actors (Taureck, 2006). When looking at the latest West African Ebola outbreak, several powerful players —notably the UN bodies, organizations like MSF, the governments of the affected African countries and of wealthy Western nations— were all instrumental in shaping the discourses and policy responses associated with the disease. On the one hand, studies have shown that the Ebola narratives employed within the UN system carried diverse underlying intentions at the same time, featuring both messages of securitization and de-securitization (Wijingraad, 2015; Enemark, 2017). For instance, while several decisions seemed to push toward the securitization of the outbreak, other moves intended to limit it. Examples of the former are notably the unprecedented use of language ordinarily reserved to violent conflicts and wars in Resolution 2177, the creation of the first-ever UN emergency health mission UNMEER, the facilitation and legitimization of the deployment of military assets as well as the numerous calls for increased political attention and commitment of resources. On the contrary, attempts to de-securitize the issue were visible in the firm critiques towards countries implementing travel restrictions or isolation measures as well as in several discourses from UN officials encouraging the international community to adopt a more right-centred and people-centred approach to the epidemic. MSF was also faced with a similar dilemma: either ringing the

alarm and securitizing the epidemic in order to finally gain attention and trigger action from the international community or staying at a safe distance from military and security agendas to maintain their independence but risking the situation in West Africa to become out-of-control (MSF, 2015). As described by Dr Joanne Liu, MSF international president, it was a call of last resort: “When Ebola became an international security threat and no longer a humanitarian crisis affecting a handful of poor countries in West Africa, finally the world began to wake up” (MSF, 2015:11). On the contrary, the governments of Guinea and Sierra Leone seemed to be dreading not only the virus itself, but also the potential consequences of its securitization whether that be widespread public panic, social and political disruption, reduction of tourism or withdrawal of investors (MSF, 2015). Finally, narratives of security employed by political leaders outside the immediately affected regions —such as the United Kingdom, the United States of America, Australia and Canada— also contributed to the global understanding of the 2014-2015 Ebola outbreak (Elbe & Roemer-Maher, 2016; Abeysinghe, 2016).

In Canadian newspapers, all these positions converge under the same umbrella making the process of securitization even more complex to pin down. These media of information generate their very own reading of the crisis by orienting their stories under certain angles and by cherry-picking what information they relay in their publications. That said, by studying a range of news articles published over the course of a year in *La Presse* and the *Globe and Mail*, it becomes possible to explore manifestations and trends in the securitization process of Ebola in Canadian media discourses. Section 4.1 of this chapter will center upon the deployment of the language of security related to Ebola in both newspapers, while section 4.2 will detail two predominant frames used by Canadian media to convey the framing of imminent threat: the narrative of globalization and the narrative of domestic politics. The analysis of other recognized narratives linked to the Ebola crisis —such as the politics of aid and of international organisations, the failure of the global health governance system, and the frame of stigmatization, blame or otherness— falls outside the scope of this research.

4.1. Securitization of Ebola in Canadian media

4.1.1. Evolution of the coverage over time

The amount of publications about the latest Ebola outbreak, and thus the level of interest demonstrated by media sources on this particular topic, is the first indicator to observe in order to grasp how the issue has been displayed to the Canadian public. Indeed, the remarkable intensity of the media coverage in 2014 and 2015 revealed that something unparalleled was

unraveling and that a break was occurring between the typical framings of previous Ebola outbreaks and this current one. When looking at the dispersion of the coverage in both newspapers between March 2014 and 2015, we notice that reporting strongly increased between August and November 2014, with around 79% of all articles published during that period for the Globe and Mail and 77% for the La Presse (refer to Figure 8 and 9).

