The Social Construction of COVID-19 Through Historical Comparisons to SARS and Other
Epidemics in News Media Coverage

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Thesis

Submitted to the Faculty of the

Graduate School of Vanderbilt University

in partial fulfillment of the requirements

for the degree of

MASTER OF ARTS

in

Medicine, Health, and Society

May 14, 2021

Nashville, Tennessee

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ACKNOWLEDGEMENTS

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LIST OF ABBREVIATIONS

Epidemic

AIDS	Acquired Immunodeficiency Syndrome
HIV	Human Immunodeficiency Virus
SARS	Severe Acute Respiratory Syndrome
TB	Tuberculosis
MERS	Middle East Respiratory Syndrome

Point of Comparison

ACC	Access to Healthcare Resources
AES	Arts, Entertainment, Sports
BC	Behavioral Change
CP	Cancellation, Postponement
DC	Deaths, Cases, Infections
DI	Discrimination, Inequality, Stigma
EI	Economy, Industrial Sector
E	Elections
GC	General Comparison
MC	Mental Health, Coping
MD	Misinformation, Disinformation
PF	Politics: Federal (United States)
PSL	Politics: States/Local (United States)
PGF	Politics: Foreign
QL	Quarantine, Lockdown
R	Religion
DV	Vaccine Development
WP	Wave Prediction
O	Other Comparison

Other

API	American Press Institute
CDC	Centers for Disease Control
NATO	North Atlantic Treaty Organization
WHO	World Health Organization
WTO	World Trade Organization

From the historian's particular point of view, epidemics and the prospect of epidemics represent a natural experiment, a kind of strength-of-materials test for the precise relationships among society's social values, technical understanding, and capacity for public and private response. In this sense, I have referred to epidemics as sampling devices that enable us to see, at one moment in time, the configuration of values and attitudes that, in less-stressful times, are so fragmented or so taken for granted that they are not easily visible.

      — "Siting Epidemic Disease: 3 Centuries of American History,"
        2008, Charles Rosenberg

The question was never to get *away* from facts but *closer* to them, not fighting empiricism but, on the contrary, renewing empiricism…[but] reality is not defined by matters of fact. Matters of fact are not all that is given in experience. Matters of fact are only very partial and, I would argue, very polemical, very political renderings of matters of concern and only a subset of what could also be called *states of affairs*.

      — "Why Has Critique Run Out of Steam? From Matters of Fact to
        Matters of Concern," 2004, Bruno Latour

INTRODUCTION

In times of crisis, people seek out information regarding what is going on, how to act, and when everything will return to normal. During the current COVID-19 pandemic, the amount of time people in the United States spent accessing online news media increased by 215% in March 2020 when compared to March 2019 ("COVID-19" 2020). News media plays a significant role in both information dissemination and the social construction of crises, including epidemics. Current literature has examined how media participates in the social construction of epidemics through analysis of language, tone, focus, and accuracy. A subsection of this literature analyzes the influence of abstract metaphors and metaphorical concepts on the social construction of epidemics. However, the current literature has not yet explored news media's use of historical comparison to past epidemics. By drawing from the disciplines of sociology, health communication, science and language philosophies, and history, this thesis fills the current gap in the literature by analyzing the historical comparisons between past epidemics and COVID-19 in news media during the COVID-19 pandemic and exploring how this particular *gathering* (Latour 2004) of the past actively participates in the social construction of epidemics.

My purpose in this project is to explore historical comparison in news media as an actor on and mediator of social constructs during the COVID-19 pandemic. Social constructionism argues that objects, concepts, and knowledge do not exist outside of social contexts and, instead, are imbued importance by society and social interaction. The social construction of epidemics is a complex of interacting ideas, processes, and people that can invoke and reify various constructs such as moralistic immunity, lack of precedence, and the diseased 'Other.' News media plays a substantial role in the social construction of epidemics: the media's position as information

distributor in both crisis communication and health communication compounds the necessity for writers to convey information accurately and quickly. In order to provide easily digestible context and information, which is needed in times of crisis, writers will turn to comparison and its subcategories—simile, metaphor, and analogy—in order to disseminate information, prove relevance, and attract readers ("Journalism"; Saguy and Almeling 2008; Darnton 1975).

Moreover, as with all forms of language, the language of comparison not only *means* but also *acts* (Austin 1975; Daya 2019). In creative, academic, and, for the purpose of this project, journalistic writing, comparative language both communicates that *A* and *B* are comparable and makes *A* and *B* comparable. Relying on the performative characteristics of language, writers use comparative language to consciously or subconsciously frame an audience's understanding of and attitudes towards a subject (Gilbert 1989; Scanlon and Alldred 1982; Atheide 2002; Entman 1993; Thibodeau and Boroditsky 2011; Lakoff and Johnson 1980). These interactions among audiences, writers, and articles—interactions in which language both participates and mediates—construct the ideas, processes, and people that form the social construction of epidemics. This philosophy of language as an actor also complicates the presentation of the history of epidemics through language. By invoking past events, language not only conveys history but also actively historicizes the events. Similarly, either by omission or *lyric obscurity* (Ingold 2011), language that historicizes some events can also silence others (Daya 2019; Entman 1993). Because of these two factors, the various histories presented by news media, historians, etc. are 1. specific gatherings of past events, and 2. products of the language that creates them.

Ultimately, I propose that, as products of language and products within an interacting social context, these histories participate in various social constructs. To clarify, I do not deny—nor am I primarily concerned with—the reality or occurrence of these past events. I believe

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that—with noted exceptions of inaccuracy—these past events can be considered *matters of fact* (Latour 2004). However, I argue that these histories are partial and can represent what Radin (2019) classifies as "agenda." By primarily examining the *gathering* of events presented in news media rather than the veracity of specific events, I instead explore what Latour specifies as *matters of concern* (Latour 2004). In the case of historical comparisons between COVID-19 and previous epidemics, I am concerned whether the partial history of epidemics presented by news media both informs and is informed by the social construction of epidemics and current sociopolitical agendas. Furthermore, as "contemporary injustice often manifests itself in the form of structural repetition or continuity of injustices" (Bevernage 2015), I am concerned by the very real consequences that occur when these partial histories are introduced into and reified within a social context.

The current study presents a quantitative discourse analysis of 1,284 articles that contain historical comparisons between COVID-19 and past epidemics and were published during the first six months of 2020. I first measure the presence and distribution of articles containing historical comparison compared to articles covering the coronavirus and the total output of articles. Then, I provide a brief overview of 11 of the 12 classifications of epidemics and determine what history was produced by these historical comparisons. I demonstrate that different epidemics of comparison were used depending on the date and point of comparison to suit different needs of the writers. Finally, using historical comparisons between the SARS pandemic of 2003 and COVID-19 pandemic as a case study, I trace the continuation of Asian pathologization at the onset of the COVID-19 pandemic. I show how articles comparing SARS and COVID-19 gathered certain events, statistics, and facts to reify a history that constructs the 'diseased Asian' and simultaneously excluded similar events, statistics, and facts—both from

SARS and other epidemics—that conflict with this construct. I also argue that writers excluded

from its history of epidemics the documented instances of Asian pathologization and the

resulting injustices experienced by Asian communities, omissions and obscurities that only

reinforced an already discriminatory history. Finally, I examine the context in which news media

makes these historical comparisons to hypothesize the agenda upon which this partial, racist

history and its constructs are founded.

LITERATURE REVIEW

Social Constructionism and the Social Construction of Epidemics

Introduction

Social constructionism refers to the sociological and epistemological argument that

objects, ideas, reality, forms of knowledge, and/or other concepts traditionally believed to exist

free from social influence in fact are defined and imbued importance by society and the

interactions of individuals and materials within said society (Weinberg 2014; Horwitz 2012;

Berger and Luckmann 1967). Hacking (1999) emphasizes the specific language of *construction*

in *the social construction of X*, as various constructs—in the form of ideas, classifications,

objects, human beings, etc.—interact within a social and material context to build an intertwining

understanding of *X*. Social constructionism as a methodology has been used to study race,

gender, religion, geopolitics, etc., and interdisciplinary fields such as communications studies

and science and technology studies have adopted tenets of social constructionism in research on

knowledge creation (Hodgetts and Chamberlain 2014; Weinberg 2014; Conrad and Barker

2010). Ian Hacking begins his book, *The Social Construction of What?* (1999), with a

simultaneously brief and exhausting list of 24 subjects examined through the lens of social constructionism. However, social constructionism has been regularly criticized, even by its practitioners, for its "critical barbarity," lack of reflexivity, and poorly defined, mutually-exclusive categories of "real" and "construct" (Latour 2004; Radin 2019; Hacking 1999). In clarifying the social construction of epidemics as well as the contexts and constructs that I am analyzing, I will address the rightful criticisms regarding the use of social constructionism and justify my implementation of social constructionism in studying epidemics.

In attempting to define *epidemic*, I found little consensus regarding what constitutes an epidemic. The terms *epidemic*, *outbreak*, and *pandemic* are most commonly associated with infectious diseases, yet the etymology of the primary term (*epi* 'upon' + *dēmos* 'people/country') refers not to any particular agent (e.g., an infectious disease) but to its prevalence (Martin and Martin-Granel 2006). The nonspecific nature of this group of terms is still recognizable in the 21st century; *epidemic*, *outbreak*, and *pandemic* have also been used to describe other conditions such as cancer, obesity, drug addiction, and mental illness as well as racism, sexism, homophobia, homelessness, and police brutality. For the purpose of this thesis, I will focus on infectious disease epidemics. The Centers for Disease Control (CDC) defines *epidemic* as "an increase, often sudden, in the number of cases of a disease above what is normally expected in that population in that area…epidemics occur when an agent and susceptible hosts are present in adequate numbers, and the agent can be effectively conveyed from a source to the susceptible hosts" ("Principles"). The CDC also notes that an outbreak is similar to an epidemic but "is often used for a more limited geographic area," and that a pandemic "refers to an epidemic that has spread over several countries or continents, usually affecting a large number of people."

