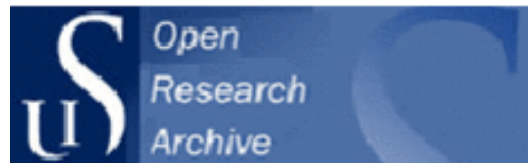




University of  
Stavanger

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# **Approaching doomsday: how SARS was presented in the Norwegian media**

Ketil Fred Hansen

This article reviews why SARS received so much media attention in Norway, beginning with descriptions of the dynamics and dilemmas faced in health risk communication from the point of view of medical experts and generalist journalists. How the Norwegian media covered SARS is then described and analysed in relation to these risk communication dynamics and dilemmas. Based on the description and short analysis, connotations of the main narratives in the different phases of the SARS outbreak are then discussed. In the conclusion, the nature of SARS itself is used to explain the enormous exposure it received and the massive fear it created in Norway compared to the meagre medical damages it produced there.

**Keywords:** SARS; media; Norway; infectious disease; risk communication; risk perception

## **Introduction**

On 15 March 2003, the World Health Organisation (WHO) published a global warning on a possible pandemic called Severe Acute Respiratory Syndrome (SARS). Less than four months later, on 5 July, WHO declared that SARS no longer represented a pandemic danger. By that time, 29 countries had reported 8439 persons affected by SARS and a total of 812 deaths had occurred in seven of these countries.<sup>1</sup> Globally, the economic impact of SARS was estimated as high as \$100 billion (Smith 2006, 3114), or about \$100 million per death. Neither those affected nor those killed by SARS were Norwegians or persons living in Norway. Norwegian health authorities claimed throughout the period that SARS was not very dangerous and that most people affected by SARS would recover quickly in a hospital. However, during the period between 15 March and 5 July, Norwegian newspapers published articles about SARS and its dangers almost daily.

This article reviews why SARS received so much media attention in Norway, beginning with descriptions of the dynamics and dilemmas faced in health risk communication from the point of view of medical experts and generalist journalists. How the Norwegian media covered SARS is then described and analysed in relation to these risk communication dynamics and dilemmas. Based on this description and analysis, connotations of the main narratives in the different phases of the SARS outbreak are then discussed. In the conclusion, the nature of SARS itself is used to explain the enormous exposure it received and the massive fear it created in Norway compared to the meagre medical damages it produced there.

## **Risk communication**

Operational calculation of risks still persists as an obsession in some milieus. Quite a few people still believe that risk can be calculated mathematically by experts and communicated as an objective truth to the public. However, more and more researchers now advocate that risk is conceptualised partly as a social construct and partly as an objective property of an event (e.g. Renn 2007; Aven 2007; Wilkinson 2001). An unknown degree of uncertainty is intrinsic in the concept of risk. Since most experts' knowledge is based on previous experience and historical data, while the risk is about an unknown future, knowledge about risk will always remain uncertain and incomplete. The degree of uncertainty is higher when pre-existing comparable situations are few, when experts do not agree on how to assess the situation, and when the situation is complex. Thus, assessments of the 'reality' of the risk we face will always be social constructions. Risk perception differs individually and socially and depends on factors like voluntariness, personal ability to influence the risk, familiarity with the hazard, and the catastrophic potential (Renn et al. 1992, 138; Wilkinson 2001, 8). Different people will have different, individual levels of risk acceptance, and what people perceive as risky will also differ. Johanna Bourke emphasised this in her cultural history of fear, in which she stated that 'the subjective experience of fear is invisible' (Bourke 2005, 73).

Health risks like the SARS epidemic often seem to be comprehensive, extending to and embracing all parts of society (Flynn 2006, 79). The SARS epidemic also fits well with Ulrich Beck's argument that risks are globalised as new forms of risk without temporal and spatial limits (Beck 1992 [1986]). While more and more health risks are seen as voluntarily chosen, others are still regarded as random, affecting people as passive victims (Flynn 2006; Lupton 2006). In one way SARS represented a typical form of risk because it entered Beck's universe of the kind of invisible, uncertain and unaccountable risk that has become pervasive. However, looking at the majority of the contagious SARS was atypical. On a world basis, poor and marginalised people are normally more exposed to such 'arbitrary' health risks than are the wealthy and the elite. The SARS epidemic was an exception to this trend, as it hit the globe-trotting elites disproportionately.

## **Medical experts and generalist journalists: different stories**

Different perceptions of risk in a given case normally flourish. The uncertainty of all situations involving a risk often makes authorities lose control over the message conveyed to the public in times of crisis. It is precisely this uncertainty, when risk is part of the story, which leads journalists to create dynamic stories and controversies. Risk professionals, e.g. responsible authorities in a crisis, often complain that the media exaggerate risks that pose little threat to the public and play down those that pose a greater threat (Olsen, Mathiesen, and Boyesen 2008). Responsible authorities often attempt to reduce public and political uncertainty by communicating convincing narratives about causes and solutions to a given crisis. For experts claiming to have *the answer*, the media-communicated uncertainty is seen as a democratic problem. The experts with scientific information about a given case will inevitably be contradicted in the media by other views, either those of differentiated experts or laymen or persons with other agendas or social entrepreneurs like NGOs and private associations who are using the situation to get their values or viewpoints communicated to an extended