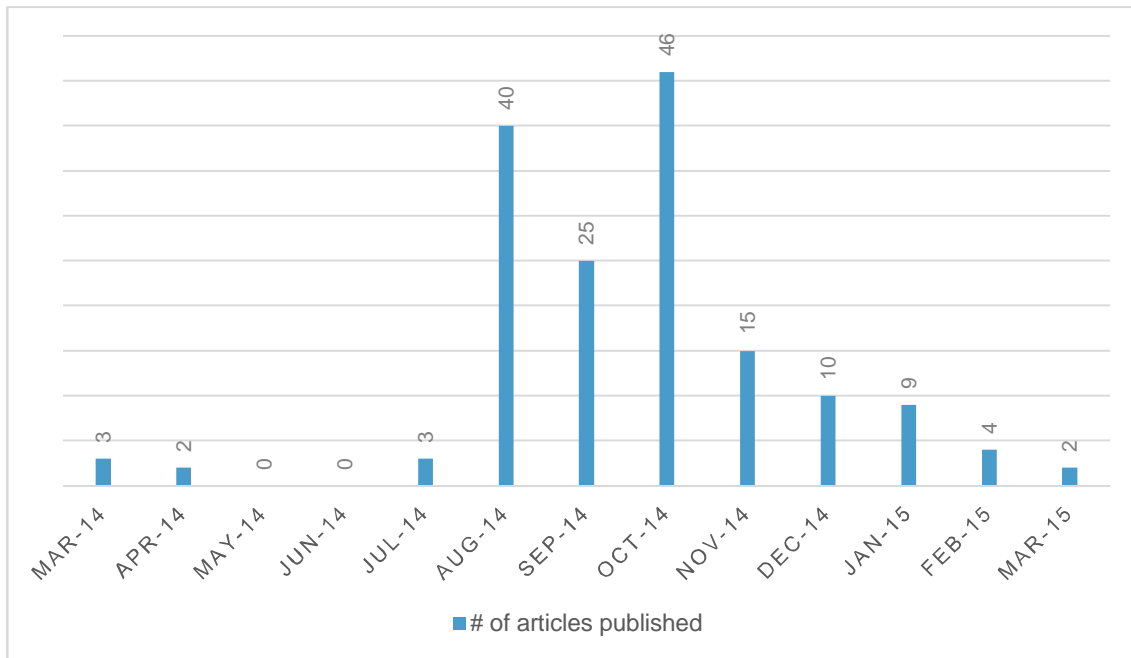


Figure 8 - Number of articles published by month in the Globe and Mail

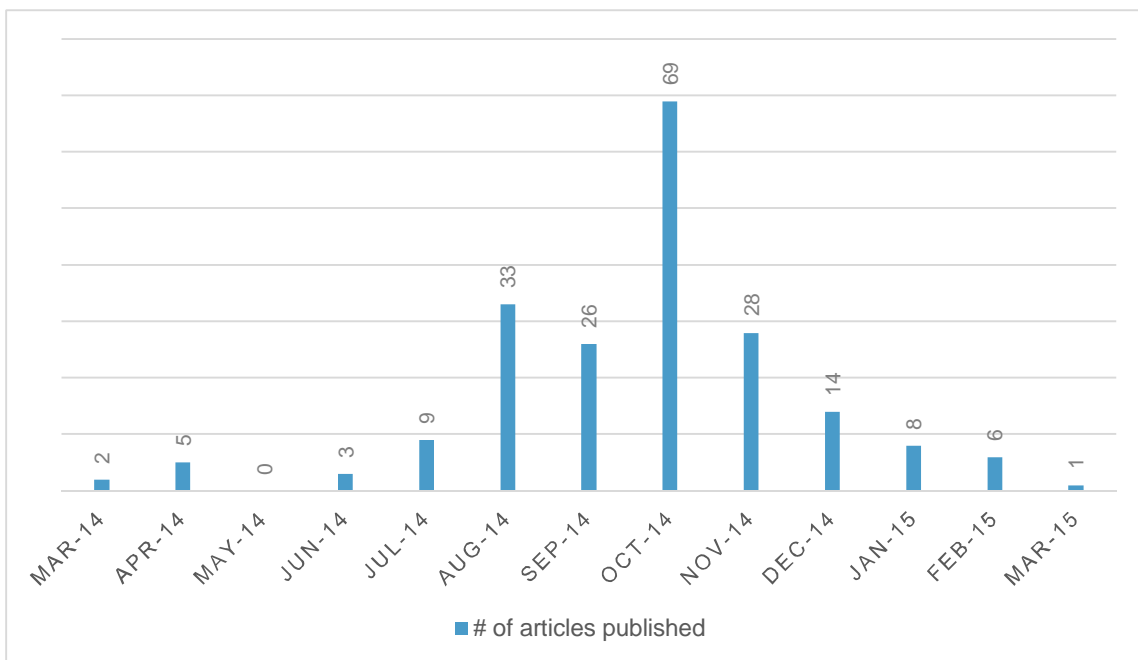


Figure 9 - Number of articles published by month in La Presse

These peaks in coverage corresponded to the unwinding of several key events that reinforced the positioning of the Ebola crisis as a security threat in the eyes of the international community (Abeyasinghe, 2016). Figure 10 outlines a few of these milestones. First of all, the heightened international interest around Ebola began to build up after the WHO declared a PHEIC on August 8, 2014. This renewed political attention was leveraged by the announcement a few days prior that two American aid workers –Kent Brantly and Nancy Writebol– were infected with Ebola and airlifted back to the United States to receive treatment. A month later, on September 2nd 2014, MSF International President Dr. Joanne Liu delivered a powerful speech in front of United Nations Special Briefing on Ebola outcrying the urgency to act upon the spread of the disease. This call-to-action contributed to raise awareness on the risk posed by the epidemic; it led to the historic declaration of the UNSC on September 18th 2014 that the Ebola crisis in West Africa represented a threat to international peace and security (known as Resolution 2177). Only a few days later, on September 30th 2014, Thomas Eric Duncan, a Liberian man who had travelled to Dallas to visit family, was diagnosed with Ebola, becoming the first case diagnosed on U.S. soil and subsequently infecting two nurses who cared for him. In the same month, two Americans, a journalist and a MSF staffer who both worked in the West Africa, also tested positive for Ebola and were treated in the United States. In both Canadian media analyzed in this study, the coverage reached its highest point in October 2014, which tends to reflect that the growing number of confirmed cases on our Southern neighbour’s territory seemed to have been the principal trigger of media attention.

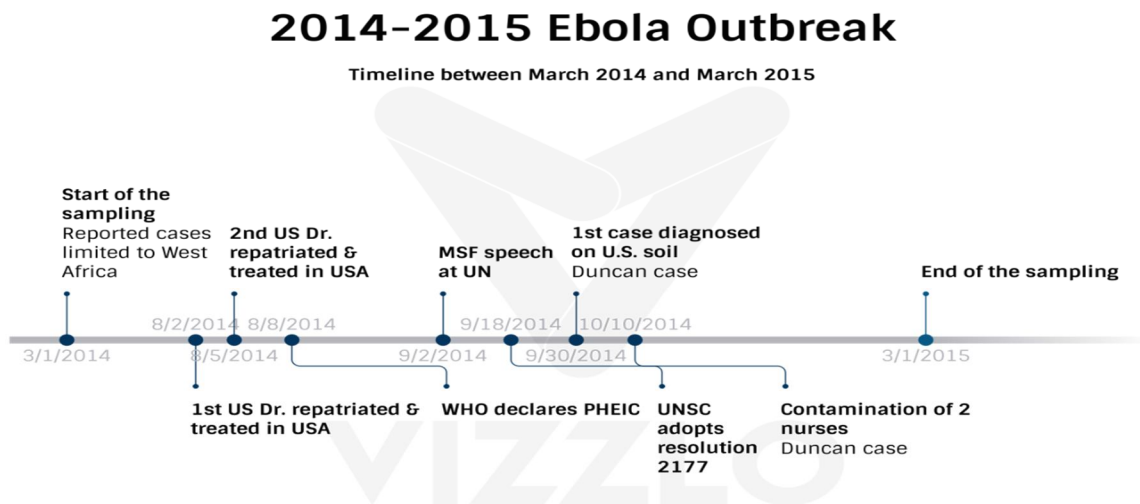


Figure 10 - Timeline of 2014-2015 Ebola outbreak (between March 2014 and March 2015)

Globe and Mail	La Presse
Security	Sécurité
Fear / Panic	Peur / Panique
Threat	Menace
Kill / Killer	Tuer / Tueur
Survival	Survie
Risk	Risque
Emergency / Urgency	Urgence
Deadly	Mortel / Fatal
Victim	Victime
Fight	Combat / Lutte
Border	Frontières
Control	Contrôle
Screening / Monitoring	Surveillance / Observation
Quarantine	Quarantaine
Confinement / Containment / Isolation	Confinement / Contenir / Isolement
Army / Military / Police	Armée / Militaire / Police
War	Guerre / Bataille
Crisis	Crise
Dying	Mourant / Agonisant
Death	Mort / Décès / Mortalité / Fatalité
Danger	Danger

Figure 11 - List of words of security used for Word Search Query

4.1.2. Language of security

As described in section 3.3.2. of the previous chapter, we initiated our analysis by looking into the security-centred language deployed by the Canadian media to legitimize certain interventions, practices and policies in the Ebola emergency response. The following list of vocabulary was as used to conduct a word search query in all selected pieces from both media outlets.

This analysis exhibited that the overall utterance of words of security appeared superior within the Globe and Mail despite a greater number of articles published by La Presse (refer to Figure 12 below). The identification of keywords was based on a combination of inductive and deductive techniques which guarantee that this superior usage was not due to issues with translation between French and English newspapers. That said, this observation does not necessarily entail that the Ebola crisis as articulated by the Globe and Mail reached a higher level of securitization compared to what was portrayed in La Presse. Indeed, the more subtle

and in-dept discursive dynamics, which will be discussed in section 4.2, also have to be taken into account since they are indicative of the embeddedness of words within their context and of the way securitization was normalized by Canadian media.

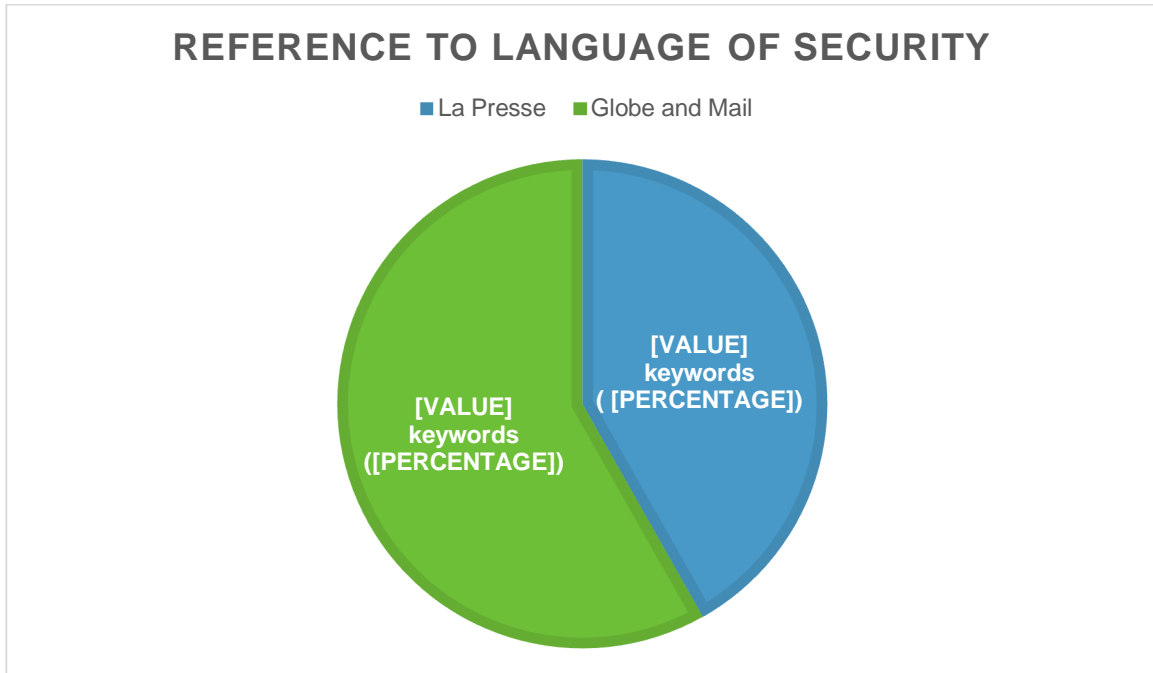


Figure 12 - Degree of usage of all security-related vocabulary by media

Despite the variation in the degree of use of the grammar of security between La Presse and the Globe and Mail, the two media outlets presented a similar trend in terms of concentration of security-related keywords over time. Generally speaking, articles published in the first months of the sample (March, April, May and June 2014) were for the most part short and factual. Starting in July up until the end of November 2014, efforts to securitize Ebola became more apparent in the discourses privileged by both newspapers. From December 2014 onwards, more and more dissonant voices attempting to denounce the securitization of the epidemic and its related policy choices began to find their way in Canadian media narratives.