Requirements for differential classification are not universally consistent within or among public health organizations but are generally determined by size.

The Social and Material Context: The Matrix

Before clarifying which aspects of the social construction of epidemics I am studying, I first want to explicitly acknowledge that which Hacking (1999) states is often taken for granted: construction only occurs within a social and material context. This context is often referred to as 'society' or a 'social setting,' yet I will adopt Hacking's terminology of a *matrix*. The matrix in which *X* is constructed is a complex of institutions, structures, peoples, and products that interact with and upon each other. The matrix in which epidemics are constructed includes various governing bodies, non-governmental and activist organizations, legislation, academic institutions and academic researchers (e.g., virologists, epidemiologists, historians, sociologists, other scientists/researchers), media (i.e., news, social, entertainment) and media products (e.g., articles, Tweets, novels), infected and uninfected populations, material infrastructure (e.g., hospitals, vaccines, masks), the biological agent and the resulting infectious disease, and more.

Because of the often-expansive nature of these matrices, social construction theses rarely cover the totality of a matrix in which *X* is constructed, so researchers select several members of the matrix as points of entry for construction analysis. In her examination of Asian pathologization during COVID-19, Um (2020) studies the interactions among social media, Asian bodies and communities, and various institutions in New York City such as local government, police, and New Yorkers. In a collection of case studies spanning a series of epidemics, Dry and Leach (2010) extensively describes the matrix in which these epidemics occurred—policy, medical and public health infrastructure, religious institutions, natural

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environment, among others—to demonstrate how these members reify particular injustices in policy and funding.

What Is Constructed in the Social Construction of Epidemics?

Similar to most other forms of social constructionism, the social construction of epidemics is an extensive and, at times, opaque topic of study, partly because of the multiplicity, variety, and deeply-rooted nature of its constructs. Hacking notes the understandably confusing nature of social construction because of the various *X*'s that can be constructed through entirely different interactions by different members of the matrix:

> One of the reasons that social construction theses are so hard to nail down is that, in the phrase "the social construction of *X*," the *X* may implicitly refer to entities of different types, and the social construction may in part involve interaction between entities of the different types…So you see that "the social construction of what?" need not have a single answer. That causes a lot of problems in constructionist debates, People talk at cross purposes because they have different "whats" in mind. Yet it is precisely the interaction between different "whats" that makes the topic interesting. And confusing, for there are lots of interactions. (27)

Hacking suggests that the social construction of *X* contains multi-leveled references to *X*. For example, as the members of the matrix in which *X* is constructed interact with and upon each other, Hacking claims that certain "ideas" (for lack of a better word) regarding *X* begin to appear and propagate within the matrix. In this case, "ideas of *X*" are constructed. If those "ideas of *X*" become ingrained into the interactions within the matrix, those processes are also socially constructed. Finally, if *X* can be attributed to people, then people themselves are constructed as they begin to interact with those ideas and processes.

Previous research also follows this multi-leveled approach to examining the social construction of epidemics. Wald (2008), examines the construction of several ideas and classifications, including imagined immunity, the healthy human carrier, and the 'foreign' or 'alien' agent. Regarding the healthy human character, for example, Wald examines the creation

of 'Typhoid Mary' as both an idea, a classification, and the person herself: "The transformation of Mary Mallon into 'Typhoid Mary' was a public-health story that fashioned a vocabulary of social responsibility from the lessons of bacteriology. It reflected a new way of thinking about social relationships and individual responsibilities in the United States in an increasingly interconnected world" (26). Wald also notes the matrix in which Typhoid Mary was constructed: "The story of Typhoid Mary was actually a composite of accounts penned not only by Soper but also by lawyers, journalists, and members of the medical and public-health establishments" (71). In her analysis of medical records, newspaper articles, and governmental documentation, Wald unpacks the layers of interactions that constructed Typhoid Mary and the cementation of that construct in public health infrastructure, immigration policy, medical practice, and history itself.

The healthy human character is one of many constructs that shape and are shaped by interactions during an epidemic. While not explicitly claiming social constructionism, Brandt and Botelho (2020) analyzes the reappearing metaphor of the "perfect storm" in discourse surrounding epidemics as a means of avoiding responsibility, a distinction the authors argue results in repeated and preventable failures in policy and public health infrastructure. In this case, the "idea" of the perfect storm and its representation in legislation and funding for epidemic preparation are both constructs. In examining HIV, the AIDS crisis in America, and other venereal diseases, a host of researchers demonstrate the attribution of morality and immorality to an epidemic, the acts of transmission, and the people both infected and uninfected (Brandt 1980; Treichler 1999; Hart 2019; Lupton 1994). Furthermore, constructs do not exist within a vacuum but interact with and shape each other. The idea of moralistic immunity interacted with the classification of the 'person living with AIDS' (PWA), resulting in two separate patient

populations: 'dependent' and 'deviant.' As noted by Donovan (1993), these constructs were influential in the development of health policy aimed to treat PWA.

The Means of Construction

The examples above could only have been realized if various members of the matrix had created, distributed, and embraced the objects, ideas, and people that eventually become constructs. I have used the words *interact* and *interaction* while describing constructs and the matrices in which they are constructed, and this collective term barely captures the many means of construction that occur during an epidemic. Interaction itself is more complicated during epidemics because of the spatiotemporal nature of transmission: "Communicable disease compels attention—for scientists and the lay public alike—not only because of the devastation it can cause but also because the circulation of microbes materializes the transmission of ideas. The interactions that make us sick also constitute us as a community" (Wald 2008, 2). Physical interaction serves as one recognizable form of interaction during an epidemic, both among individuals and between materials and the surrounding environment. Um (2020) explores how physical interactions between individuals can also construct Asian bodies as diseased: in New York City, this construct "manifested in the form of side-eyed looks, street-crossings, derogatory remarks, and in more extreme cases, physical assault, verbal threats, and exclusionary business practices." As suggested by her last example, spatial hyperawareness not only occurs among individuals but also between individuals and institutional processes, demonstrating the intersection of physical interactions and interactions with "rules, practices, and material infrastructure" (Hacking 1999, 12), which can range from travel bans to legislation to signs on the door of a restaurant. Beyond physical and structural interaction lies the interaction known as discourse. In discussing news media's role in social construction, Gamson and Modigliani (1989)

writes, "public discourse is carried on in many forms. Rather than a single public discourse, it is more useful to think of a set of discourses that interact in complex ways" (2). *Discourse* is generally accepted by discourse analysts as communicative actions in the form of language, which can either refer to written, spoken, manual, or visual language (Johnstone 2018). These communicative actions and, as I describe later, language itself also serve as a means through which members of the matrix can interact and, thus, construct.

Media's Relation to the Social Construction of Epidemics

News media is an important member in many matrices of social construction. Silverstone and Georgiou (2005) states that through media "our relations with others, both neighbours and strangers, are facilitated, or indeed, denied. Relations are created and sustained. Prejudices likewise" (434). Gurevitch and Levy (1985) describes news media as "a site on which various social groups, institutions, and ideologies struggle over the definition and construction of social reality" (19). Whether local, national, or global, news media interact with surrounding institutions, individuals, and events in an effort to produce even more members of the matrix in the form of articles, television segments, tweets, and more. Furthermore, Lupton (1994) notes that media controls the "type and extent of information available" (27) to the audience, reporting and withholding certain information depending on the goals of the writer or outlet. Through information distribution, news media can frame an audience's understanding of and attitudes towards a subject; simultaneously, news coverage is also responsive to and influenced by public interests (Scanlon and Alldred 1982; Atheide 2002; Few et al. 2021; Nisbet 2009; Nisbet et al. 2003; Cisneros 2008; Lupton 1994; Gamson and Modigliani 1989). The recursive and reifying nature by which media operates, the size and reach through which media can interact and

construct, and extensive archival collections through which researchers can study these constructs all make news media an appealing entry point for social construction theses. While news media does not interact with the totality of constructs that compose an epidemic, previous research has found that news media participates in constructs that marginalize the infected, protect the wealthy and powerful, encourage and discourage public health measures, and more (Webster et al. 2020; Coombs 2014; Ma 2005).

News media is a significant member of the matrix in which epidemics are socially constructed because of its positions in both crisis communication and health communication. Crisis refers to a disturbance of social, economic, or political order (Raboy and Dagenais 1992). Ranging from social media to personal and civilian blogs to traditional print and broadcast media, media plays a key role in the flow of information at the onset of a crisis (Reilly and Atanasova 2016; Raboy and Dagenais 1992; Ma 2005). Specifically, print and broadcast media are seen as particularly effective forms of crisis communication and management because of their ability to disseminate information to a widespread audience, especially at the onset of a crisis (Hannides 2015; Stieglitz et al. 2017). Furthermore, a recursive relationship exists between media production and media consumption during periods of crisis. Media consumption is shown to increase significantly during periods of crisis (Liu et al. 2013; Althaus 2002; Carey 2002). As a result, news coverage is shaped by the crisis. While the overall output by media organizations remains relatively stable during crises, a significant percentage of content is either solely dedicated or tangentially connected to the situation or emergency (Scanlon and Alldred 1982).