public (Breck 2001). These difficulties make some risk managers compare crisis management to media management (Power 2004, 19). Because, for journalists, a standardised narrative of a crisis with its causes and solutions may, at best, be news for a few days, the media will most often try to frame an issue by presenting two opinions. If everyone agrees on causes, consequences and who is to blame, even a big crisis will lose the media's interest quickly. Therefore, to make a news case, the media has to give it conflict and increase uncertainty by giving space to alternative, and sometimes marginal, viewpoints. Insisting on this two-opinions-presented tradition, crisis journalism tends to increase public uncertainty and confusion by giving equal space to two views, even though one is represented by a large majority and the other a tiny minority (Bjerke and Dyb 2006, 59, 69). In this way, newspapers in Norway tend to construct issues in such a way that readers get the feeling of living in a high-risk society (Eriksen 2006, 24). Thus, how the media construct issues and identify and highlight different risks will influence heavily how individuals apprehend risk and will direct what the general population defines as threats (Anderson 2006, 125; Lupton 2006, 93; Bjerke and Dyb 2006, 14; Eriksen 2006; Olsen, Mathiesen, and Boyesen 2008). The medical profession once held an outstanding position as a science of knowledge, giving an absolute trustworthiness to doctors. Today there is an increased public awareness of the uncertainty of medical knowledge (Alaszewski 2006, 161). Reported cases of failures in medicine have undermined the trust which used to provide sick people with a sense of security (ibid). This means that the statistical probability that any one individual will get severely sick or die may differ considerably between the medical perspective and that of people in general. However, even if people are aware of the risks applicable to a general population, they do not necessarily perceive themselves, personally, to be at risk from the hazards described in the media (Wilkinson 2001, 13; Drottz-Sjøberg 2003, 8).

Research has also shown that the space newspapers devote to different crises does not correspond to the threats these crises represent (e.g. Hughes, Kitzinger, and Murdock 2006; Wilkinson 2001, 13). Thus, experts in a given crisis have a different goal with their communication than does a journalist in a public newspaper; the expert communicates more or less convincing messages to reassure the public while the journalist establishes narratives based on conflicting information and uncertainty. However, there is little evidence that experts' assessments of risk influence the way in which non-experts perceive and respond to risks (Alaszewski 2006, 164–5). The different goals are most often incompatible and sometimes also directly contradictory. Trust, so central in risk communication, is undermined by the media's focus on creating anxiety about risk, and readership.

### **Severe Acute Respiratory Syndrome**

The Severe Acute Respiratory Syndrome (SARS) virus was apparently discovered for the first time in history on a human being in Guangdong Province in Southern China in November 2002. Three months later, by 15 March 2003, eight persons in China had died of SARS. SARS is spread through close face-to-face contact with infected droplets when a patient sneezes or coughs. Patients progressing to SARS experience fever, malaise and chills, and most also develop headache and myalgia.<sup>2</sup> The best way to reduce chances of transmission of respiratory infectious diseases is to isolate infected people (Bloom 2003).

On 15 March 2003, the World Health Organisation (WHO) published an international warning on the pandemic. On 29 March, all classes in all schools in Hong Kong were suspended (Lau, Yang, and Kim 2003, 864). On 2 April, the WHO made public an international travel warning recommending that non-essential travels to Hong Kong and the Guangdong Province of China be postponed.<sup>3</sup> At the same time, the WHO recommended that governments and point-of-entry authorities in affected areas establish a system in collaboration with aircraft and other conveyance operators so that passengers departing for international destinations from an affected area were interviewed at the port of departure before check-in.<sup>4</sup>

Chinese health authorities quarantined suspected SARS-infected persons to try to gain control over the epidemic. Chinese health authorities also recommended their inhabitants avoid crowded places, wear masks when outdoors and wash their hands frequently. The Chinese public took the information from their health authorities seriously and shortly after the outbreak of SARS, some 80% of the Chinese population regarded these measures as effective means of SARS prevention (Lau, Yang, and Kim 2003, 867). The same information was also posted on the Norwegian health authorities' web pages (<http://www.fhi.no/sars>).

When the WHO proclaimed the end of the SARS epidemic on 5 July 2003, SARS had spread from China to 29 countries. Globally 812 persons had died from SARS during 2003, while 8439 cases of SARS were reported in the same time period. Thus, SARS reported a death rate of close to 10%, although the death rate varied enormously according to general health and age of the person affected. For healthy people under age 25, the death rate was under 1%, but it was more than 50% for persons older than 65 (<http://www.fhi.no/sars>). No one in Norway nor any Norwegian abroad was ever infected by SARS during 2003, yet Norwegian newspapers reported on SARS daily for more than six weeks during the spring of 2003.

### **The media and SARS**

Furedi (2005, 141) argued that one of the distinct features of our time is not the cultivation of fear, but the cultivation of our sense of vulnerability. Muzzatti (2005, 117) concluded that the media's construction of the population's vulnerability to SARS diverged considerably from the medical realities and thereby contributed to an unjustified and widespread panic. Thus, the media's coverage of SARS in Canada, Muzzatti argued, was characterised by little more than sensationalism and xenophobic fear-mongering (Muzzatti 2005, 121). The authorities in Singapore, on the other hand, handled SARS in the media in an exemplary way, managing to balance between people's fears on the one side and the tentative medical reassurances on the other (Campbell 2004).

In a study on the media's effects on Canadian students during the SARS crisis, Bergeron and Sanchez reported that, while 92.5% considered the media coverage of SARS to be excessive, very few students were anxious about getting SARS themselves (Bergeron and Sanchez 2005, 732). At the same time, they reported that the general impression from Canada was that media coverage of SARS was sometimes inaccurate and sensationalist.