As illustrated by Figure 13 below, a peak in the use of security-related keywords seems to have been reached in August and October 2014 for the Globe and Mail. As for La Presse (refer to Figure 14), the use of language of security culminated mostly in the month of October 2014. In both cases, the identified increase in the utterance of words of security coincides with the overall multiplication of coverage perceived in each media source. Despite the fact that the proportion of securitized discourses (i.e.: # of references to security keywords / # of articles

published) is not significantly higher during these months, we can still conclude that Canadian readers were exposed to a greater amount of securitized discourses over that specific period. In view of this, the securitization of the Ebola crisis within Canadian media appears to have emerged from a combination of many securitizing speech acts over the course of several months (mainly between August to November 2014) rather than following one very precise event or declaration.

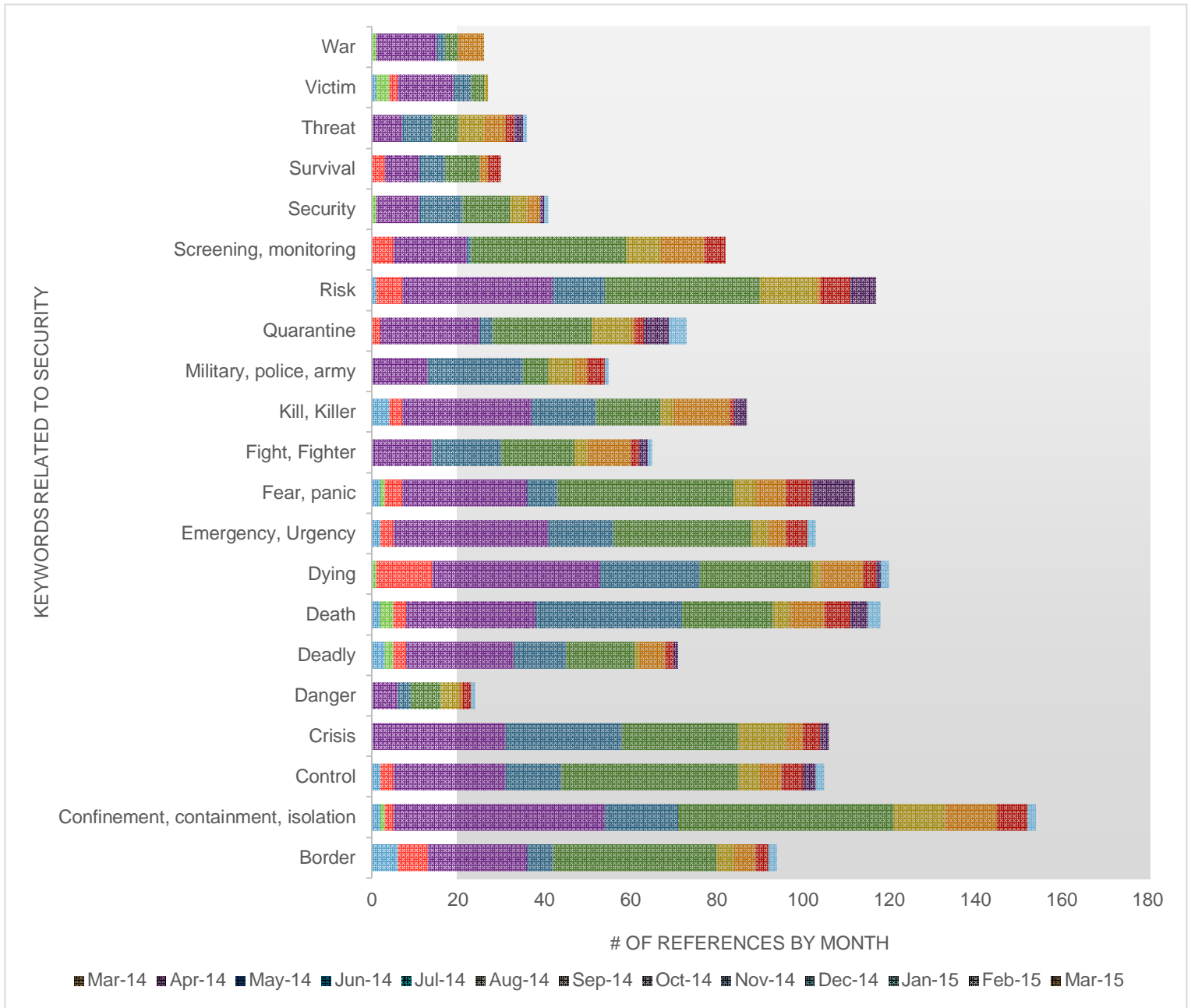


Figure 13 - Evolution of the use of security keywords over time in the Globe and Mail

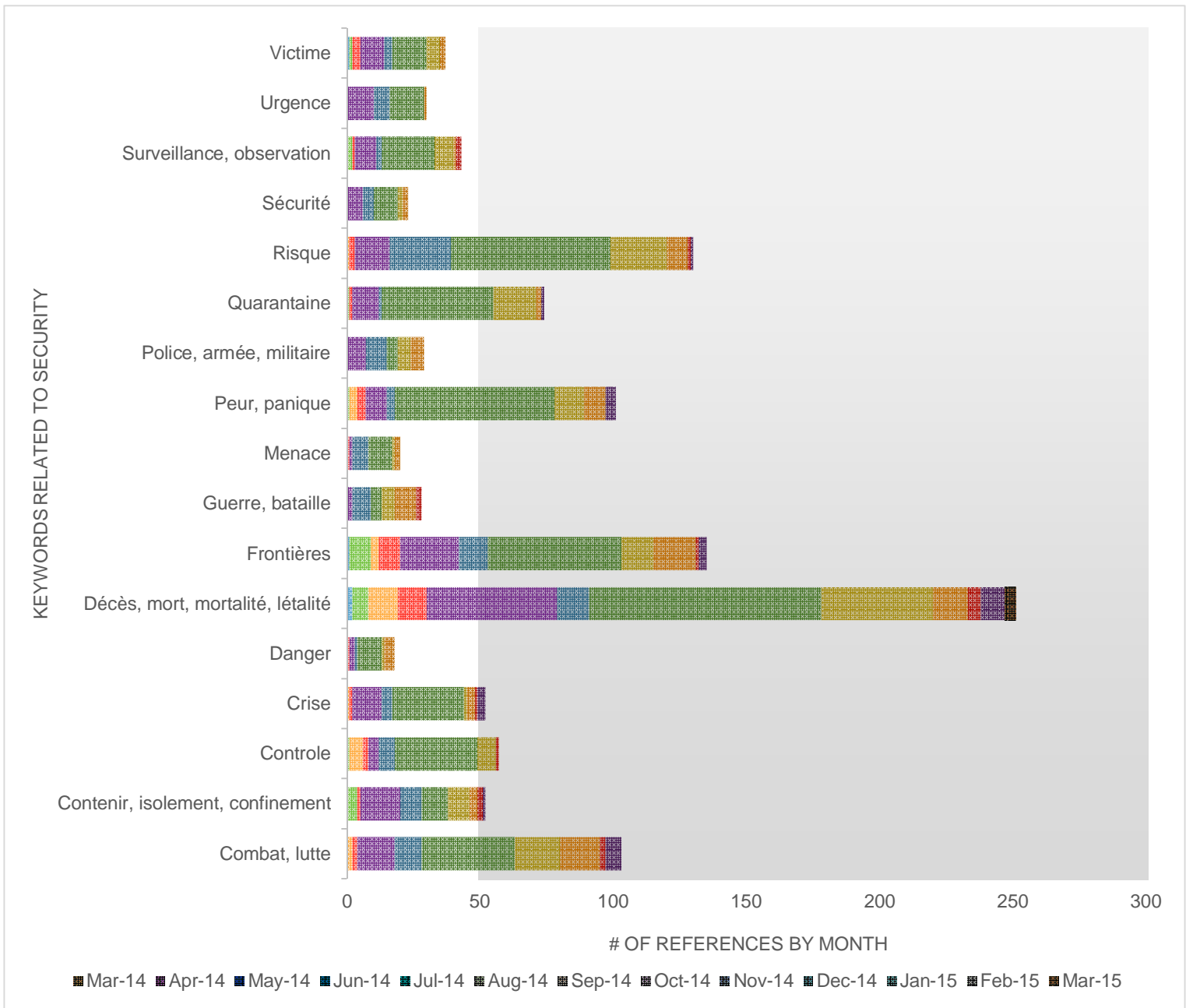


Figure 14 - Evolution of the use of security keywords over time in La Presse

In addition to the use of specific keywords of security, the coverage during that 4-month period also featured general storylines that stressed the number of casualties due to the Ebola crisis, the misery and chaos felt on the ground in affected countries and the growing anxiety surrounding the potential spread of the disease. In several instances, connotative vocabulary linked to notions of death, crisis, and mortality served to describe the epidemic, which was