Health news and communication, on the other hand, consistently composes a significant percentage of United States media reporting. For example, in 2008, health was the eighth most-referenced subject in national news (Pew 2008). Media reporting as health communication can

vary from information dissemination regarding preventative action, specific non-biomedical ramifications of health issues (e.g., economic, political), and personal stories of health and illness experience to encourage activism or generate social capital (Kline 2006; Ramandhan and Viswanath 2006; Viswanath et al. 2007). Lupton (1994) writes, "News accounts of health and illness differ from many other popular media texts in that they have the weight of 'expert' opinions, 'reality,' and 'fact' behind them" (22). Individuals have historically turned to media for health information (Wade and Schramm 1969), and news coverage is shown to influence a wide swathe of health-related interactions, such as the use of health services, implementation of health interventions, and decisions of medical professionals (Keshvari et al. 2018; Kristiansen and Harding 1984; Grilli et al. 2002; Friedman 2004; Lupton 1994).

The Language of Historical Comparison: The Means of Construction

Before analyzing historical comparison specifically, it is important to understand the power of the language wielded by news media. Research in the philosophy of language argues that utterances have two intertwined purposes (Austin 1975; Daya 2019). The first is to represent meaning or state facts, also known as *semantics*. The second purpose of language is to perform actions, or *pragmatics*. Performative language can be aimed at evincing emotion, influencing conduct, changing status, and informing an audience. In essence, performative language serves as a means of interaction between the communicator and those to whom they are communicating, allowing language to also participate in construction as described in an earlier section. This stance is supported by Lakoff and Johnson (1980), who state that metaphors (e.g., I've *invested* a lot of time in this project; I needed to *budget* my time better) arise from "metaphorical concepts" or constructs (e.g., time is money, a resource, and a valuable

commodity). The words *invested* and *budget* in these examples both represent this particular construction of time and actively participate in its construction. Moreover, the actions performed by language differ depending on the social context in which language is uttered. Austin (1975) uses the statements "I do" in a wedding ceremony and "I name this ship *Queen Elizabeth*" upon smashing a bottle of champagne against a ship as examples. The position and purpose of the speaker, the actions accompanying the language, and the processes, institutions, and people in which the language is uttered both influence and are influenced by the actions language performs. The language uttered by news media is no different. Lupton (1994) writes that news media holds a "privileged status" that "means that the information it presents is generally accepted as real." In this set of interactions—news media interacting with the subjects of a 'newsworthy' interaction, the publication or airing of an article, television segment, podcast, etc., the consumption of that product, and continued distribution of the product or its ideas—the language of news media not only represents certain facts, ideas, or opinions but also realizes them. As demonstrated in the previous section, the "privileged status" of news media is compounded during epidemics because of its influential role as both crisis communicator and health communication.

The language through which news media makes comparisons does not escape the performative characteristics of language. *Comparison* refers to "an examination of two or more items to establish similarities and dissimilarities," ("Comparison"). Comparative forms include simile, metaphor, and analogy (Gilbert 1989; Gentner et al. 2001; Margolis 1957). While generally associated with creative writing, comparison as a technique is found in all manners of communication, including journalism. The American Press Institute states that comparison and illustration allow a writer to contextualize a current event and are essential to the storytelling

aspect of journalism. Lupton (1994) agrees, stating that "by placing an event in context, journalists bring events into an already extant realm of meanings" (27). In relying on this "extant realm of meanings," the language used to provide this context reifies certain constructs that already exist and also places the subject of comparison within those constructs. Furthermore, news media uses comparative language in framing, a technique in which writers construct an issue or controversy around a particular framework that allows them to explain the controversy, suggest solutions, or take a particular stance (Gamson and Modigliani 1989; Lupton 1994; Treichler 1999). Because of the often moral and/or ethical tone of the metaphor, framing is extremely effective in directing public perception and, in some cases, policy regarding the controversy or event (Williams et al, 2011; Entman 1993; Atheide 2002; Goffman 1974; Scanlon and Alldred 1982; Cisneros 2008).

The current literature in communication and media studies, sociology, and science and technology studies generally focuses on the language of metaphors as a lens through which one can analyze these constructs (Sontag 1990; Wald 2008; Saguy and Almeling 2008; Liakopoulos 2002). However, projects studying the influence of comparisons often analyze abstract and vague metaphors, such as 'epidemic' or 'war' (Sontag 1990; Wald 2008; Saguy and Almeling 2008; Liakopoulos 2002), and little research has been conducted on the role of other comparative forms in social constructionism. Historical comparison also serves as another comparative form through which language interacts and, thus, constructs. Specifically, news media regularly uses the history of epidemics to contextualize emerging infectious disease. In her book *Contagion: Cultures, Carriers, and the Outbreak Narrative* (2008), Wald writes, "Accounts of prior disease outbreaks…supplied points of reference for journalists seeking to inform the public about the spreading infection…As these precedents allowed experts to make sense of a new situation, they

also shaped what they saw and how they responded" (1). These "accounts of prior disease outbreaks" include the institutions, structures, people, and materials that compose the matrix for past epidemics, as well as the interactions among them and resulting constructs.

Similar to the language of metaphor, the language of historical comparison does more than just represent. The language of historical comparison performs. In representing past events, facts, and statistics to provide context for COVID-19, the language of historical comparison also constructs a particular history of epidemics to which COVID-19 is compared. This *gathering* (Latour, 2004) of the past is not necessarily false, which Latour (2004) states are *matters of fact*. However, the history constructed from this collection of events, facts, and statistics is subject to the framing mechanism through which the writer creates a narrative as well as the interactions and constructs of that time period and the present time period. As a result, the history constructed by these specific gatherings is partial, and some past events may be chosen instead of others to push a particular narrative (Lupton 1994; Webster et al. 2020). Because of the position of news media during epidemics, many members of the matrix in which epidemics are constructed interact with this partial history. It is important to understand what gathering of facts, events, and statistics that news media presents as history and the possible constructs in which this particular history may participate. These *matters of concern* (Latour 2004)—whether this constructed history contains any particular "agenda" (Radin 2019), whether or not the matrix in which this history interacts results in particular constructs, and whether these particular constructs result in real consequences in the form of legislation, funding, deaths, and/or discrimination—are the focus of my thesis. This project contributes to the current literature by 1. proposing that the language of historical comparison in news media provides another avenue through which one can analyze social construction and 2. demonstrating that the particular history presented by

news media represents various constructs that contribute to the social construction of epidemics and social construction of COVID-19.

METHODS

Aims and Objectives

This thesis analyzes the epidemics to which coronavirus disease 2019 (COVID-19) was compared in popular press during the first six months of 2020 as a means of analyzing the social construction of COVID-19. Through this mixed-methods analysis of the presence, distribution, and variety of historical comparisons between past epidemics and COVID-19 made by news media, I examine which past events, facts, and statistics are present and absent in this particular history. Furthermore, by analyzing examples from the dataset alongside surrounding context from the article, other events, facts, and statistics from past epidemics, and current events, I examine how this partial history may interact in the social construction of epidemics and the social construction of COVID-19.

Study Design

Database & Publication Criteria

After exploring multiple news and newspaper archival databases available through the Vanderbilt University Jean & Alexander Heard Libraries database collection, I concluded that ProQuest News & Newspapers had the most complete archival collection with search tools most useful for my purpose, and, for the sake of unified data collection, all articles were collected through this archival database. The articles within the database were collected from the online

versions of 4 of the top 5 United States newspapers by circulation, as listed in August 2020 by

Agility PR Solutions: *New York Times*, *Wall Street Journal*, *USA Today*, and *Washington Post*.

This criterion allowed for an expansive but manageable range of widely-read articles from both

the print and digital-exclusive versions of each publication. Furthermore, each of these

publications suspended their subscription requirements and allowed free access to articles and

information on the coronavirus, a decision that in fact led to a spike in subscriptions to several

publications. Although listed as 1 of the top 5 newspapers by publication, *New York Post* was

excluded from the data collection because ProQuest lacked an archival collection.

Article Criteria

The finalized database contained 1,284 articles that satisfied the following criteria. The

articles had to be published on or between January 1, 2020 and June 30, 2020. To determine

proportion and distribution of historical comparisons during this time period, the total number of

articles and the number of articles containing the term *coronavirus* published per month were

measured using the statistics functions within ProQuest. From the subsection of articles that

contain the term *coronavirus*, I performed an advanced search for articles that included the

search term coronavirus and at least one of the following search terms: HIV, AIDS,

Tuberculosis, 1918, Spanish Flu, Swine Flu, Influenza, Seasonal Flu, Ebola, Zika, STD, Polio,

Plague, Black Death, SARS, MERS, and Fiction. Alongside input from faculty advisor Dr.

Danielle Picard, those search terms were selected through the following processes: I analyzed a

subsection of articles within ProQuest using search terms coronavirus AND (history OR learn

OR past) to see what historical epidemics COVID-19 was being compared to in the media; I read

current academic literature that compares COVID-19 to other epidemics or analyzes comparison

that are currently being made by media, politicians, and the public (Um 2020; Jaiswal et al.

2020; Brandt and Botelho 2020); and I watched recordings of the Princeton University Department of History's virtual seminar series "Pandemic, Creating a Usable Past: Epidemic History, COVID-19, and the Future of Health" to see what comparisons were made by historians.

Articles were removed from the sample if they were duplicates, corrections of previous articles, transcripts, briefings/collections/newsletters of multiple articles, letters to the editor, Q&As, or fact-checks. These articles were removed because these were not comparisons made by the author or specifically cited by the author to provide context for the rest of the article. Articles were further removed if they did not include historical comparisons to past epidemics. Irrelevant articles included references to comorbidities, titles or credentials of a health professional or institution, and insults and unrelated metaphors (e.g., X "plagues" Y). Irrelevant articles also included comparisons between virology, pathology, or treatment pathways, as these articles serve as comparisons to the virus and bacteria or disease and illness, not a specific epidemic.