Washer (2004) argued that SARS was reported in the British media as a mysterious threat, creating anxieties both about the inability of medicine to find a

solution and about globalisation in general. Washer compared the media's interest in SARS with the mass media's reports of AIDS and Ebola in previous years and concluded that, as in those cases, the media tended to 'other' SARS from the British public (Washer 2004). If the studies of Muzzatti and Washer represent a correct appreciation and analysis of the messages the media transferred about SARS to their public in Canada and England, Norway, as we will see, was a different case.

### ***Methodology***

The Norwegian media's coverage of SARS from March 2003 throughout June 2003 includes the total period of the global SARS disease. The current study is based on the three major Norwegian daily newspapers with nationwide distribution and readership: *VG*, *Aftenposten* and *Dagbladet*. *Aftenposten* is mainly a subscription newspaper while the two others rely mainly on single-copy sales from supermarkets, groceries and kiosks. The three publications' total sales are more than 900,000 papers daily.<sup>5</sup> Given that the total Norwegian population is only 4.7 million and that a paper is normally read by more than one person, these three papers reach a significant part of the Norwegian public.

The papers dated from 1 January 2003 to 31 July 2003 have been searched for articles that include the word 'SARS' using the database Atekst (<http://www.atekst.no>). The content was then classified according to three broad categories taken from the 'Social Amplification of Risk' model (Renn et al. 1992): (1) medical consequences of SARS; (2) societal consequences of SARS; (3) perceptions of risk in relation to SARS. In fact, these three categories were also used by Muzzatti (2005), Washer (2004) and Wilson, Thomson, and Mansoort (2004) in their media studies on SARS from Canada, England, and New Zealand. Thus, the content analysis of the Norwegian newspapers is in line with an established theoretical model and may be compared with content analysis done by other scholars in other countries. The three broad categories were then sorted into finer groups based on the content of the first paragraph in each article in the press with the purpose of identifying different discourses about SARS to be analysed qualitatively.

### **Media exposure: Norwegian media and SARS**

Compared with the population in Canada and England, the Norwegian population is small and homogeneous. Most Norwegians over 16 years read at least one newspaper daily, and newspapers are regarded as trustworthy.<sup>6</sup> In addition, Norwegian authorities are regarded as trustworthy by most Norwegians.

Until mid-March 2003, Norwegian newspapers had not mentioned a word about SARS. However, when the head of the WHO, a former Norwegian Prime Minister, announced the SARS pandemic on 15 March, articles and comments about SARS were published nearly daily for close to four months. On 5 July, the WHO declared that SARS was no longer regarded as a pandemic, and next to nothing was written about SARS thereafter in the Norwegian papers.

The three leading Norwegian newspapers, *Dagbladet*, *VG* and *Aftenposten*, published a total of 306 articles on SARS during the period in question.<sup>7</sup> The figure shows that stories about SARS outnumbered the total issues of newspapers published from mid-March to mid-May. The peak of coverage was the second half of April, when an average of two articles on SARS were published in every issue of



each of the three papers. In the last six weeks of the SARS ‘pandemic’ very few articles were published on SARS in Norwegian newspapers. Is there any correlation between the number of articles published on SARS in Norway and the number of affected or deaths by SARS worldwide?

If we compare Figure 1 with Figure 2, we clearly recognise that there is a relationship between the number of SARS cases discovered worldwide with the volume of articles in the Norwegian press. The correlation is equally important for the number of deaths. However, it would be premature to conclude simply that the magnitude of the SARS crises on a global level was reflected in the Norwegian print media. It is important to look more deeply into what issues the newspapers wrote about and to analyse the main narratives to get an adequate understanding of why SARS was interesting for the print media in Norway for a period of 15 weeks.

### Issues of SARS covered by Norwegian newspapers

What did the Norwegian newspapers report on while SARS threatened the world? Did the newspapers focus on the same issues during the whole period? Why and when did the fear of SARS cease to be the main story in the papers?

Figure 3 shows that the focus of information on SARS varied during the period under scrutiny. The three papers published about an equal number of articles containing medical information about SARS and perceptions of risk from SARS from the very beginning to 1 June. A more discourse based analysis also revealed that medical uncertainty and competing medical views on SARS were as prevalent in the media as personalised stories about individuals’ fear or illness or deaths. To balance people’s fear of SARS, a few stories about people *not* fearing SARS were published, emphasising that some people travelled to China or Thailand despite SARS’ rapid spread.

Figure 3 also shows that at the first phase next to nothing was published about the societal consequences from SARS. When SARS coverage peaked, however,

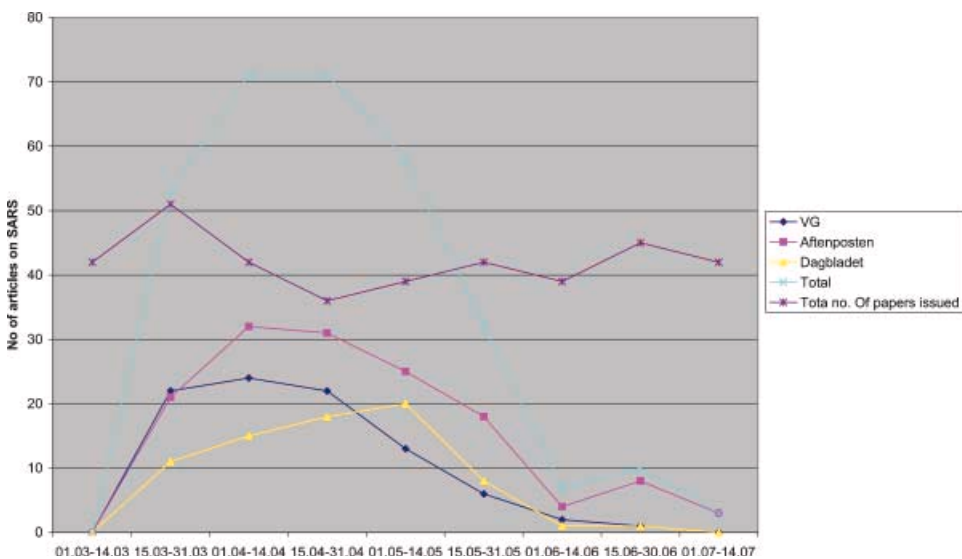


Figure 1. Coverage of SARS in three major Norwegian newspapers.