referred to as a ‘killer virus’ (Globe and Mail, August 14th, 2014), a ‘scourge’ (Globe and Mail, August 23rd, 2014), a ‘looming epidemic’ (Globe and Mail, October 4th, 2014), a ‘once-in-a-lifetime epidemic’¹ (La Presse, September 6th, 2014) or ‘the deadliest humanitarian crisis of the past decade’² (La Presse, October 9th, 2014). Articles were also formulated in ways that induced a perception of urgency in the audience and conveyed political immediacy around the issue, which are two factors recognized as key drivers of the securitization process (Balzacq, 2005). To describe the outbreak development, Canadian media picked up on language from statements made by officials in position of authority such as President Barack Obama who qualified the situation in West Africa as ‘gut-wrenching’ (Globe and Mail, September 17th, 2014) and from WHO Assistant director general Bruce Aylward who declared that ‘this health crisis we face is unparalleled in modern times’ (Globe and Mail, September 17th, 2014). It was also stated in La Presse that: ‘the worst epidemic of Ebola hemorrhagic fever to have ever been recorded is on the verge of becoming out-of-control’³ (La Presse, September 5th, 2014). These strong narratives were also complemented by alarmist predictions from public health experts and politicians. For instance, La Presse reported that: ‘According to the WHO, if drastic changes do not occur, there could be 20,000 new cases of hemorrhagic fever by November. The CDC in the USA makes more pessimistic projections: without any additional help, 1.4M people could become infected by the virus by January’⁴ (La Presse, October 1st, 2014). As illustrated by this quote, although the evidence presented by Canadian media varied greatly in their predictions, it was still an important part of the persuasion process regardless if these facts relied on empirical reality or not (McInnes & Rushton, 2011).

Occasionally, the public fear engendered by the Ebola pathogen was also framed using cultural representations. Canadian media portrayed the disease in comparison to popular novels such as Albert Camus's *The Plague* (Globe and Mail, September 2nd, 2014) and to Hollywood-inspired horror movies. For instance, Ariane Krol from La Presse depicted the virus as such: ‘We are talking about a disease whose symptoms at an advanced stage (spontaneous bleeding

¹ Loose translation of: ‘*épidémie sans précédent*’

² Loose translation of: ‘*la crise humanitaire la plus meurtrière depuis des décennies*’

³ Loose translation of: ‘*La pire épidémie de fièvre hémorragique à virus Ebola jamais recensée est en train de devenir hors de contrôle*’

⁴ Loose translation of: ‘*Si des changements «draconiens» ne sont pas apportés, il y aura 20 000 cas de fièvre hémorragique dès novembre, selon l'Organisation mondiale de la santé. Aux États-Unis, les Centres de contrôle et de prévention des maladies formulent des projections plus pessimistes: sans aide supplémentaire, 1,4 million de personnes seront infectées par le virus d'ici le mois de janvier, y estime-t-on.*’

*from the eyes, ears and other mucous membranes, accumulation of fluids around the brain, failure of several organs) seem straight out of a horror film screenplay*⁵ (La Presse, October 6th, 2014). Moreover, the current Ebola epidemic was compared to previous health crises that were also securitized: *'the fear has triggered global alarm, all of which should feel like déjà vu to Canadians who remember the 2003 SARS outbreak in Toronto'* (Globe and Mail, August 7th, 2014). By linking Ebola to well-known cultural productions or to past events already strongly rooted in the collective memory of Canadians, the media capitalized on prevailing social views and accepted ideological and political attitudes to promote a narrative of risk.

Another factor worth highlighting is that the securitization of Ebola in Canadian media discourses was institutionalized through the numerous references to the extended fear and hysteria felt in North America. On repeated occasions, the Ebola disease was described as something frightful. In an interview with La Presse, WHO spokesperson Nyka Alexander explained that in comparison to previous humanitarian crises that required substantial foreign medical assistance —such as the Haiyan typhoon that devastated the Philippines in 2013—, recruiting doctors to fight the dissemination of Ebola was significantly more challenging because of the widespread terror associated with the epidemic (La Presse, October 2nd, 2014). Similarly, in an interview with the Globe and Mail, Ebola emergency response Director at the International Medical Corps Sean Casey estimated that: *'many hospitals are reluctant to allow their physicians to volunteer in the Ebola fight because it could cause anxiety among the hospitals' patients and staff'* (Globe and Mail, October 4th, 2014). He added that it is a question of perception; no institution wants to be thought of as the hospital where Ebola doctors work. This idea of the perceived panic was a critical component of the frame put forward by Canadian media to portray Ebola. Indeed, when public fear was narrated in both La Presse and the Globe and Mail, it was often done so in ways that criticized the overreaction of citizens of rich nations, thus asserting that a securitization process had been taking place. The escalating paranoia and the resulting political grandstanding in the West were denounced time and again in several articles especially in the weeks and months following the peak of coverage due to the first case diagnosed on U.S. soil in October 2014. In a piece published in late February 2015, Globe and Mail columnist Elizabeth Renzetti outcried the exaggerated securitization of the issue in the West and wrote not without sarcasm: *'Remember the great North American Ebola hysteria of*

⁵ Loose translation of: *'On parle d'une maladie dont les symptômes à un stade avancé (saignements par les yeux, les oreilles et les muqueuses, accumulation de fluides au cerveau, défaillance de plusieurs organes) semblent tout droit sortis d'un scénario de film d'horreur, [...]*

'14? *The terror was justified - if you happened to live in certain parts of West Africa*' (Globe and Mail, February 28th, 2015). In the same article, she also echoed the remarks of Kaci Hickox, the American nurse who was sent into quarantine after returning from West Africa: *'Too many political and civic leaders have allowed this fear to spread and some even fuelled the flames'* (Globe and Mail, February 28th, 2015).

This amplified perception of risk amongst decision-makers finally permitted to mobilize political attention and make available millions of dollars and resources to act upon the health crisis ravaging through Liberia, Sierra Leone and Guinea. Indeed, the (delayed) promotion and legitimation of exceptional means to respond to a threat is another proof of securitization (Emmers, 2007). Hence, by relaying those extraordinary measures in their publications, Canadian media contributed to defend their essentiality in addressing this 'unusually dramatic' crisis. Call-to-actions from UN agencies and other parties involved in response activities —such as the need to fill the yawning resource gap and to raise up to \$1-billion to fight the spread of Ebola— were recounted in both La Presse and the Globe and Mail (La Presse, September 17th, 2014; Globe and Mail, September 17th, 2014). By retransmitting these demands with their own communication lines, Canadian media exacerbated the urgency and the abnormality of the situation happening in West Africa, which contributed to further securitize the epidemic. This was visible in an article in La Presse which reiterated the need for immediate actions: *'People are dying from Ebola at this very moment, and that it is why it is now that funds promised by the World Bank or by national governments must be channeled. Not in a month. Right now.'*⁶ (La Presse, August 13th, 2014).

That said, the adoption by Canadian media of a grammar linked to security is not the only possible way to advance a securitizing move. Rather, the utterance of more subtle narratives that link the crisis to the idea of an 'existential threat' for the state can also support such a strategy (McInnes & Rushton, 2011). In Canadian media, the association of the 2014-2015 Ebola outbreak with the perception of an existential threat was also carried out through the use of two main storylines, which will be discussed separately in the upcoming sub-sections 4.2.1. and 4.2.2.

⁶ Loose translation of: *'On meurt actuellement de l'Ebola, et c'est donc maintenant, de toute urgence, que les dons promis par la Banque mondiale ou par les gouvernements doivent être acheminés. [...] Pas dans un mois. Maintenant.'*

4.2. Narratives in Canadian media: globalization and politicization

An extensive discourse analysis of Canadian media coverage showed that two key themes, which may be broadly characterized as the frame of globalization and the frame of local politicization, were regularly featured in the articles published between March 2014 and 2015 and contributed to the framing of Ebola as a security threat.

4.2.1. Globalization frame

On the one hand, our findings suggest that the 2014-2015 Ebola outbreak came to be understood as a global health crisis by emphasizing on the idea of shared risk between nations no longer protected by their respective sovereign borders. The fact that newspaper narratives repeatedly linked the epidemic to questions of borders was both due to the context in which the disease originated and the recent tendency in the realm of health security to focus on the impacts of globalization on health. As explained by MSF (2015:6): “in a twist of geographic fate, Ebola erupted at the junction of Guinea, Liberia and Sierra Leone, where people regularly move across the porous borders”. This idea of people traveling around more frequently, easily and rapidly aligns with and reinforces the use of a global health narrative. Other dimensions of such narratives —such as the global market, the mobility of health professionals, the management of information and disease surveillance— were also reported on by Canadian media (McInnes, 2016).