Article Categorization & Analysis

Articles that met the inclusion criteria were added to a database collection using Zotero, a free and open-source reference management software. While publication of origin and date of publication were automatically recorded by Zotero, each article was read to determine two other points of analysis—epidemic of comparison and point of comparison (Table 1)—and tagged with Zotero's tagging function. Once tagged, the dataset was imported from Zotero into Excel for quantitative analysis. Multiple news, scientific, and governmental websites were consulted in the creation of the timeline of COVID-19-related events (Table 2). For the case study, quantitative

analysis was performed in Excel to find and mark trends of interest, and Zotero's tagging

organization was used to find representative examples of the quantitative results.

Table 1: Point of Comparison Categories	
General Comparison (GC)	Does not refer to a specific aspect of either epidemic
Deaths, Cases, Infections (DC)	Death, death rate, or case statistics
Vaccine Development (DV)	Development of a vaccine (non-biological)
Access to Healthcare Resources (ACC)	Difficulty or ease in accessing medical supplies and resources
Discrimination, Inequality, Stigma (DI)	Instances of discrimination and inequality directly connected to or exasperated by an epidemic; inequality-driven mistrust (Jaiswal et al. 2020)
Quarantine, Lockdown (QL)	Instances of quarantining or lockdown in an effort to mitigate transmission
Cancellation, Postponement (CP)	Cancellation or postponement of specific events
Behavioral Change (BC)	Changes in behavior in mitigation efforts (non-quarantine)
Economy, Industrial Sector (EI)	Global, national, or local economies; impact on industries (e.g., airline/travel; catering; real estate)
Wave Prediction (WP)	Seasonal increases/decreases in case numbers
Mental Health, Coping (MC)	Instances/rates of mental illness; previous methods of coping; mental health advice
Misinformation, Disinformation (MD)	Lies and misleading statements by governments, officials, and citizens; includes suppression and withholding of information
Elections (E)	Campaign, voting, and general statistics in United States elections
Politics: Federal (United States) (PF)	Actions by the three branches of the United States federal government
Politics: State/Local (United States) (PSL)	Actions by the local (city/county) and state governments in the United States

Politics: Foreign (PGF)	Actions by foreign local/state/federal governments
Arts, Entertainment, Sports (AES)	Actions by organizations within the arts, entertainments, or sports (e.g., Olympics, Broadway)
Religion (R)	Actions by religious officials, sects, and communities
Other (O)	Not otherwise specified

RESULTS & DISCUSSION

Introduction

This study answers the following questions: 1. Did articles published in the first six months of 2020 contain historical comparisons between past epidemics and COVID-19? 2. What events, facts, and statistics were being used in these comparisons between past epidemics and COVID-19? 3. In which constructs does this particular history participate? For ease of identification, I use *epidemic* as a collective term that includes the subcategorizations of outbreak, pandemic, etc. Similarly, because the articles included in the dataset were written by journalists, health communicators, editorial boards, and opinion contributors, I use the collective term *writers* to describe those who authored the articles.

Frequency and Distribution of Historical Comparisons

In total, 103,147 articles were published by *Wall Street Journal*, *New York Times*, *USA Today*, and *Washington Post* during the first six months of 2020. Out of this collection, 47,191 (45.8%) contained the term *coronavirus* within the article. This finding is consistent with the

hypothesis put forth by Scanlon and Alldred (1982) and Scanlon et al. (1985) that a significant portion of media resources—even those not traditionally delegated to current events—produce news coverage of disasters and major events. Of articles containing the term *coronavirus*, 1,284 articles included a historical comparison between the COVID-19 pandemic and at least one past epidemic, comprising 2.7% of articles with the term coronavirus and 1.2% of all articles published in the time period. In these 1,284 articles, 2,082 points of comparison were found, and past epidemics were cited a total of 2,000 times.

The skewed distributions by month of publication reveals that online news media did not significantly report on the COVID-19 epidemic until it was perceived as a threat to America. Total news output remained relatively stable throughout the study period (Figure 1). However, only 9.4% of articles published in January and February included the term coronavirus. Despite notable COVID-19 related events in January and February (Table 2), specifically the classification of COVID-19 as a global health emergency by the WHO and the confirmation of infection in the United States by the CDC, news media did not significantly cover COVID-19 until March, during which 64.4% of published articles contained the term *coronavirus*. A total of 93.2% of articles containing the term *coronavirus* were published after the first death was reported in the United States. These results suggest media bias in coverage of international disasters consistent with Moeller (2006).

The difference in distribution between articles containing the word coronavirus and articles containing historical comparisons between the COVID-19 epidemic and past epidemics suggest a selective purpose in using historical comparisons. Overall, 64.0% of articles containing historical comparisons were published during the first three months of 2020. This skewed distribution of articles featuring historical comparison stands in stark contrast to overall coverage

and coverage of the coronavirus (Figures 2-3), and these differences in distribution suggest that comparisons to past epidemics were often used as illustrations to provide context regarding COVID-19 for the uninformed audience. This claim is supported by Stieglitz et al. (2017) and Scanlon and Alldred (1982), which argue that media coverage during the initial stages of a crisis primarily focus on information distribution before shifting to keeping an audience's attention during crisis.
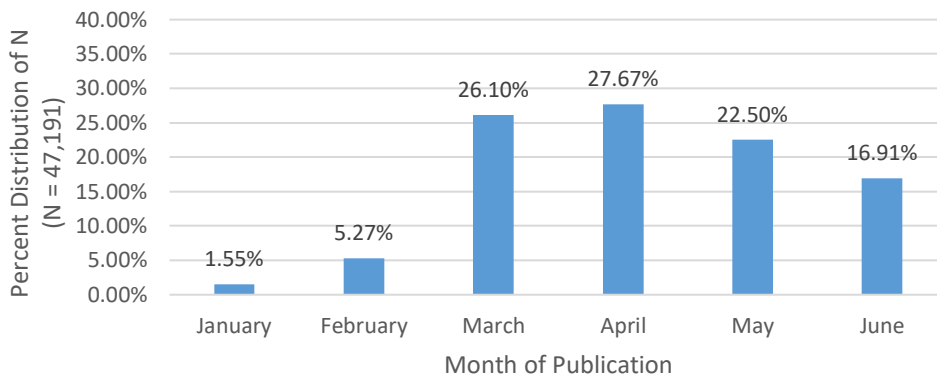
Table 2: Timeline of COVID-19-Related Events During the First Six Months of 2020	
Date	**Event**
12-31-2019	Chinese health authorities notice mysterious cases of pneumonia
01-09-2020	WHO announces coronavirus-related pneumonia in Wuhan, China
01-11-2020	First coronavirus death reported by Chinese state media
01-21-2020	CDC confirms first US coronavirus case
01-23-2020	Wuhan placed under quarantine
01-28-2020	United Airlines suspends all flights to China from the United States
01-29-2020	Establishment of White House Coronavirus Task Force
01-31-2020	WHO issues global health emergency
02-02-2020	First death outside of China
02-03-2020	US declares public health emergency
02-09-2020	COVID-19 death toll exceeds that of SARS crisis
02-28-2020	Trump reports first coronavirus death in United States* *later suggested to be Feb 6
03-11-2020	WHO declares COVID-19 a pandemic
03-13-2020	Trump declares COVID-19 a national emergency
03-13-2020	Trump compares COVID-19 and H1N1 swine flu
03-16-2020	Trump announces first social distancing guidelines
03-17-2020	White House Administration asks Congress to send Americans direct financial relief
03-17-2020	First United States stay-at-home order issued in California
03-24-2020	Tokyo Olympics postponed
03-25-2020	Senate approves CARES Act
04-02-2020	More than 1 million confirmed cases worldwide
04-09-2020	First protests against safer-at-home/stay-at-home orders
04-14-2020	Trump halts funding to WHO
04-16-2020	White House Administration announces guidelines for reopening America
05-28-2020	US COVID-19 deaths pass the 100,000 mark
06-23-2020	New York City begins reopening
06-28-2020	Global deaths exceed 500,000, and cases top 10,000,000

Figure 1: Percent Distribution of Total Articles
Published by Month of Publication

Percent Distribution of N
(N = 103,147)

Month	Percent
January	16.9%
February	16.2%
March	18.5%
April	16.9%
May	15.6%
June	15.9%

Month of Publication
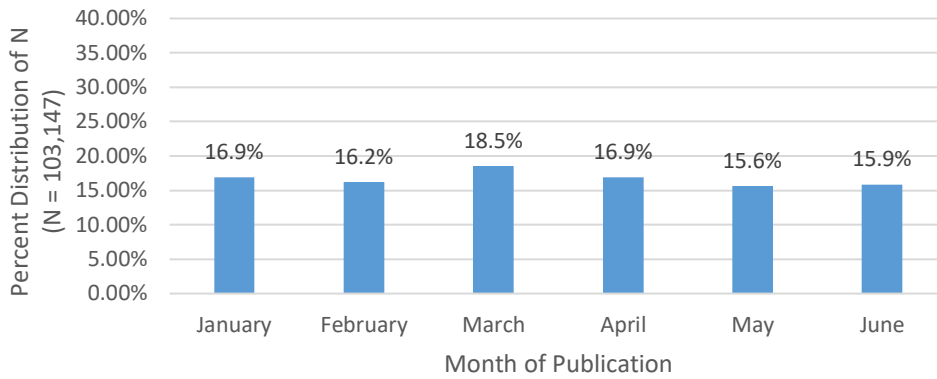
Figure 2: Percent Distribution of Articles Containing
the Term Coronavirus by Month of Publication

Percent Distribution of N
(N = 47,191)

Month	Percent
January	1.55%
February	5.27%
March	26.10%
April	27.67%
May	22.50%
June	16.91%

Month of Publication

Figure 3: Percent Distribution of Articles Containing
Historical Comparison by Month of Publication

Percent Distribution of N
(N = 1,284)

Month	Percent
January	12.23%
February	17.06%
March	34.66%
April	19.39%
May	10.90%
June	5.76%