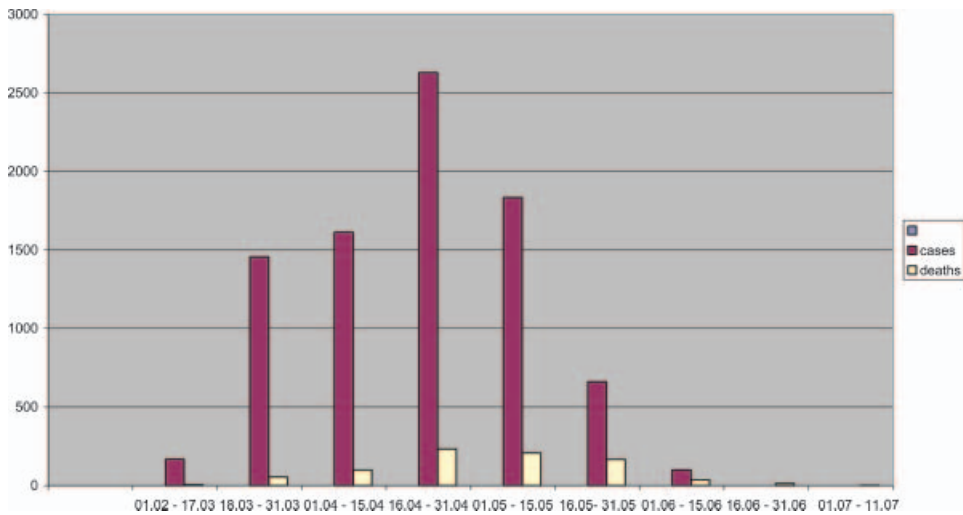


Figure 2. Worldwide no. of SARS cases and deaths.

societal impacts of SARS, that is, the ripple effects, became a very important part of the news. A more discourse based analysis also revealed that articles on direct economic losses or cancelled public events, like concerts, festivals and sports events, represented close to one-third of the articles published during the peak SARS coverage. During the ending phase of the SARS crisis, from 1 June to 15 July, very few articles on SARS were published. Personalised stories about people *not* fearing SARS became the most important issues published. While stories about people fearing SARS had been prominent during the developmental phase, stories about people *not* fearing SARS were the most important during the last phase, outnumbering articles on fear by 1:7.

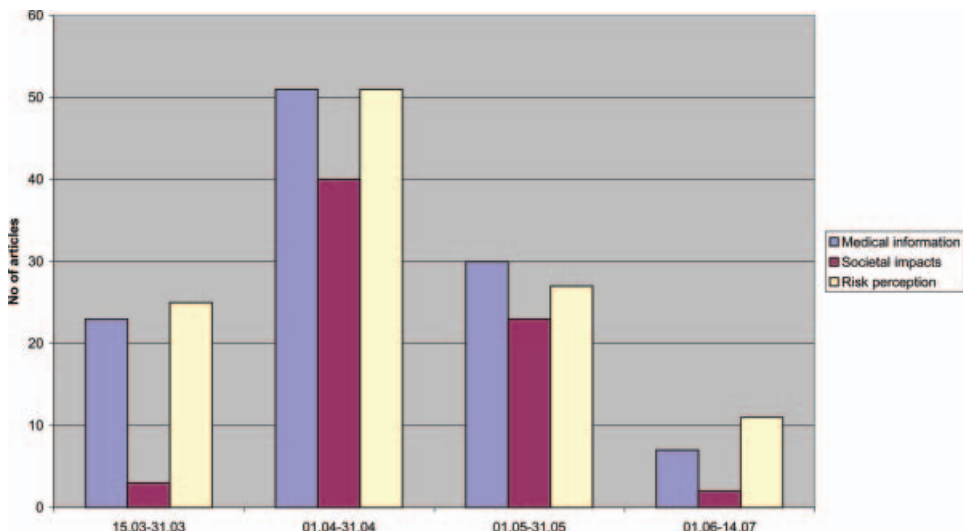


Figure 3. Main issues covered in newspaper articles from *Aftenposten*, *Dagbladet* and *VG*.



Figure 3 only indicates that SARS got extensive media attention and points to some of the issues represented by SARS that attracted media attention in general. Barry, Wharf-Higgins, and Naylor (2007, 36) argued that ‘research must expand beyond calculating the amount of coverage the news media gives selected health topics to an examination of how health messages are constructed’. Kasperson et al. (2000 [1988]) contended that public responses to risks that are not directly and personally experienced are influenced by the volume, dramatisation and the symbolic connotations of the information. However, in the 20 years that have passed since the influential article by Kasperson et al., little has been done on the symbolic connotations of the information in risk communications. Publications on risk communication have been more occupied with the amount of media coverage than the symbolic meanings conveyed in the different messages. Thus, it is useful to analyse the dramatisation and connotation of information published about SARS in the Norwegian press by providing a narrative of the SARS crisis as it was presented in selected Norwegian newspapers.