First of all, we noticed that references to border infiltration and to the possibility of -global spreading of the disease within a world deeply connected by globalization and air travel were recurrent in media storylines. For instance, articles discussed about the Ebola epidemic ‘*sweeping through West Africa*’ (Globe and Mail, August 7th, 2014) and spreading ‘*in a swift and relentless chain of transmission*’ (Globe and Mail, October 4th, 2014) or in ways that were ‘*indirect and unpredictable*⁷’ (La Presse, October 16th, 2014). Numerous articles underlined the porosity of borders and the high potential for the mixing of mobile populations and pathogens. More specifically, Ebola was portrayed as a health threat that could spread its tentacles out of Africa to infiltrate the global North: ‘*As long as Ebola is not under control in West Africa, the risk of an infected patient turning up in Canada remains*’ (Globe and Mail, October 17th, 2014). By using this globalization narrative, Canadian media thus supported the shift in perception of Ebola from a foreign, exotic construct to a newsworthy crisis and a priority for national security.

⁷ Loose translation of: ‘*indirect, imprévisible*’

In addition to the anxiety associated with the transgression of recognized borders, Canadian media also used storylines that exposed more broadly the fear of the ‘outsiders’ —hereby known as the particular social group portrayed as the disease carrier—. In an article published in *La Presse*, Ariane Krol referred to this commonly used frame:

‘In the United States, voices are rising to request the closure of borders and the ban of flights for people coming from countries where the epidemic is out of control. This reflex is understandable. It was a citizen of Liberia who brought the disease within American soil and who started the chain of contamination by infecting two American nurses with the virus. The episode is simple and linear; it’s the only real-life experience in North America. It is tempting to pull up the drawbridge to keep the plague-stricken victims at a distance. However, it’s impossible⁸’ (*La Presse*, October 16th, 2014).

As demonstrated by the cynical nature of the previous quote, the globalization frame was also criticized by many Canadian journalists for lacking humanity. Several articles mentioned the disheartening fact that donor states only started to take responsibility and intervene when they felt threatened by Ebola: *‘Ebola is scary, but it’s a fear we manage to keep at bay. The so-called developed nations, having no reason to believe that the disease is about to knock on their doors, do not feel the urgency of stopping its dissemination [...] No, nothing for the moment leads us to believe that the contagion is coming towards our climatized countries⁹’* (*La Presse*, September 5th, 2014).

On a different note, Canadian journalists also drew parallels between the Ebola crisis and other kinds of security threats that emerged, or at least increased, with the onset of globalization. Indeed, the West African Ebola outbreak was compared to *‘a major terrorist attack on the whole world’* (*Globe and Mail*, October 4th, 2014) and was even described as *‘America’s new triple threat’* alongside with the Islamic State and its insecure borders (*Globe and Mail*, October 30th, 2014). On several instances, Ebola was also depicted as a crisis that had the

⁸ Loose translation of: *‘Beaucoup de voix s’élèvent aux États-Unis pour réclamer la fermeture des frontières aux vols et aux personnes en provenance des pays où l’épidémie est hors de contrôle. Réflexe compréhensible. C’est un citoyen du Liberia qui amené la maladie en sol américain, et c’est à son contact que deux infirmières américaines ont contracté le virus. L’épisode est simple, linéaire. Et c’est le seul vécu en Amérique du Nord. Il est tentant de remonter le pont-levis pour tenir les pestiférés à distance. Sauf que c’est impossible’*

⁹ Loose translation of: *‘L’Ebola fait peur, mais c’est une peur qu’on réussit à tenir à distance. Les nations dites développées, n’ayant pas de raison de croire que la maladie s’apprête à frapper à leurs portes, ne ressentent pas l’urgence d’arrêter sa propagation. [...] Non, rien pour l’instant ne permet de croire que la contagion s’en vient vers nos contrées climatisées’*

potential of cascading into other types of issues like toppling dominos. Citing from Barack Obama's speech, an article in the Globe and Mail stated that *'the panic [resulting from Ebola] could lead to a breakdown of several West African economies'* (Globe and Mail, September 17th, 2014). Similarly, a piece in La Presse picked up from Liberia's President Ellen Johnson Sirleaf's *Letter to the world* expressing her concern that Ebola could lead to *'the loss of an entire generation as a result of an economic catastrophe caused by crop loss, market collapse and border closures'*¹⁰ (La Presse, October 22nd, 2014). More often than not, Canadian media coverage emphasized on the ways by which the epidemic could destabilize our global ecosystem as a whole and have lasting negative consequences on Western Ebola-free societies. These discourses addressed primarily Ebola's potential disruptive impact on the global commodity market as well as the heavy management costs such an epidemic represents for wealthier nations. In Canadian media, it was done so in a way that clearly highlighted that the Ebola crisis was observed from a national, self-interested standpoint caring more about dollar figures than the number of African lives saved. This is clearly spelled out in this excerpt published in La Presse: *'Let's hope rich countries know how to count and realize that it would have been cheaper to respond earlier, before the epidemic reaches this point'*¹¹ (Globe and Mail, October 18th, 2014). In the same logic, an article featuring an interview with an Export Development Canada Analyst outlined how the 2014-2015 Ebola outbreak was limiting opportunities for Canadian companies to invest in the region: *'it's shutting down commerce because of outside perceptions that you can't do business there'* (Globe and Mail, November 18th, 2014).

The primacy of the globalization frame was also denoted in Canadian media's reporting on extraordinary measures enforced in the country and abroad. Actions such as increased surveillance, isolation efforts and border controls were deemed acceptable pathways of response as a result of the dominant global crisis rhetoric and the perceived reduction of physical distance between the West and Ebola-affected countries. Consequently, Canadian media focused much of their attention on airport and travel security, screening procedures and containment capacity implemented nationally rather than on ground interventions occurring in the epidemic's hot zones. From March 2014 up until mid-August 2014, only a few articles

¹⁰ Loose translation of: *'une génération entière soit perdue dans une catastrophe économique causée par la perte des récoltes, la chute des marchés et la fermeture des frontières'*

¹¹ Loose translation of: *'Espérons que les pays riches savent compter et se rendent compte qu'il aurait été moins coûteux d'intervenir plus tôt, avant que l'épidémie ne prenne une telle ampleur'*

mentioned the actions upheld by West African governments to limit the cross-border transmission of the disease. Most articles addressing the initiatives implemented by West African authorities and international agencies involved in local response relayed information focused on border closing, quarantine procedures and transportation restrictions: *'Senegal shutting its land border with neighbouring Guinea to prevent the spread of the Ebola outbreak'* (Globe and Mail, March 31st, 2014); *'Liberia has announced the closure of part of its borders to try to stop the spread of the Ebola outbreak'¹²* (La Presse, July 29th, 2014) and *'Kenya will bar passengers travelling from the three West African countries badly hit by the Ebola outbreak'* (Globe and Mail, August 18th, 2014). Other key drivers of the epidemic—such as widespread social stigmatization, mistrust in local governments, and cultural practices—were only described superficially in Canadian media narratives. Instead, articles in both La Presse and the Globe and Mail focused almost exclusively on the ways by which the Canadian governments ensured to keep this dreading disease at a distance. For instance, in an interview with La Presse, Minister of Health Rona Ambrose and Minister of State Foreign and Consular Affairs Lynne Yelich guaranteed that: *'All points of entry into Canada are regularly monitored, and travellers showing symptoms will be referred to quarantine officers who have the authority to implement public health measures to protect Canadians [...]'¹³* (La Presse, August 2nd, 2014). Both newspapers also repeatedly reiterated the advisories and recommendations issued by the Public Health Agency of Canada (PHAC) and the Department of Foreign Affairs asking Canadians to avoid all non-essential travel to outbreak zones and affected countries.

As the crisis unraveled, the sense of urgency finally hit the international community around October 2014. At that moment, more extreme measures appeared necessary to fight the propagation of the disease. In Canada, these extraordinary emergency measures were embodied by the controversial travel ban and the denial of visas for individuals exiting Ebola-afflicted countries. In an attempt to preserve the illusion of security symbolized by its borders, the Canadian government disregarded the numerous recommendations of the WHO and went ahead with restricting transportation from and to Guinea, Liberia and Sierra Leone. This decision was very much contested in both La Presse and the Globe and Mail. In a strongly

¹² Loose translation of: *'Le Liberia a annoncé la fermeture d'une partie de ses frontières pour tenter d'enrayer la propagation de l'épidémie de fièvre Ebola'*

¹³ Loose translation of: *'Tous les points d'entrée au Canada sont régulièrement contrôlés, et les voyageurs présentant des symptômes seraient dirigés vers des agents de quarantaine, qui ont le pouvoir de mettre en oeuvre des mesures de santé publique pour protéger les Canadiens [...]'*

opinionated piece featured in La Presse, Agnès Gruda questioned this manoeuvre and raised concerns about its potential adverse effects on local populations and on an already economically weakened region:

*'What got into the Canadian government to suspend the issuing of visas to travellers coming from the three African countries affected by the Ebola outbreak? This measure is inefficient and counterproductive. It goes against our international commitments. It is discriminatory and fuels the climate of collective hysteria that slows down the fight against this terrible virus.'*¹⁴ (La Presse, November 7th, 2014).