Month of Publication
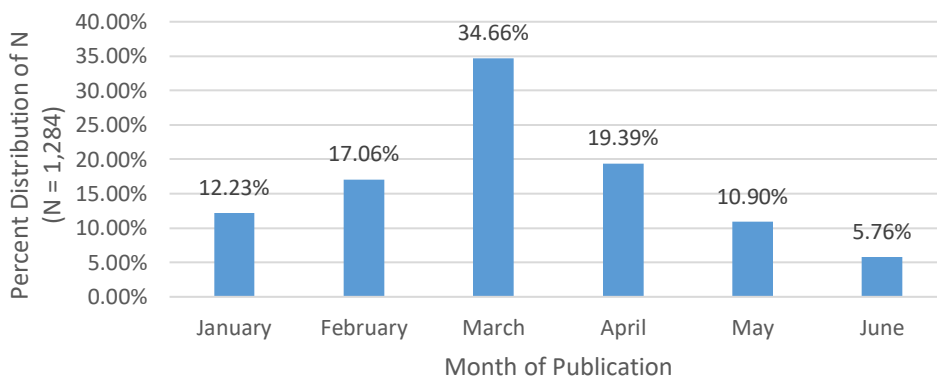
Overview of Historical Comparisons

To understand how these historical epidemics are implemented in framing the COVID-19 pandemic, it was important to determine the aspects of history upon which writers drew to make these comparisons. Writers made particular historical comparisons depending on the date of publication, date of COVID-19-related events, the epidemic of comparison, and the point of comparison (Table 3, Figure 4-5). In descending order, the flu of 1918, SARS, and pre-1918 epidemics were the most compared epidemics during the first six months of 2020. Similarly, deaths, cases, and infections (DCI), economy and industrial sector (EI), and politics: federal (United States) (PF) were the most common points of comparison. This section provides a short examination for 11 of the 12 categories of past epidemics represented in this data set, and the next section—a case study on the utilization of history of the SARS epidemic—will serve as an illustrative example of in-depth analysis on epidemics, their histories, and the presence/absence of their histories in media coverage on COVID-19.

Table 3: Dataset Descriptive Statistics	
Category	**No. (%) of articles (N = 1284)**
Publication	
New York Times	441 (34.3%)
Wall Street Journal	240 (18.7%)
Washington Post	442 (34.4%)
USA Today	161 (12.5%)
Month of Publication	
January	157 (12.2%)
February	219 (17.1%)
March	445 (34.7%)
April	249 (19.4%)
May	140 (10.9%)
June	74 (5.8%)
Past Epidemic*	
SARS	360 (28.0%)
MERS	46 (3.6%)

Flu of 1918	522 (43.0%)
Other Flus**	62 (4.8%)
Swine Flu	169 (13.2%)
HIV	146 (11.4%)
Polio	40 (3.1%)
Ebola	203 (15.8%)
Zika	59 (4.6%)
Tuberculosis	18 (1.4%)
Pre-1918 Epidemics**	236 (18.4%)
Fictional Epidemics**	139 (10.8%)
Point of Comparison*	
Access to Healthcare Resources (ACC)	31 (2.4%)
Arts, Entertainment, Sports (AES)	45 (3.5%)
Behavioral Change (BC)	84 (6.5%)
Cancellation, Postponement (CP)	61 (4.8%)
Deaths, Cases, Infections (DC)	370 (28.8%)
Discrimination, Inequality, Stigma (DI)	104 (8.1%)
Economy, Industrial Sector (EI)	184 (14.3%)
Elections (E)	16 (1.3%)
General Comparison (GC)	116 (9.0%)
Mental Health, Coping (MC)	83 (6.5%)
Misinformation, Disinformation (MD)	116 (9.0%)
Politics: Federal (United States) (PF)	203 (15.8%)
Politics: State/Local (United States) (PSL)	96 (11.8%)
Politics: Foreign (PGF)	151 (7.5%)
Quarantine, Lockdown (QL)	159 (12.4%)
Religion (R)	33 (2.6%)
Vaccine Development (DV)	60 (4.7%)
Wave Prediction (WP)	50 (3.9%)
Other Comparison (O)	120 (9.4%)

* Articles that compare multiple epidemics and/or use multiple points of comparison are counted multiple times (e.g., an article comparing both HIV and polio is counted in the HIV category and the polio category).

** Categories include multiple epidemics rather than a single epidemic. Articles that include multiple epidemics within a single category are counted multiple times in the category (e.g., an article comparing both smallpox and the bubonic plague is counted twice in the pre-1918 epidemics category).

Figure 4: Distribution of Articles Containing Historical Comparisons to Past Epidemics by Epidemic by Month of Publication*
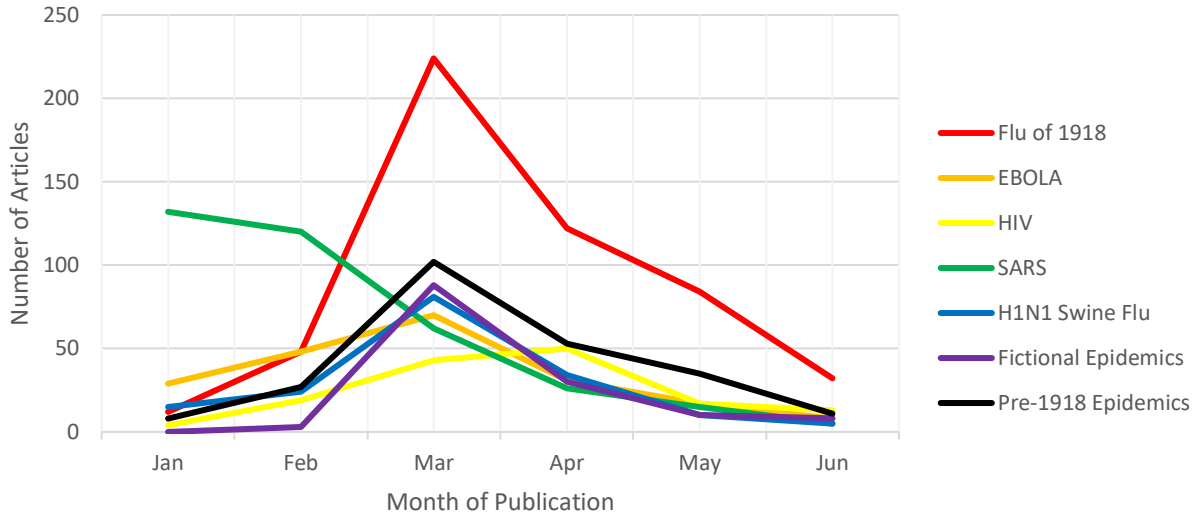
* Excludes epidemics that appeared in fewer than 50 articles per month every month of study

Figure 5: Distribution of Articles Containing Historical Comparisons to Past Epidemics by Point of Comparison by Month of Publication*
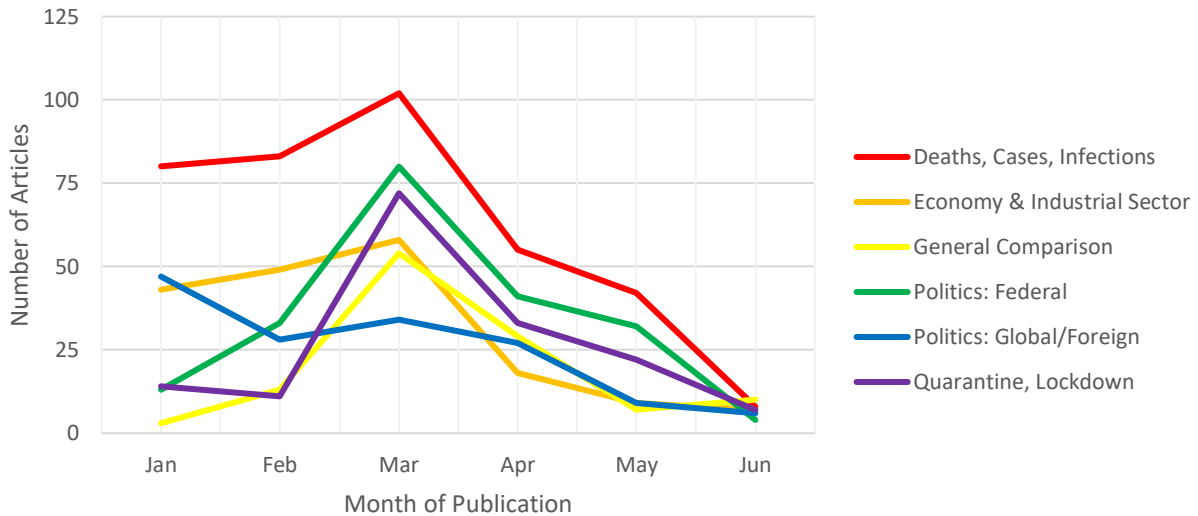
* Excludes points of comparison that appeared in fewer than 40 articles per month every month of study

Flu of 1918

The flu of 1918 was the most compared epidemic in the dataset. 43.0% of articles contained comparisons between COVID-19 and the flu of 1918. The distribution of comparisons was skewed towards the later months in the study period, as only 2.3% of articles including comparisons to the 1918 flu were published in January, and 9.2% in February. Once COVID-19 was established as an American phenomenon in March (Table 2), comparisons between COVID-19 and the 1918 flu epidemic increased significantly. 42.9% of articles comparing the flu of 1918 were published in March, and 50.3% of articles published in March contained the flu of 1918 as an epidemic of comparison.