### **Contradictory medical information in the Norwegian press**

The Norwegian Institute of Public Health (NIPH) represented the most important source of information for Norwegian journalists regarding SARS during the spring of 2003 (Magelssen 2003, 33). Sixty percent of the journalists interviewed found the information from NIPH ‘very trustworthy’, while 40% found NIPH ‘somewhat trustworthy’.

NIPH conveyed messages that attempted to reassure the Norwegian public that SARS was not particularly dangerous. Recognised Norwegian medical specialists tried to restrain people’s fear by emphasising that the possibility of getting SARS was extremely low and that transmission was not easy.<sup>8</sup> However, the reassuring official Norwegian messages were contradicted by statements from other international doctors and researchers, and this contradictory information about SARS was published almost daily. This resulted in decreased trust of medical experts by the general Norwegian public, even though journalists covering SARS in Norway emphasised that they regarded information from the NIPH as ‘very trustworthy’ (60%) or ‘somewhat trustworthy’ (40%) (Magelssen 2003, 40). Some of the issues that were contradicted regularly in the press included how fast SARS was spreading, how well it was controlled, and how and why it was spreading.

### ***How fast is SARS spreading according to the Norwegian press?***

In the first phase of SARS, Norwegian newspapers regularly published contradictory articles on whether SARS spread easily or not. ‘SARS is spreading very rapidly from person to person’, wrote *Dagbladet*,<sup>9</sup> while the next day, *Aftenposten* stated that ‘SARS is not very contagious’.<sup>10</sup> Head physician at the NIPH, Dr Iversen, stated that ‘there is no sign of SARS spreading towards Europe’<sup>11</sup> while, a few days later, we read that there was a full ‘SARS alarm in Sweden’<sup>12</sup> and that ‘SARS is disseminating with incredible speed’.<sup>13</sup>

Similar kinds of contradictions continued during the second phase (April and May) of the SARS crisis. Doctors at the NIPH persistently stated that SARS represented a relatively small risk, but these reassuring messages did not help to calm the public since they were challenged in the media many times each week. ‘SARS

epidemic is spreading extremely fast<sup>14</sup> *VG* announced, while *Dagbladet* stated that 'new tests show that SARS is more contagious than predicted'.<sup>15</sup> These articles appeared as NIPH continued to state in different papers that 'the chance of getting infected by SARS virus for individuals is low'.<sup>16</sup> Public confusion persisted as *Aftenposten's* headline read, 'SARS epidemic spreads like wildfire'.<sup>17</sup>

Throughout the second phase of the SARS epidemic such contradictions were published weekly in all the papers, probably creating distrust in any information about the subject. The distrust and uncertainty about the quality of the information about SARS probably made people very vulnerable to alarm during the second phase of SARS. They did not want to take unnecessary risks because they did not know the consequences of their risk-taking, nor were they certain *what* risk they were taking. Everything about SARS seemed to be disputed and uncertain. It appeared from the newspapers that SARS might become catastrophic, so people reduced their chances of getting SARS by choosing not to travel to Hong Kong or even to East Asia at all.<sup>18</sup>

The ending phase of the SARS crisis, from the beginning of June to mid-July, was characterised by articles emphasising the authorities and medical control over the spread of SARS. Headlines like 'SARS on the decline in Beijing'<sup>19</sup> were followed by 'WHO announces that SARS is over'<sup>20</sup> and 'Hong Kong is afresh'.<sup>21</sup> After *VG* announced that 'the world will be SARS-free within 3 weeks',<sup>22</sup> next to nothing more was written about SARS in Norwegian papers.

### ***Does the world medical knowledge control SARS according to the Norwegian press?***

During the first phase of the SARS crisis, scientific uncertainty about its causes and solutions was presented together with new, contradictory knowledge by other experts. Thus, the Norwegian public got the impression that the medical uncertainty about SARS was total. 'SARS does not respond to any known medical treatment' announced *Dagbladet*,<sup>23</sup> while a few days later, *VG* stated that 'SARS may have been solved',<sup>24</sup> emphasising that doctors in the US had probably found the virus causing SARS.

The second phase of SARS started with the startling announcement of the death of the Italian doctor Carlo Urbani, considered the foremost world specialist on SARS. He had been employed at the WHO to combat the epidemic but died from SARS himself on March 29.<sup>25</sup> At this point, the SARS crises became evident to everybody.

Contradictory information continued to be published, conveying the possibility that the disease was out of control and that no one knew anything for sure about SARS, except that it may cause a sudden death. However, the chances of dying from SARS were also disputed. NIPH proclaimed in the beginning of April that 96% of people affected by SARS would survive and that 80–90% would even recover within a week.<sup>26</sup> The same information was published in *Dagbladet* (2 April 2003). International medical experts believed until the end of March that SARS was caused by a paramyxovirus; by 1 April, however, it was announced that the WHO were 90% sure that it was caused by a Corona virus.<sup>27</sup> This, in turn, was challenged the next day when *VG* announced in a headline that 'Experts have no idea how the SARS virus is spreading'.<sup>28</sup> An American researcher said it was 'too late to stop SARS' and that the whole world will be affected by SARS<sup>29</sup> at the same time that the