In the same vein, a journalist in the Globe and Mail declared these limitations on international movement to be excessive: *'There has never been a case of Ebola in Canada, but that didn't prevent our government's shameful decision to deny visas to visitors from the afflicted countries, over the protests of public-health experts'* (Globe and Mail, February 28th, 2015). Public health specialists were strongly opposed to this ban and said it contravened International Health Regulations. They were also worried that transportation of medical personnel and supplies would be hindered by this new policy. In response to these critics, Canada's Chief public health officer Gregory Taylor defended the visa restrictions in an interview with the Globe and Mail saying that this measure aimed at: *'[...] striking that right balance, the right balance of protecting Canadians'* (Globe and Mail, November 28th, 2014). His statement only addressed the national component of this decision while completely overlooking the potential harmful impacts on countries struggling against the epidemic.

In short, by portraying Ebola through the frame of globalization, Canadian media contributed to the securitization of the disease by building on the notion of shared vulnerabilities and global interdependence of nation-states within the realm of health security. This type of discourse has often been used to portray infectious diseases in both historical and contemporary cases (Abeysinghe, 2016). In the case of the 2014-2015 Ebola outbreak, the use of this global spreading narrative combined with the growing fear amongst Canadian citizens pushed our political leaders to turn to inward-looking policies with a primary focus on national interest in response to exogenous threats. The political pressure also urged decision-makers to

¹⁴ Loose translation of: *'Quelle mouche a donc piqué le gouvernement canadien pour qu'il suspende la délivrance de visas aux voyageurs en provenance des trois pays africains touchés par l'épidémie d'Ebola? Cette mesure est inefficace et contreproductive. Elle contrevient à nos engagements internationaux. Elle est discriminatoire et contribue au climat d'hystérie collective qui freine la lutte contre ce terrible virus'*

demonstrate the ability of the local institutions to control the disease should it spread within their own territory. The next sub-section will address how this logic of domestic capacity and local preparedness was another fundamental frame regularly employed by Canadian media.

4.2.2. Domestic Politics frame

Another conclusion that stood out of our analysis of Canadian media coverage was the fact the epidemic was often portrayed through a lens of domestic politics, with very little reference to wider implications in terms of international security and global health. Consequently, by using a framing anchored in a logic of local preparedness, Canadian media contributed to the transformation of Ebola from a problem for West Africa to a problem for the West. This led to Ebola being perceived as a tangible national threat for Canadians, which supported the securitization of the disease.

Previous researches have shown that media reports on Ebola coming from outside of Africa had a tendency to homogenize, silence or even ignore the core context felt in the main outbreak zone. Instead, the attention was displaced to Western nations and how they were impacted by the crisis (Abeyasinghe, 2016). Indeed, narratives in both *La Presse* and the *Globe and Mail* focused overwhelmingly on the few Ebola scares that were reported in Canada (identified in the hospitals of Lanaudière, Gatineau, Brampton, etc.) despite the fact that they were all false alarms. This propensity to apply a local reading to the West African crisis increased significantly after health workers in southern United States were diagnosed with Ebola. This was seen in an article which stated that: *'The Texas developments added a new North American element to an Ebola crisis in Guinea, Sierra Leone and Liberia'* (*Globe and Mail*, October 16th, 2014). Similarly, another piece published in the days following the Dallas cases displayed this quite vivid title: *'North America on high alert'* (*Globe and Mail*, October 16th, 2014). Domestic factors gradually took precedence in Canadian media discourses which mostly were focused on control measures implemented in Canada and the United States. The focal point of many storylines hence began to concentrate on how Canada would react to the disease entering its borders: *'Readying front-line workers in Canada to handle Ebola has taken on a new urgency after it was confirmed on the weekend that a Dallas nurse contracted the virus while treating a patient, making her the second health-care worker to contract it outside Africa'* (*Globe and Mail*, October 15th, 2014). In fact, the newspapers started to publish articles that thoroughly described the procedures established nationwide in the event of Ebola knocking at Canada's doors, regardless of how unlikely this scenario was. Accounts on the efficiency,

adaptability and reactivity of our health system gained more and more space in media narratives as exemplified by the following quote: *'Ottawa is co-ordinating with provinces on ways to strengthen detection and response protocols, while U.S. pledges 'much more aggressive' monitoring'* (Globe and Mail, October 16th, 2014). Furthermore, as the discussions shifted towards local preparedness, the Ebola disease evolved into a site around which national and regional politics of health could be debated and even criticized. For instance, an article featured in the Globe and Mail mentioned that: *'The ministry has issued 50 compliance orders to 13 hospitals and one paramedic service since August, most citing failures to properly train staff, provide personal protective equipment [...] or draw up adequate plans to contain a lethal virus [...]* (Globe and Mail, October 18th, 2014). Complaints from health worker unions, more specifically paramedics and nurses, also appeared periodically in both media as demonstrated by these quotes: *'Some Toronto paramedics, worried about their potential exposure, were threatening to refuse work'* (Globe and Mail, October 27th, 2014) and *'Nurses from Notre-Dame Hospital [...] fear being exposed to the virus. According to a news story produced by Radio-Canada, some nurses even say that they would refuse to treat an infected patient'¹⁵* (La Presse, October 14th, 2014). An article in La Presse even outlined how three major universities of the province of Quebec —that is McGill University, Université Laval and Université du Québec à Montréal— decided to put in place *'special precaution measures'¹⁶* to prevent the hypothetical spread of the disease within their institutions (La Presse, September 5th, 2014).

In an attempt to contain the growing feeling of panic within the population, Canadian leaders emphasized their confidence in their ability to control an Ebola outbreak. This was noted by Pierre Foglia from La Presse: *'American authorities (just like ours) seem to want to reassure their citizens in order to avoid panic. Except that panic could just as easily come from the false assurance given to the population'¹⁷* (La Presse, October 16th, 2014). Reassuring statements from government officials and other authority figures in the management of Ebola started to populate headlines as the media coverage shifted more and more towards domestic affairs and local preparedness. For instance, a quote from La Presse expressed that: *'Federal Health Minister Rona Ambrose reassured Canadians that the risk of spreading the virus in Canada is*

¹⁵ Loose translation of: *'Des infirmières de l'hôpital Notre-Dame [...] craignent d'être exposées au virus. Selon un reportage de Radio-Canada, certaines infirmières affirment même qu'elles refuseraient de traiter un patient infecté.'*

¹⁶ Loose translation of: *'précautions particulières'*

¹⁷ Loose translation of: *'On sent de la part des autorités américaines (comme des nôtres) un grand désir de rassurer pour éviter la panique. Sauf que la panique pourrait tout aussi bien venir des fausses assurances données à la population'*

very low¹⁸ (La Presse, October 2nd, 2014), while a representative from PHAC stretched in the Globe and Mail that: '[...] *Ebola is neither airborne nor easy to catch*' (Globe and Mail, October 15th, 2014). Similar remarks were also picked up by the two newspapers from provincial officials from Quebec and Ontario. Finally, examples of such declarations also came from health experts such as Mr. Vespignani, researcher at the Northeastern University in Boston, which stated that: '*The likelihood of the virus spreading beyond Africa is low, but not negligible. [...] the risk for Canada is about 1%*'¹⁹ (La Presse, September 13th, 2014). Although the goal of governing bodies and media outlets was to limit the dread associated with the virus and to reiterate the readiness of Canadian health infrastructures, their discourses were still conveying the idea that our national security was the central element of this crisis and that everything was being done to keep this foreign threat outside of our territory. This once more underlines the securitized nature of policy responses promoted by Canadian authorities, which were mainly targeted at controlling Ebola-related fear rather than actually investing in measures that would help put an end to the epidemic. This is in line with a research conducted by the WHO which demonstrated that, based on a review of several past large-scale epidemics, up to 40% of the budget spent by states fighting epidemics is devoted to initiatives that are not directly linked to restricting the spread of the pathogen, but rather at reassuring the population and preventing misinformation or stigmatization (Benkimoun *et al.*, 2015).