However, despite continual references to COVID-19 as the worst epidemic the United States has faced since the flu of 1918, a disproportionately small percentage of articles compared the U.S. federal government actions (PF) at the time. Only 10.3% of articles including the flu of 1918 compared PF, as opposed to 42.4% for Ebola, 29.5% for HIV, and 27.8% for H1N1 swine flu. Of this small percentage, articles most often compared actions by the legislative branch (proxy voting) and the judicial branch (postponement of Supreme Court hearings). Notably absent in the 522 articles comparing the flu of 1918 to COVID-19 was the suppression of information by the federal government. Only 7 articles in the dataset (.01%;) referenced the suppression of information performed by "President Woodrow Wilson's World War I propaganda machine" (Rosenwald 2020), though articles that did cite these actions were resoundingly critical. Other main points of comparison included the quarantines and lockdowns (QL) and cancellations and postponements (CP) imposed during the epidemics. Most commonly cited were the different degrees to which St. Louis and Philadelphia imposed these measures and

the resulting consequences on both deaths, cases, and infections as well as the economy and industrial sector for each city.

H1N1 Swine Flu

The H1N1 swine flu epidemic of 2009 appeared as a point of comparison in 13.2% of articles in the dataset. The most notable points of comparison were federal government response (PF) and foreign government response (PGF), the distributions of which reveal a tendency by the media to treat epidemics as a foreign issue. The ratio of articles comparing PF of swine flu and PGF during swine flu was 2.94:1, and 31.4% of all articles comparing PF contained swine flu as an epidemic of comparison. However, 43.8% of articles comparing PGF during swine flu occurred in January, as opposed to just 4.3% of articles comparing PF during swine flu. As COVID-19 became an 'American problem' towards the beginning of March, the distribution of comparisons shifted. Only 25% of articles comparing PGF during swine flu were published in March, in contrast with 51.1% of articles comparing PF. The bulk of these comparisons concerned the epidemic responses of the White House Administrations to the respective epidemic. More specifically, articles compared the presidents' attitudes and actions during their respective epidemics, partially reflecting both the beginning of the Trump Administration's response to COVID-19 as well as the comparisons between the two epidemics made by Trump around that time.

Other Flu Epidemics

Other than the 1918 flu epidemic and Swine flu epidemic, other flu epidemics are rarely mentioned, appearing in 3.8% of articles. Flus within the past 5 years were mostly used to compare deaths, cases, and infections (DCI) in the early months of the COVID-19 epidemic, and articles including these comparisons suggested that the severity of COVID-19 was overblown

compared to 'American diseases.' An article from the editorial board of *USA Today* opens with the following:

> This just in: A deadly virus spreading around the globe will result in the death of tens of thousands of Americans. We are certain about this because it always does. Its name is influenza. As recently as the 2017-2018 flu season, it resulted in 61,000 American fatalities. The death toll from the flu is worth noting in light of the coronavirus spreading through, and outside of China. In the United States, the public health threat from the flu is far greater than that of the exotic new virus, and likely will remain that way.

The "exotic" nature of epidemics is reiterated in comparisons to the 1957 and 1968 flu epidemics. When not used to provide a minimum number of deaths expected in America during COVID-19, comparisons to these epidemics emphasized their epidemiological origin, reflected in headlines such as "Forgotten Pandemic Offers Contrast to Today's Coronavirus Lockdowns; In the late 1960s, the Hong Kong flu was allowed to run rampant until a vaccine was introduced" and "In 1957, a new flu appeared in Asia. The world watched and waited for it to spread." As I demonstrate more thoroughly in my case study, comparisons between other flu epidemics and COVID-19 compose a racist, nativist, and xenophobic history that constructs epidemics as foreign, foreigners as an epidemic, and, specifically, the 'diseased Asian.'

Ebola

Comparisons of the 2014 Ebola epidemic exhibit trends of the H1N1 similar to, though less extreme, trends of comparisons to the swine flu epidemic. Ebola was the fourth most-compared epidemic in the dataset, as 15.8% of articles contained Ebola as an epidemic of comparison. The ratio of articles comparing federal government response (PF) and foreign government response (PGF) was 2.39:1, and 42.4% of all articles comparing PF included comparisons to Ebola. A similar transition in governmental focus of comparison occurred, though the distribution of comparisons to Ebola are not as heavily skewed as those of swine flu. 33.3% of articles comparing PGF and 11.6% of articles comparing PF were published in

January; 27.8% and 36.0% in March. Comparisons of both epidemics within news media can also be attributed as a response to comparisons made by former President Trump himself comparing federal responses to both epidemics.

Zika

Zika appeared as an epidemic of comparison in only 4.6% of articles in the dataset, with 44.1% of those comparisons occurring in conjunction with Ebola. Zika, Ebola, and the flu of 1918—commonly referred to as the 'Spanish flu'—were often used in arguments either justifying or criticizing the use of culturally- or regionally-specific labels when referring to COVID-19, such as variations of 'China virus,' 'Chinese coronavirus,' or 'Wuhan flu.' When not associated with Ebola or other epidemics, Zika is most often used to compare responses to the epidemic by arts, entertainment, and sports (AES) organizations, mainly within discourse regarding the cancellation of sporting events such as the Olympics.

Pre-1918 Epidemics

Pre-1918 epidemics included all epidemics occurring before 1918, including the bubonic plague, the sweating sickness/the sweats, smallpox, measles, cholera, and yellow fever. Pre-1918 epidemics were the third-most compared epidemics in the dataset, behind the flu of 1918 and SARS. The bubonic plague—in some cases often referred to as "the plague"—was the most-compared of the pre-1918 epidemics. The most-common point of comparison was discrimination, inequality, and stigma (DI). 27.5% of comparisons to Pre-1918 epidemics concerned DI, a higher percentage than any other epidemic (HIV was second with 25.3%). Articles mainly referenced the attribution of diseases to marginalized communities as well as how epidemics disproportionally impacted individuals with low socioeconomic status. As I discuss in the case study of SARS, these comparisons represent a philosophy of history that

emphasizes injustices in the distant past to indirectly obscure injustices in the recent past and present (Bevernage 2015).

Fictional Epidemics

While fictional epidemics were the seventh-most compared epidemic in the dataset, fictional epidemics were often compared alongside each other and in large groups, meaning that the 169 comparisons to fictional epidemics occurred in only 69 (5.4%) articles in the dataset. The most common fictional epidemics were Albert Camus's *The Plague* (1947) and Max Brooks's *World War Z* (2006), though these results may be skewed because the term *plague* was a search term for finding articles. Two frequent points of comparison to fictional epidemics were mental health and coping (MC) (32.5%) and misinformation and disinformation (MD) (12.1%). Beyond stating that experiencing fictional epidemics through television, movies, or books provided a means of coping during COVID-19, writers often claimed that these works could teach an audience how to cope. On the other hand, writers also extrapolated the structural failures, racism, and paranoia in these fictional worlds that contributed to MD to reality during COVID-19.

Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Syndrome (AIDS)

HIV/AIDS appeared as an epidemic of comparison in 11.4% of articles and was the sixth-most compared epidemic in the dataset. The federal political response (PF) was the most common and most notable point of comparison to HIV, and 29.5% of articles including HIV as an epidemic of comparison compared PF. Comparisons of PF focused on several different moments within the history of HIV/AIDS in the United States, mostly regarding the response in the executive branch. Often referenced was Reagan's failures to acknowledge the presence of the epidemic in the United States and the contribution of his inaction to cases, deaths, and stigma surrounding HIV as well as the continued structural discrimination against gay and bisexual men.

On the other hand, comparisons made to the Bush administration lauded his approach to global health, including the launch of the President's Emergency Plan for AIDS Relief, as evidence for America's history of global health leadership. Articles claimed that, as the country had done before, the United States needed to quickly solve the 'national problem' of COVID-19 so that it could solve the 'global problem' of COVID-19. However, such claims are inaccurate. Specifically, articles fail to acknowledge how, in America's rebranding of AIDS as a global health mission, the federal government neglected the epidemic in the United States and its disproportionate impact on Black communities (Geary, 2014; Gould, 2012).

Polio

Polio was the second least-compared epidemic, appearing in only 3.1% of articles in the dataset. Polio was not used as an epidemic of comparison in any of the articles published in January or February. Moreover, the distribution by month of comparisons to polio skewed towards the later months more than any other epidemic. 15% of comparisons to polio appeared in articles published in May; 17.5%, June. This skewed distribution is similar to the distribution of articles comparing the vaccine development (DV) of past epidemics to that of COVID-19, and DV during polio outnumbered the second-most used points of comparison—deaths, cases, and infections; discrimination, inequality, stigma; general comparison; politics: federal; and quarantine, lockdown—3.6:1. Writers used the history of polio to either predict the timeline for COVID-19 vaccine development or to warn audiences against rushed vaccine development, specifically citing the Cutter vaccine incident in 1955.

United States federal government response (PF) was another common point of comparison between polio and COVID-19, and articles gathered events from President Franklin D. Roosevelt's personal and political history to tout FDR as the ideal president in epidemic

response, an influential political figure in the history of public health, and a point of inspiration because of his own illness experience. However, not a single article mentioned FDR's failure to address the polio epidemic in Black communities, FDR's involvement in founding and promoting racially-segregated healthcare and rehabilitation centers, or the systematic and scientific belief at the time that "Blacks…were not susceptible to this disease" (Rogers 2007, 784). Similarly, articles containing comparisons of race-based medical discrimination and health inequalities, as well as civil rights activism, during epidemics did not include polio as an epidemic of comparison.

Tuberculosis (TB)

Tuberculosis (TB) was the least-compared epidemic of comparison measured in the study, and only 1.4% of articles in the dataset contained comparisons to TB. Of these articles, 27.8% describe discrimination, inequality, and stigma (DI). Specifically, writers recount the history of TB within indigenous populations who have been disproportionately impacted by COVID-19, including the Yanomami in South America, Inuit in the Nunavut region in Canada, and indigenous American tribes in the United States. Also referenced by a single article was the tuberculosis epidemic experienced in Black communities in New York City during the 1980s and '90s. In some instances, these articles effectively portrayed the structures—governmental colonialism, lack of medical resources, and scientific racism—that wrongly attributed TB to these communities. Wetmore (2020) effectively demonstrates how, as a result of structural racism at the time, scientists misattributed TB to Jewish communities and hindered scientific research and public health measures. In other cases, articles still use language that attributes issues with population health and living situations to the communities themselves rather than the structures surrounding them.