WHO director general stated that it is still possible to contain the SARS virus.<sup>30</sup> More softly, leading British physicians claimed that 'it is obvious that SARS is not under control either in Hong Kong or in the Guangdong province'.<sup>31</sup> It was assumed that the SARS virus changed so quickly that researchers believed it would be difficult to find any vaccination against it.<sup>32</sup> Five weeks after the outbreak, the SARS virus was announced as 'deadlier than earlier presumed'<sup>33</sup> and, a week later, as more resistant than presumed and able to survive outside a body for weeks.<sup>34</sup> The day after this pessimistic announcement, *Dagbladet* wrote that researchers in the USA had discovered a protein that probably will be able to fight SARS,<sup>35</sup> yet the optimism lasted for only one day as the Director General of the WHO stated that the top of the SARS epidemic had probably not yet been reached.<sup>36</sup>

During the last phase of the SARS outbreak, from June to mid-July, scientific controversy was no any longer a theme. Articles in the papers repeatedly stated that the SARS epidemic would soon be gone, even though the virus would probably continue to exist.<sup>37</sup> Next to nothing was published about SARS after the WHO lifted Hong Kong from the list of SARS-infected cities on 23 June.

It is difficult for us, the public, to believe an article that says SARS is not dangerous when on another page or the next day there is a photo of doctors shrouded head to foot in protective gear attending a possible SARS patient or of a bride wearing a mask kissing her groom. The photos published to illustrate the SARS epidemic were never reassuring but tended to raise fears and conveyed connotations contradictory to the articles that were trying to reassure the public about the situation.

### ***How is SARS spreading according to the Norwegian press?***

In the first phase, SARS was believed only to spread by droplets. However, at the start of the second phase, medical experts were reporting doubt about this and argued that SARS may be spread also through the air.<sup>38</sup> The uncertainty about the way SARS spread resulted in many different theories published in the different newspapers. The idea that cockroaches spread SARS was launched<sup>39</sup> as was the theory that birds may cause SARS.<sup>40</sup> Then SARS virus was presented as a man-made biological weapon<sup>41</sup> and sperm and other body secretions were presented as possible ways of spreading SARS.<sup>42</sup> Thus, scientific controversy and uncertainty about how SARS transmits was published regularly, thereby increasing the public feeling of insecurity and fear. It was only towards the third phase, by June 2003, that the SARS virus was presented as spreading only by droplets.

One issue related to these controversies flourished particularly in the press: the danger of getting SARS while flying. During the first 10 weeks of the crisis, air passengers were presented as the most likely to spread SARS around the world.<sup>43</sup> Airline companies heavily reduced the number of flights to East Asia during the SARS outbreak. Many people cancelled their trips to China or refused to travel on business to East Asia. Why was flying to East Asia of such concern? Was it because the destination was China?<sup>44</sup> Was it because it was believed dangerous to breathe the air inside airplanes? Was it because the passengers had no possible escape if SARS were discovered inside a plane? Depending on how SARS is spread, one can take different precautions, but since no one was 100% able to answer how it spread, precautions were mixed and arguments for taking them unclear.

Articles in the media emphasised the danger caused by re-circulated air in planes and, therefore, the very easy spread of SARS in planes.<sup>45</sup> As a reaction to the public view that air in planes was contaminated easily, at the beginning of April, Finn Air started distributing masks to every passenger going to or coming from Asia.<sup>46</sup> The head physician from NIPH, Dr Aavitsland, informed the travelling public and the press that there was little chance of getting SARS from another passenger in a plane because SARS spreads by droplets; only a small percentage of the air is re-circulated in long-haul planes, while most of it is taken from very clean air outside the aircraft (Aavitsland 2003). The public was also advised that air quality in planes is very high and much better than that in offices and cinemas,<sup>47</sup> and ‘the fear of flying is exaggerated’.<sup>48</sup> Still, in April 2003, Norwegian pharmacies sold ten times more masks than in April 2002.<sup>49</sup> Maybe Norwegians did not trust the information that the air inside planes was clean. Photos of passengers in different airports in East Asia wearing masks were widely circulated in the Norwegian press, suggesting that the official medical assurances that airplanes contained high-quality air were contradicted by the photos. The public may have thought that the monetary cost of using a mask was insignificant and, therefore, may be worth a try. Perhaps the people wearing masks at airports and in planes were regarded as responsible passengers in the eyes of the others, or maybe the presence of the masks only created irrational fear of SARS. Torsten Lindgren, who defended his PhD in medicine at the University of Uppsala (Sweden) on air quality in planes in June 2003, argued later that using masks has no effect on the spread of SARS. He stated that air quality in planes is very clean but that the problem with air in planes is that it is dryer than outdoor air and therefore reduces the mucous membrane’s internal resistance to any virus, including SARS. The only thing a mask does is to make people uncomfortable about approaching other persons wearing the mask and keeping a certain distance from others reduces the chances of getting SARS.<sup>50</sup>

### *Different reactions to SARS: official and private*

Official precautions to hinder the spread of SARS and official attitudes towards the risk of getting SARS differed considerably worldwide. Both China’s Minister of Health and Beijing’s mayor were blamed for the spread of SARS and sacked from their positions in April 2003.<sup>51</sup> Blaming was not an issue in other states’ official reactions. At the beginning of April, the American Ministry of Foreign Affairs called all its employees and their families living in Hong Kong and China to fly home on their bill.<sup>52</sup> At the same time, the Danish Ministry of Foreign Affairs recommended that Danes not go to any parts of China,<sup>53</sup> but the Norwegian Institute of Public Health proclaimed that there were no reasons to dissuade Norwegians from going to China.<sup>54</sup> Thus, in response to the same danger, authorities in various countries had opposing views.