However, this approach to the crisis did not appeal to all. Indeed, this framing of local preparedness applied to the Ebola crisis within Canadian media narratives was also vigorously denounced by journalists and other medical or legal experts. As such, Mélanie Durgé, a lawyer who regularly collaborated in the Debate section of La Presse, writes: '*It is sad to see that our interest towards the Ebola crisis is limited to ensuring that suspicious cases reported periodically by the media in Quebec, are not finally infected by the terrible disease and that our health care system is ready to react to a possible spread of the virus*'²⁰ (La Presse, September 8th, 2014). Then as well, a group of health professionals share the same uneasiness described above. Reflecting on the declarations made by government entities that if Ebola ever reaches

¹⁸ Loose translation of: '[...] *la ministre fédérale de la Santé, Rona Ambrose, a tenu à rassurer la population canadienne en martelant que les risques de propagation au Canada du virus sont très faibles*'

¹⁹ Loose translation of: '*La probabilité de voir le virus quitter l'Afrique est par ailleurs «faible, mais non négligeable». Le risque pour le Canada est d'environ 1%*'

²⁰ Loose translation of: '*Il reste désolant de voir que notre intérêt à l'égard du virus Ebola se limite à nous assurer que les patients québécois suspects, périodiquement rapportés par les médias, ne sont finalement pas infectés par la terrible maladie et que notre système de santé est paré à réagir à une propagation éventuelle du virus.*'

our borders, it would be easily contained by our resilient health system, the authors raise some important questions: *'It is rather curious because if our government can so easily accomplish this task with the resources at our disposal, then we must ask ourselves: why can't we do more to help those who die in Liberia, Sierra Leone and Guinea?'*²¹ (La Presse, October 11th, 2014).

Here again, encouraging an understanding of the Ebola crisis anchored in logics of domestic politics resulted in paving the way to certain types of reactive actions. The next paragraph will examine how Canadian media narratives seemed to position vaccine development as an interesting avenue to, on the one hand, contribute to the international efforts to reverse the curb of transmission of the Ebola disease, and on the other, limit the increasing panic within Canadian society. In fact, the virus pharmaceuticalization came to be seen as an attractive policy framework to address this global health security threat. According to scholars Roemer-Mahler and Elbe (2016), the securitization and pharmaceuticalization often manifest in parallel in contemporary global health policy since "[...] securitization processes tend to encourage *quick-fix* and therefore often technologically driven responses" (Roemer-Mahler & Elbe, 2016:491). Such a tendency was noticed in the analyzed media coverage which frequently referred to Canada as a pioneer in the development of an experimental Ebola vaccine: *'A number of companies and researchers around the globe are working on Ebola vaccines, but perhaps the epicentre of development and distribution at the moment is in Canada'* (Globe and Mail, August 14th, 2014). Indeed, Canada's efforts in researching vaccines and in legitimating the use of medicines and drugs to fight the epidemic served to exemplify and demonstrate the country's involvement in the management of the crisis. For instance, in an article discussing the need to deploy more military medical teams in West Africa, the Globe and Mail picked up a statement from Health Minister Rona Ambrose declaring that:

'While some countries are sending many troops, Canada's real strength, a lot of our strength, is in expertise [...] If you think about the fact that we're the country that for 10 years has been researching Ebola and has come up with what is a very promising vaccine, we have some of the best and brightest on this issue.'
(Globe and Mail, November 28th, 2014).

However the reality is that this 'remarkable' contribution from Canada to finally stop this deadly pathogen from stealing millions of lives in West African was not totally selfless. As it has been

²¹ Loose translation of: *'Curieux, plutôt, parce que si notre gouvernement peut si facilement accomplir cette tâche avec les ressources à notre disposition, on doit alors se poser la question: pourquoi ne pouvons-nous pas en faire davantage pour aider les personnes qui meurent au Liberia, en Sierra Leone et en Guinée?'*

reported by both media, the government of Canada donated some of these doses to the countries dealing with the outbreak but also kept some at home: *'As a precautionary measure, Canada has decided to keep 500 to 700 doses of the vaccine in Canada. Some will be set aside to either protect health care workers or save lives if the virus ever infects Canadians'*²² (La Presse, August 21st, 2014). These practices once more highlight policies that are driven by the securitization of the issue. Regarding this, McInnes (2016:388) explains that "[...] experience from the 2009 H1N1 pandemic suggests that fear in high-income states leads to pressure for them to stockpile anti-virals and vaccines even when the health risk is higher elsewhere".

Although Canada's involvement in research efforts to discover a treatment was frequently positioned as a crucial, effective and progressive policy response within Canadian media, it was not unanimously accepted. While government officials underscored and emphasized massive investments in pharmaceutical research, other interlocutors were more critical of this pathway: *'Apart from participating in high-level discussions, industrialized countries devote most of their efforts to researching treatments and vaccines. This approach, as important as it is, will not solve the immediate problem'*²³ (La Presse, September 5th, 2014). Indeed, as the Ebola anxiety began to wind down in Canada at the end of 2014, voices were raising that this strategy was somehow puzzling since it was not answering the most urgent needs felt in Ebola-stricken zones, such as the necessity to send more medical specialists on the ground. The two newspapers displayed critics saying that this policy framework appeared to be primarily a political choice to ensure Canadians felt protected at home, rather than a rational decision on the best ways to support the eradication of Ebola.

In addition to promoting policies based on national interest, the power of the co-narratives of pharmaceuticalization and local preparedness in Canada was such that efforts were made to speed up pharmacological interventions and allow breach in protocol related to use of drugs and medicines. Hence, the securitization of the Ebola health crisis laid ground for the right political space in which practices that were normally qualified exceptional could be freed of constraints. Faced with an unprecedented crisis, the international community began to

²² Loose translation of: *'Par précaution, le Canada a décidé de conserver de 500 à 700 doses de vaccin au pays. Certaines seront mises de côté pour protéger les travailleurs de la santé ou sauver des vies si jamais le virus infectait des Canadiens.'*

²³ Loose translation of: *'À part discuter au sommet, les pays industrialisés consacrent l'essentiel de leurs efforts à la recherche de traitements et de vaccins. Cette démarche, aussi importante soit-elle, ne réglerait pas le problème immédiat.'*

consider easing the clinical test procedures linked to the introduction of new drugs and envisioned rushing through untested vaccines and antivirals. As described in an article published in the Globe and Mail, wealthy nations became to feel the urge to act outside of the realm of normal politics to try and eradicate the Ebola virus:

'In the meantime, more and more relatively untested, experimental Ebola treatments are starting to arrive in West Africa, where the disease has killed more than 1,000 people and prompted health officials to temporarily set aside traditional rules about using experimental medication on humans.' (Globe and Mail, August 15th, 2014).

These practices also raised important ethical questions which were mentioned several times in Canadian media discourses. Indeed, the long term risks resulting from the use of those experimental treatments on humans as well as the thorny issue of who would have access to the very limited doses of vaccines have been written about extensively in both La Presse and the Globe and Mail. On the latter, more and more reactions materialized following the use of these early treatments on a small sample of Western aid workers that were infected with Ebola during the course of their work in West Africa. For instance, a journalist from the Globe and Mail underlines the unfair nature of this approach in his article: *'There have been widespread concerns that Western patients who catch Ebola are getting better access to treatment than Africans'* (Globe and Mail, August 25th, 2014). As a matter of fact, researchers from the field of security studies have noticed that policy choices made in the context of a securitized crisis often legitimize the establishment of a new social order wherein threats —such as the Ebola outbreak— can be dealt with outside the normal rules and regulations of policy-making or even international law. In an interview with the Globe and Mail about the fact that most Ebola vaccines have so far been administered to foreign front-line health workers, Mark Bernstein, a professor of surgery at the University of Toronto, pinpoints this very situation: *'Generally in medical care, the resources are given to those who are most needy - if an alcoholic is sicker than the King of England and you have one operating room, the sicker patient gets it'* (Globe and Mail, August 15th, 2014). In other words, the securitization of a particular health crisis can impede fundamental rights such as health equity in the name of urgency and security. A brief reflection of the implications and consequences of securitizing discourses in health will be undertaken in the next chapter.