Middle East Respiratory Syndrome (MERS)

Despite existing within the same family of viruses as COVID-19 and occurring within the last decade, MERS was the third least-compared epidemic in the study. Only 3.6% of articles in the dataset included historical comparisons between MERS and COVID-19. Furthermore, MERS was often compared in conjunction with SARS, and only 0.7% of articles in the dataset included comparisons to MERS without SARS. The rarity of comparisons to MERS was notable in the arguments either justifying or criticizing culturally- or regionally-specific labels when referring to COVID-19. Even though MERS was listed as the first example of incorrect naming in the World Health Organization's (WHO) best practices guidelines for naming new human infectious diseases ("World"), articles primarily compared Ebola, Zika, and the flu of 1918.

Severe Acute Respiratory Syndrome (SARS)

SARS was the second-most compared epidemic behind the flu of 1918, and 28.0% of articles included SARS as an epidemic of comparison. A portion of these comparisons can be attributed to the similarities between the two viruses and epidemics. The new coronavirus that causes COVID-19 is biologically similar to SARS-CoV and, thus, was named SARS-CoV-2 to signify the relation (CDC). Both SARS-CoV and SARS-CoV-2 use receptor-mediated endocytosis via the angiotensin-converting enzyme II (ACE2) as an entry receptor (Caldaria et al. 2020). SARS and COVID-19 first appeared in the winter of their respective years, and bats served as possible natural reservoirs of both viruses (Caldaria et al. 2020). While differences in population size, population density, and geographical location resist one-to-one comparison, both SARS and COVID-19 were first detected in the Chinese provinces of Guangdong and Hubei, respectively.

However, the biological and epidemiological similarities between do not explain the distribution by month of comparisons of SARS nor the specific events, facts, and statistics of the SARS epidemic that writers used as points of comparison. The distribution of comparisons to SARS by month also serves as an outlier to the dataset (Figure 4). Articles disproportionately used SARS the epidemic of comparison in January and February, and 84.1% of articles published in January and 54.8% in February used SARS as an epidemic of comparison. Furthermore, the distribution of articles comparing SARS per month is the only distribution to decrease every single month of the pandemic. 56.0% of articles comparing the economy and industrial sector (EI) used SARS as a point of comparison, a percentage significantly greater than the second-most compared epidemic in that category, the flu of 1918 (33.2%). Similarly, 51.7% of articles comparing foreign political response (PGF) used SARS as a point of comparison; the second-most compared epidemic in that category, fictional epidemics, only appeared in 26.5% of articles comparing PGF. However, fewer articles comparing SARS to COVID-19 discuss federal political response (PF) (4.7%) and state/local political response (PSL) (0.6%) than articles comparing any other epidemic. Similarly, only 4.17% of articles using SARS as an epidemic of comparison compare discrimination, inequality, and stigma (DI) between SARS and COVID-19, a smaller percentage than the percentages for articles that use the flu of 1918, swine flu, Ebola, pre-1918 epidemics, fictional epidemics, HIV, polio, tuberculosis, or MERS to discuss the same topic.

Historical Comparisons to SARS: A Case Study

Introduction & Background

In an opinion piece titled "Here Comes the Coronavirus Pandemic," the editorial board

for the *New York Times* wrote the following:

> Here's what is certain: Despite many warnings over many years, we are still not ready.
> Not in China, where nearly two decades after that SARS outbreak food markets that sell
> live animals still thrive and authoritarianism still undermines honest and accurate
> communication about infectious diseases. Not in Africa, where basic public health
> capacity remains hobbled by a lack of investment and, in some cases, by political unrest
> and violence. Not in the United States, where shortsighted budget cuts and growing
> nationalism have shrunk commitments to pandemic preparedness, both at home and
> abroad.

While this excerpt superficially criticizes each region for their lack of preparation, there exists a

clear shift in depiction as one moves westward: an unclean, unscientific wildland doomed to

repeat its failures under uncivilized control; a crippled, brutish society who needs both soft aid

and a firm hand; and a wealthy, developed country whose failures lie in its pride and greed.

This case study analyzes the historical comparisons between SARS and COVID-19 to

unmask one of the many constructs in which the history of epidemics created by news media

participates. While SARS shares several characteristics with COVID-19 that encourage historical

comparison, an analysis of the comparisons between the SARS and COVID-19 epidemics, in

relation to the comparisons between COVID-19 and other epidemics, reveals a continuation of

Asian pathologization that consistently reappears in the history of emerging infectious disease.

Furthermore, writers in news media specifically used certain events, facts, and statistics of the

SARS epidemic to frame COVID-19 within an ongoing controversy that has increasingly

dominated the American social, economic, and political landscape: the rise of China as a global

power. As a result of the current sociopolitical fears regarding the perceived threat that China

poses to America's position on the global stage, news media created a history to criticize the

Chinese government's handling of the COVID-19 pandemic and to condemn China as unworthy

of its current position in global politics and commerce. Simultaneously, news media omitted and

obscured from its history America's own failures in epidemic preparation and response in order

to justify America's authority and ability to lead. Through this nationalistic, racist, and

xenophobic presentation of history, articles constructed COVID-19 and epidemics as both 'un-

American' and 'Asian,' thus participating in Asian pathologization.

Pathologization and Asian Pathologization

Beyond the biological and epidemiological similarities, SARS and COVID-19 both share

their influence in the continued history of Asian pathologization. *Pathologization* refers to the

process by which something becomes perceived and accepted as psychological or physiological,

often as a metaphor for abnormal, 'wrong,' or otherwise unaligned with Western scientific,

social, political, and moral values (Liebert 2014; Sholl 2017; Heydon and Iannacci 2008). In

differentiating *pathologization* from *medicalization*, Sholl (2017) states that pathologization does

not require specific biomedical intervention, and, as a result, pathologization is more focused on

the labeling process and the designation of something as abnormal. In essence, pathologization is

an act of construction: to pathologize *X* is to construct '*X* as abnormal' or, because of its

development alongside Western science, to construct '*X* as diseased.' To return to Hacking,

pathologization of *X* then constructs the idea of '*X* as diseased,' the classification of '*X* as

diseased' and, if *X* can interact with its classification, *X* itself as diseased. Once various

institutions of the matrix (e.g., governments, medical and science organizations, media) and the

general public within the matrix accept the pathologization of *X*, this construct can become

embedded within the matrix through legislation, scientific research and medical practice, and

television, articles, and entertainment. Individuals, including those who identify as *X*, then

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interact with the members of the matrix that embody this construct, further participating in its construction. While pathologization of marginalized communities is a continuous practice outside of health crises, pathologization is acutely noticeable during the social construction of epidemics, and constructing a multitude of marginalized communities as diseased during epidemics is consistently used to further justify their marginalization.

To reiterate, news media, its products, and the history it presents are just several of the many members in the social matrix that participate in pathologization: Gamson and Modigliani (1989) notes, "General audience media, then, are only some of the forums for public discourse on an issue" (3) Moreover, language serves as just one means through which construction and pathologization occur, as institutional, legislative, and physical pathologization also occurs. However, the authors continue, "But if one is interested in public opinion, then media discourse dominates the larger culture, both reflecting it *and* contributing to its creation. Journalists may draw their ideas and language from any or all of the other forums…At the same time, they contribute their own frames…drawing on a popular culture that they share with their audience" (3). The language and history produced by news media during epidemics warrants analysis because of the position in which news media wields language to communicate, inform, and frame events, beliefs, and people.

Asian pathologization—the shift in "dominant constructions of race…from different to pathological" (Craddock 1999, 352)—can be traced to early regulations in immigration during the 1700s. The first immigration policies passed by state governments were partially enacted to "regulat[e] the public health of migrants through quarantine measures" (Lee 1999, 87). Concerning Asian immigrants in particular, Lee (2007) states that discussions of "Asians— especially Chinese, Japanese, and South Asians—…being inassimilable aliens who brought

economic competition, disease, and immorality" (537) began in the mid-1800s. The 1882

Chinese Exclusion Act was the first immigration act to specifically exclude immigrants by race

and class: "This law prohibited the further immigration of Chinese laborers, allowed only a few

select classes of Chinese immigrants to apply for admission, and affirmed the prohibition of

naturalized citizenship on all Chinese immigrants" (Lee 1999, 90). The Chinese Exclusions Acts

were not repealed until 1943, yet their embodiment of anti-Asian fear of the 'Yellow Peril'

remained. Originating in the late 19th century, the phrase 'Yellow Peril' was first created to warn

of the perceived dangers Asian emigrants posed to Western civilization, and the phrase

eventually was used to compare the emigration of Asian families and communities to the

transmission of the plague (Leung 2008; Lee 2007; Li and Nicholson 2021).

This perceived danger manifested in medical scapegoating, and Asian communities were

blamed for outbreaks of disease ranging from smallpox to syphilis to 'Asiatic cholera' across the

country. The bubonic plague was infamously considered "very much an Asian—and, especially,

a Chinese—affliction" (Barde 2003, 160), and the deaths of Japanese and Chinese passengers

during the *Nippon Maru* voyage to San Francisco in 1899 were quickly attributed to the plague

without significant evidence. Public health officers, local government, press, and the white

population treated San Francisco's Chinatown as a center for disease enacted quarantines

surrounding the area while exempting non-Asian businesses, and the immigration center at

Angel Island enacted extreme medical inspection policies not seen elsewhere (Huang and Liu

2020; Shah 2001; Craddock 1999). To return to the recent past, previous research has

demonstrated the extent of Asian pathologization during the SARS epidemic in acts of

discrimination, hate crimes, and policy (Leung 2008; Karalis Noel 2020; Huang and Liu 2020),

and news media itself has a history of racial profiling and Asian pathologization during SARS (Eichelberger 2007).