Most countries, including the USA, Denmark, Italy, Japan and China, took special measures to control passengers arriving by air from Asia.<sup>55</sup> These measures varied from three short questions (Denmark) to a SARS virus check (Italy) and body temperature control (Japan).<sup>56</sup> However, the practices and laws preventing using forced quarantine may be where the countries differed most. In April, Norwegian media reported that US President Bush had classified SARS in the same category as cholera and yellow fever and thus had given the US police the legal right to force

persons suspected of having SARS into quarantine.<sup>57</sup> The Supreme Court in China proclaimed that their laws legalise the use of life imprisonment or even the death penalty on Chinese who voluntarily spread SARS or refused to stay in quarantine if put there.<sup>58</sup> In Norway, such harsh change in the law may have created both public protests and public fear. Norwegian authorities did change their immigration law in response to SARS; not as an emergency act but following regular procedures, the immigration law Chapter 5, Article 27, paragraph J, added 'public health' to national security, public order and international law as one legal reason for not allowing foreigners into Norway.<sup>59</sup> This law, then, could be used to decline a SARS-infected foreigner entry to Norway.

Even so, Norwegian papers regularly reported that Norwegians coming home from China voluntarily placed themselves in quarantine. A man named Hu Ying, for example, who was employed at the travel agency China Travels in Oslo, slept in his office after returning from China because he feared the reactions of his daughter's friends' parents if they knew that he had just been to China.<sup>60</sup> While this behaviour was judged totally unnecessary by the NIPH, some doctors in Norway favoured such self-enforced custody.<sup>61</sup> At the beginning of May, a Norwegian journalist returning from a SARS reportage trip to Singapore was isolated at a hospital in a provincial town of Norway, where he was strictly secluded and forbidden to leave his isolated room.

### **Conclusion: connotations and creation of fear by the Norwegian press**

After the death of the Italian SARS doctor on 29 March, the media in Norway started to compare SARS explicitly with the Black Death, the pest that killed half of Europe's population in the mid-fourteenth century.<sup>62</sup> By establishing this parallel of SARS as the new plague, newspapers communicated that SARS was an uncontrollable and dangerously deadly pest that could change the demography and the economic development of a whole continent. Implicitly, this comparison was communicated various times during the crisis by the metaphors used in certain articles. On 11 April, for example, *Dagbladet* published an article emphasising that one woman infected by SARS had killed the priest by transmitting the virus to him. Both her parents were already dead of SARS while her brother, uncle and grandmother had also been attacked by the virus.<sup>63</sup> This served to remind readers about what happened during the Black Death when priests were attacked very heavily and whole ecclesiastical families became extinct (Moseng 2006). The Black Death is also known to the Norwegian public as a disease implying enormous personal pain and agony for those affected. The appalling angst about the pest is known to have provoked totally inadequate responses to find those culpable (Brøgger 2002, 33).

Comparing SARS implicitly and explicitly with the plague hitting Norway in the dark middle ages connoted the failure of progress, the failure of modern science and the failure of globalisation. The fact that SARS hit most severely the global-travelling wealthy population was probably a major reason for the extreme media attention given to SARS, compared to its actual medical consequences. Since time immemorial, people have feared death, and a painful death has been regarded with ultimate fear (Walton 2004, 3). In the beginning of the last century, official health authorities in the Western world started to use a military vocabulary when trying to

reduce health risks, and speaking about such things as a 'war against tuberculosis' became commonplace (Sontag 1989, 14). Many of these 'wars' have been won, if not globally, at least in the West. However, the illnesses that we still have not managed to cure or eradicate are considered capricious and mystical (Sontag 1996). The population fears such illnesses and regards them as serious threats to their personal lives. In times of uncontrollable disease, fear becomes the dominant public perspective, 'a way of looking at life' (Altheide 2002, 3). Contact with sick persons bearing this kind of mysterious and pernicious illness gives offence (Sontag 1996). Muzzatti (2005, 121) argued that SARS was presented in the Canadian media as a foreign and alien illness, with subliminal connections to a primitive past where diseases were transmitted from dirty animals like rats and monkeys and in this way 'othering' and distinguishing contaminated people from healthy people by stigmatising them. This way of 'othering' is also a main conclusion in Washer (2004) about SARS in the British media.

This was, however, not an important message in the Norwegian media. Instead, messages in the Norwegian press made SARS seem closer to Norwegians than SARS actually was by emphasising the scientific controversy existing surrounding the disease. By repeatedly stating that SARS seemed not to be avoidable by taking precautions, that SARS could be carried and transmitted by anyone, that bearers and transmitters of the disease did not know they were infected, and that no effective treatment for SARS existed, the Norwegian media made SARS seem closer and a greater risk than it actually was.

Media coverage of risks is very selective. Routine sources of danger are less newsworthy than sudden catastrophes. Media tend to focus on more sensational risks that kill or are able to kill many people at one time, rather than slow-burning crises. Unusual risks are more attractive than common risks (Hughes, Kitzinger, and Murdock 2006, 255). If it involves celebrities, the likeliness of a risk to become news is further enhanced (Kitzinger 1999, 62). If scientific controversy also exists, the risks are easily photographed, and there may be an ability to blame someone for the threat, media attention is ensured (Kitzinger 1999, 63; Bjerke and Dyb 2006; Eldridge and Reilly 2003). We will argue that the SARS crisis featured all of these qualities, which is also an important part of the reason why it stayed at the centre of media interest in Norway for close to four months during the spring of 2003.