CHAPTER 5 - CONCLUSION

5.1. Study findings

The present chapter will provide a brief summary of the key results of this study and will conclude with some final remarks and suggestions for future avenues of research. The intent of this thesis was to examine and describe the presence and patterns of securitization in Canadian media discourses related to the most recent Ebola outbreak. Overall, findings have demonstrated that securitization of the disease did take place at times in Canadian media but did not follow a linear trajectory. An in-depth discourse analysis revealed instances of both securitization and de-securitization within the storylines published about the epidemic over the course of a year. Unlike what was predicted in our hypothesis, the UNSC declaration on September 18th, 2014 which stated that Ebola was a “threat to international peace and security” was not the main trigger nor the starting point of the securitization process in Canadian media. On the contrary, peaks in the use of securitized narratives and vocabulary were observed following various key events of the 2014-2015 Ebola outbreak. The first increase observed was in August 2014 when the WHO declared the outbreak a PHEIC following the contamination and repatriation of two American aid workers helping in West Africa. The second one was in October 2014 when Thomas Eric Duncan became the first case diagnosed on U.S. soil. In addition, the variations in the degree of securitization associated with the Ebola crisis did not only vary over time, but also among actors whose voices and opinions were featured in Canadian media discourses. Indeed, tensions between actors employing securitized narratives and the ones promoting approaches anchored in human rights and equity were often noticeable.

Despite these variations, we were able to identify a few distinctive ways by which the securitization of Ebola played out in *La Presse* and the *Globe and Mail*. This analysis highlighted that the securitization of Ebola mostly took place through the deployment of a grammar of security as well as through the use of the two main narratives related to globalization and local politics. On the first hand, media discourses repeatedly featured connotative vocabulary related to the security field which served to convey a sense of urgency and imminent threat. Secondly, journalists from both *La Presse* and the *Globe and Mail* frequently discussed Ebola through the globalization frame. Their articles often put emphasis on ideas of border infiltration and potential cascading effects of the health crisis on our globalized world. They also intensively reported on the extraordinary measures implemented to avoid global transmission (isolation, quarantine procedures, travel bans, etc.). Similarly, media pieces

overwhelmingly displayed the co-narratives of local preparedness and pharmaceuticalization within their news agenda. Discussions on domestic readiness, local capabilities linked to Ebola management, pharmaceutical policy responses as well as vaccine development efforts were the focus of a large portion of the coverage.

5.2. Result significance and implications for stakeholders

The findings of this research once more underscore how the securitization of Ebola seems to have followed the fluctuating Western fear towards the disease rather than the growing number of human casualties reported in Africa. This trend tells a great deal about whose security was truly at stake when Ebola-related media discourses became securitized in Canada. In view of this, researches like ours remind us the importance of remaining critical about the entanglements of security markers within contemporary politics of global health. It also enables us to go beyond reductive (and often convenient) statements describing Ebola as a *perfect storm* which took the international community by surprise. If we stick to such simplified explanations, the lessons learned in relation to this health crisis will undoubtedly be de-contextualized and de-politicized. We agree that Ebola was maybe unique in many ways: the pathogen was not well known by the medical community, the first cases were reported at the junction of three countries, the spread was rapid and unconnected chains of transmission were identified in many different locations, etc. However, this crisis would not have reached this magnitude if it were not for the lack of political will and global inaction shown by wealthy nations in the first months of the outbreaks. Here are the words of MSF international president Dr Joanne Liu on this subject: “When Ebola became an international security threat, and no longer a humanitarian crisis affecting a handful of poor countries in west Africa, finally the world began to wake up” (MSF, 2015:11).

Therefore, understanding how we frame epidemics like Ebola in our media discourses is crucial because emergency interventions we legitimize as a society will take meaning within these narratives. Thus, this research seeks to foster the reflection on whether portraying infectious diseases as security threats should be seen as an appropriate and politically desirable strategy for the Canadian government. Due to the complexity of the policymaking process, further research is needed to fully comprehend the extent to which securitized media discourses might have played a role in shaping the Canadian Ebola-related response and its distribution of aid to affected countries. However, based on this analysis, we can still note that some of Canada’s policies seemed to have been mostly fear-driven, rooted in national interests

and based on political expediency. The high degree of political concern, misinformation and public fear towards the virus inevitably influenced the Canadian government's actions and potentially hindered the capacity to conduct rational decision making and evidence-based assessment of the needs (McInnes, 2016). Enemark affirms that “during a fast-unfolding outbreak of a dreaded disease, when time is of the essence and governments are likely to govern with haste and zeal, there is an increased danger that emergency measures will be ineffective, counterproductive, and/or unjust” (2009 cited in Enemark, 2017:140). This was exactly what happened when Canada temporally suspended the processing of visa applications for individuals coming from Ebola-stricken states. This contested decision was arguably a manifestation of negative securitization of the disease and was a clear example of the primacy granted to national interests at the expense of the urgent need to halt the virus. Indeed, at the height of the crisis, the Canadian government was severely criticized within both newspapers for steering a disproportionate portion of its resources on readiness and containment measures within its own borders while what was desperately needed were boots on the ground to fight the disease. It was so argued by a group of public health specialists from the University of Toronto and the University of Waterloo: “Under the guise of protecting Canadians from the remote likelihood of Ebola coming to and spreading within Canada, the government has issued policies that are costly, not proven to be effective at protecting Canadians (their primary stated goal), and will worsen the situation and stigma faced by the Western African nations hardest hit by the outbreak” (Sharma *et al.*, 2014).

5.3. Future research directions

This section identifies a few future research avenues that could complement this study and help fill the remaining gaps. As mentioned above, analyzing securitization through media coverage highlighted the fact that several stakeholders employed diverging discursive strategies to portray the issue and sometimes had competing goals to securitize the crisis or not. For instance, government authorities seemed to adopt securitized discourses more frequently than officials from non-governmental organizations such as MSF. In view of this, future research could dig deeper into those similarities and differences and evaluate which actors are more likely to privilege securitize discourses and for what reasons. Furthermore, it would have also been interesting to compare the securitization of the 2014-2015 Ebola outbreak with previous media coverage related to other infectious disease outbreaks (i.e. SARS) and examine if similar policy choices resulted from this framing.

As briefly discussed in the previous section, a thorough understanding of the sociopolitical implications of the highly politicized and security-centered discourses on Ebola-related policy decisions calls for further research. Such work could help identify alternative response pathways whereby epidemics are not addressed as national security issues, but as development problems anchored in long term structural inequalities between the North and the South. Indeed, the risk associated with using a securitization approach during global health crises is that it has proven to promote mostly temporary policy solutions that privilege containment over prevention (Elbe & Roemer, 2016). Hence, the great danger is to overlook the deep-seated vulnerabilities and complex socioeconomic and political health determinant factors that give rise to these events in the first place. The West African Ebola outbreak is a tragic reminder of the urgent need for a more equitable, sustainable and people-centered approach in global health policymaking. Let's hope that the lessons learned from this human disaster will lead to a global effort to reduce the potential of such a health crisis to repeat itself.

5.4. Positionality and reflexivity

In order to bring into perspective the outcomes of this analysis and to ensure their validity, it is important to reflect on my own positionality as a researcher. This exercise of self-scrutiny aims to appreciate and evaluate how my beliefs, value system, and moral stances could have possibly impacted the nature of my conclusions. To do so, I have contemplated the potential interactions between the orientation of this research and my identity as the unique researcher of this project. When looking at the research process, the very nature of the chosen methodological approach brings into play potential challenges of positionality. When performing data analysis, the researcher himself becomes the data collection instrument. Indeed, as an interpretivist and intersubjective qualitative method, discourse analysis places the researcher in a position in which he contributes to the creation of meaning. For that reason, I had the responsibility to remain mindful that I too am situated in a social world constrained by relations of power and in which I inevitably bear my own personal, professional and intellectual bias. That said, the potential influence of my positionality should not be seen as a limitation to my research interpretations because the theoretical foundations of this analysis recognize that meaning is socially constructed and thus is not stagnant or unique.

As for my relationship with the subject of the securitization of Ebola in Canadian media discourses, I navigated between a status of outsider and insider throughout the research process. On the one hand, as a white, middle-class Canadian citizen who has not stepped foot

within West Africa during the crisis, my understanding of the lived experience related to Ebola was limited to secondary articles and reports I have read in the past years. This dimension was important to keep in mind in order to avoid making assumptions on the way discourses and narratives associated with the outbreak were possibly framed in the field. However, since my research inquiries focused on understanding the securitization of Ebola within Canadian media, I mostly occupied a position of insider because I was part of the readership targeted by the two selected Canadian newspapers. With that logic, we can argue that I probably share many aspects of my positionality with the majority of the members of this audience (i.e. the Canadian society). However, I had to remain cognizant of the intersectional notions of my identity that could have influenced my comprehension of the topic and that could differ from the rest of the Canadian population (e.g. my knowledge of politics, economic class, race, ethnicity, age, education and personal experiences).

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