## Notes

1. Available at: [http://www.who.int/csr/sars/country/2003\\_07\\_04/en/index.html](http://www.who.int/csr/sars/country/2003_07_04/en/index.html) (accessed 31 August 2007). In 2003, as a comparison, 2.7 million died from malaria and 2 million from tuberculosis (Muzzatti 2005). Two articles about tuberculosis were published during the same period by the three papers studied (<http://www.atekst.no>).
2. <http://www.who.int/csr/sars/casedefinition/en/>
3. This was lifted on 23 May.
4. The interview should assess whether the passenger had experienced any symptoms of SARS, had any contact with suspect or probable SARS cases or had had a fever in the past two days. Persons meeting the SARS case definitions were to be referred to a health care facility. Persons with only fever were to be requested to postpone travel and seek medical attention (<http://www.who.int/wer>).
5. *Aftenposten* publishes two different issues daily. For this study only the nationwide morning edition is used in the entire analysis.



6. For 2003, Statistics Norway report that 69% of people between ages 16–24 read a newspaper daily; this increases to 89% for people between 45 and 66 (see [http://statbank.ssb.no/statistikkbanken/Default\\_FR.asp?PXSid=0&nvl=true&PLanguage=0&tilside=selectvarval/define.asp&Tabellid=04499](http://statbank.ssb.no/statistikkbanken/Default_FR.asp?PXSid=0&nvl=true&PLanguage=0&tilside=selectvarval/define.asp&Tabellid=04499)).
7. For the same period, the total number of published issues was 378 which gives 0.8 articles per published issue for the entire period all in all (Hansen 2007).
8. E.g. Dr Iversen in *Aftenposten*, 16 March 2003; Dr Larsen and Dr von der Lippe in *Dagbladet*, 18 March 2003; Dr Holst-Larsen in *VG*, 18 March 2003.
9. *Dagbladet*, 16 March 2003, with reference to the World Health Organisation (WHO).
10. *Aftenposten*, 17 March 2003, with reference to the Norwegian Institute of Public Health (NIPH).
11. *Aftenposten*, 27 March 2003, interview with Iversen.
12. *Dagbladet*, 1 April 2003, headline.
13. *Aftenposten*, 28 March 2003, headline.
14. *VG*, 22 April 2003, headline.
15. *Dagbladet*, 6 May 2003, headline.
16. E.g. *Aftenposten*, 2 April 2003.
17. *Aftenposten*, 3 April 2003.
18. In Toronto, people stopped eating at Chinese restaurants as well, fearing SARS (Muzzatti 2005).
19. *Aftenposten*, 10 June 2003, headline.
20. *Aftenposten*, 12 June 2003, headline.
21. *Aftenposten*, 14 June 2003, headline.
22. *VG*, 28 June 2003, headline.
23. *Dagbladet*, 16 March 2003, referring to WHO.
24. *VG*, 25 March 2003.
25. *Dagbladet*, *VG* and *Aftenposten*, 30 March 2003, headlines.
26. *Aftenposten*, 2 April 2003; *Dagbladet*, 4 April 2003, referring to Aavitsland at the NIPH.
27. *Aftenposten*, 1 April 2003.
28. *VG*, 2 April 2003.
29. *VG*, 4 April 2003.
30. *Aftenposten*, 28 April 2003.
31. *Aftenposten*, 4 April 2003.
32. *VG*, 23 April 2003 and *Aftenposten*, 28 April 2003.
33. *VG*, 27 April 2003.
34. *Aftenposten*, 5 May 2003.
35. *Dagbladet*, 6 May 2003.
36. *Dagbladet*, 7 May 2003.
37. E.g. *Aftenposten*, 10 June 2003; 12 June 2003; 14 June 2003; 24 June 2003; *VG*, 28 June 2003.
38. *Aftenposten*, 2 April 2003.
39. *Aftenposten*, 8 April 2003.
40. *Aftenposten*, 9 April 2003.
41. *VG*, 12 April 2003.
42. *Dagbladet*, 5 May 2003.
43. E.g., *Aftenposten*, 5 April 2003; *Dagbladet*, 6 April 2003.
44. Some cabin personnel from Air New Zealand refused to travel to Hong Kong (*Aftenposten*, 4 April 2003).
45. E.g. *Aftenposten*, 2 April 2003.
46. E.g. *Aftenposten*, 3 April 2003.
47. *Aftenposten*, 16 May 2003.
48. *Dagbladet*, 7 May 2003, interview with Avitsland at NIPH.



49. *Aftenposten*, 13 May 2003.
50. <http://www.helsenytt.no> (accessed 18 October 2007).
51. *VG*, 22 April 2003.
52. *VG*, 2 April 2003.
53. *Aftenposten*, 4 April 2003.
54. *Aftenposten*, 2 April 2003.
55. E.g. *Aftenposten*, 3 April 2003; 4 April 2003; *VG*, 4 April 2003; *Dagbladet*, 4 April 2003.
56. On 9 May, Italy required the testing of all passengers arriving from SARS-affected areas and legally put all persons suspected to have SARS into quarantine (*Dagbladet*, 10 May 2003); all passengers arriving at Tokyo's International Airport were checked for body temperature and, if it was elevated, taken away for further controls and interviews (*Aftenposten*, 27 May 2003).
57. *VG*, 8 April 2003.
58. *Aftenposten*, 15 May 2003.
59. Resolution of 30 June 2006 no. 760 regarding changes in the Norwegian Immigration Law.
60. *Aftenposten*, 28 April 2003.
61. E.g. *Aftenposten*, 24 May 2003; *Dagbladet*.
62. E.g. *Aftenposten*, 6 April 2003.
63. *Dagbladet*, 11 April 2003.

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