Asian Pathologization in Historical Comparisons Between SARS and COVID-19

While I acknowledge the biological and epidemiological similarities between SARS and COVID-19 in the previous section, I argue that the news media's gathering of the past—specifically the disproportionate use of historical comparisons between SARS and COVID-19 during the first six months of 2020—creates a selective history of epidemics that differentially discriminates against Asian people, communities, and countries. To reiterate, SARS was the second most-compared epidemic behind the flu of 1918, and 28.0% of articles included SARS as an epidemic of comparison. Of particular note is the skewed distribution and proportion of SARS comparisons towards the beginning of the COVID-19 epidemic, during which distribution of information through crisis and health communication is crucial. SARS was the most often-compared epidemic in the early months of 2020 (Figure 4); 84.1% of articles in January and 54.8% of articles in February used SARS as an epidemic of comparison. Furthermore, articles containing comparisons to SARS published in January outnumbered articles comparing Ebola by 4.6:1. The second-largest ratio between the most- and second-most-compared epidemic by month is 2.2:1 with the flu of 1918 and pre-1918 epidemics, respectively. Nisbet et al. (2003) and Weaver et al. (2009) both state that early news coverage is significant in shaping public perception of a particular topic, and, by disproportionately creating a history of epidemics that comprises the SARS epidemic and few others, writers are using comparisons to frame COVID-19 around a partial, Chinese history of epidemics.

This selective use of the history of SARS at the beginning of the epidemic was compounded by attaching xenophobic and racist labels to COVID-19 when comparing it to

SARS. In January and February, articles regularly used the phrases "Wuhan Virus" and "Chinese Virus" to describe COVID-19, with headlines such as "First U.S. Case Reported of Deadly Wuhan Virus," "As families tell of pneumonia-like deaths in Wuhan, some wonder if China virus count is too low," "To understand the Wuhan Coronavirus, Look to the Epidemic Triangle," and "How China's Virus Outbreak Could Threaten the Global Economy." Such language in these early months of the pandemic directly contradicts guidelines published by the WHO on best practices in naming epidemics and emerging diseases ("World" 2015). These guidelines denounce culturally- and regionally-specific names for diseases, and other research has proven that culturally- and regionally-specific naming processes result in further discrimination against already marginalized communities and have social, economic, psychological and political consequences (Hoppe 2018; "World" 2015). The decision to use a xenophobic and racist name for the virus also lent credence to the White House Administration's defense of using pejorative language in describing COVID-19 as the "China virus" and "Kung flu."

Furthermore, in their focus on SARS as an epidemic of comparison during January and February, writers further constructed COVID-19 as Asian by creating imaginary (and ineffective) borders around the virus. Writers claimed that, like SARS, COVID-19 would produce few deaths outside of Asia and, more importantly, would not significantly impact America. Instead, writers wrote that, because of SARS, American's should instead focus attention on seasonal influenza, which they claimed posed a more realistic threat to American health. Through comparisons to SARS, this territorial and international division between viruses misrepresented the reality of viral transmission and instead constructed COVID-19 as contained to foreign places and populations, particularly Asia and Asian communities. For example, in

their article "Beware the Pandemic Panic," published in *New York Times* on January 29, Manjoo

wrote the following regarding why America should be more concerned about the panic of

coronavirus rather than coronavirus itself:

> So far, the Wuhan coronavirus is not much more frightening than the outbreaks of other
> recent coronaviruses like SARS in 2003, or MERS in 2012, each of which killed fewer
> than a thousand people around the world. The new virus's death toll has just exceeded
> 130; for context, according to the CDC, about 15 million Americans have been sickened
> by the seasonal flu so far in the 2019-2020 flu season, and 8,200 have died from it. (The
> flu kills between 300,000 and 650,000 people around the world annually).

Through labeling COVID-19 as "Wuhan coronavirus," deemphasizing 'Asian' epidemics that

significantly impacted non-American regions, and promoting the 'more American' concern of

the seasonal flu that they then generalize to the rest of the world, Manjoo minimalized and

devalued Asian bodies and lives. Following the events of February (Table 2), Manjoo published

another article on February 26 titled "Admit It: You Don't Know What Will Happen Next,"

during which they apologized for their certainty but defended their statistics and logic.

The previous example also demonstrates two other methods through which historical

comparisons further participated in pathologizing Asian people and communities: theorizing and

misrepresentation. In an effort to explain the increased transmission of COVID-19 and SARS as

opposed to H1N1 swine flu and the flu of 1918, Emanuel and Moore cites (2020) "south

China['s]…extensive diaspora networks" that they argue provide pathways of transmission

through emigration and travel. Other articles specifically misrepresent epidemiological and

historical theory in order to present epidemics as culturally specific:

> Multiple global contagions have been traced to China, including the novel influenza
> pandemics of 1957, 1968, and 1977. Historians and virologists make a compelling case
> that the 1918 killer pandemic also originated in China. SARS, in late 2002, emerged in
> Guangdong province; the 2009 swine flu, which briefly got the Obama administration
> excited but passed without more incident than the average flu, was believed by U.S.
> government scientists to have crossed to humans in Mexico after originating in Asian
> pigs. (Jenkins 2020)

Outside of factual errors in the text and lack of evidence supporting their theories, such articles also misrepresent history by omission. For example, while some articles acknowledge the mysterious history and conflicting theories concerning the origin of the 1918 flu, others, like the article above, solely reference historical theories that the 1918 flu originated in China. This stands in contrast with theories by some historians and epidemiologists, who strongly contend that the outbreak originated in America. John M. Barry, historian and author of *The Great Influenza*, writes, "The fact that the 1918 pandemic likely began in the United States matters because it tells investigators where to look for a new virus. They must look everywhere" (2004). However, by continually omitting these theories and histories in coverage on COVID-19, news media creates a history that labels foreign nations as responsible for epidemics and removes America's role in transmission. The CDC's website officially states that there is no universal consensus regarding COVID-19. Because of the recognized influence that media plays in shaping health policy, scientific research, and public health measures (Webster et al. 2020; Nisbet et al. 2003; Saguy and Almeling 2008), this omission of America's involvement in propagation contributes to Asian pathologization and fails current epidemic prevention measures.

A Lack of Acknowledgement of Asian Pathologization in Historical Comparisons

However, despite the well-established history of Asian pathologization, its documented reappearance during the SARS outbreak in 2003, and the deluge of historical comparisons between SARS and COVID-19, writers rarely described the discrimination and inequality (DI) experienced during SARS in relation to DI during COVID-19. Comparisons of DI during SARS were outnumbered by the flu of 1918, HIV, fictional epidemics, and pre-1918 epidemics. Only 3 articles in January and 3 in February referenced DI experienced by Asian Americans during the 2003 SARS outbreak. Using acts of Asian pathologization experienced during the SARS

epidemic as a guide, several articles succeeded in warning readers of potential anti-Asian racism during the COVID-19 epidemic. In "The 2003 SARS outbreak fueled anti-Asian racism. Coronavirus doesn't have to," Fang discussed how the SARS outbreak in Toronto fueled anti-Asian racism and impeded effective public health measures. However, all articles discussing anti-Asian DI were reactive: articles citing cases of xenophobia in 2003 were written in reaction to similar cases during COVID-19, such as barring East Asian students from attending school (Pitrelli and Noack 2020). Moreover, while anti-Asian discrimination, hate crimes, and violence continued throughout the study period and into 2021 (Gao and Liu 2020; Cabison 2021), only a single reference of anti-Asian racism during SARS occurred in March, April, May, and June: "More recent examples [of politicization during epidemics] include the severe acute respiratory syndrome, or SARS, in 2003, which was first detected in the Chinese province of Guangdong and led to discrimination against Asian-American communities in the United States" (Rogers 2020).

Instead of referencing the more recent history of anti-Asian racism during the SARS epidemic, articles that do reference the history Asian pathologization were more likely to use examples of pre-1918 epidemics. Of the 14 articles drawing upon this history, several included acts of anti-Asian discrimination within a list of other communities marginalized during epidemics: "Russian Jewish immigrants in New York City in 1892, San Francisco's Chinatown in 1900, and more recently gay men and Haitians in the early years of the AIDS epidemic were all stigmatized, isolated and blamed for the spread of contagious diseases" (Markel 2020). Other articles provided in-depth analyses regarding the history of Asian pathologization and its reappearance in 2020. For example, Liu (2020) and Pomfret (2020) surrounded their inclusion of San Francisco's quarantine of Chinatown during the bubonic plague in 1900 with history of

yellow peril, the Chinese Exclusion Act of 1882, and the long-standing ramifications of this racism. Wetmore (2020) transitions from the West to East Coast, using the outbreak of "Asiatic cholera" in 1832 to trace the history of Asian pathologization and anti-Asian racism in New York. Despite these effective examples, the overwhelming majority of articles neglected this history of Asian pathologization. In total, these 21 articles using SARS and pre-1918 epidemics to inform about anti-Asian racism and discrimination only represent 20.2% of articles comparing DI, 5.8% of articles comparing SARS, and 1.6% of articles making historical comparisons.

Beyond their active participation in Asian pathologization through selective comparisons between COVID-19 and historical epidemics, writers either did not recognize, found irrelevant, or otherwise chose not to include past instances of Asian pathologization in their work. Furthermore, by omitting instances of Asian pathologization in recent history (i.e., SARS) and focusing on instances in the distant past, writers are participating in what Bevernage (2015) describes as 'temporal Manichaeism,' in which "the past is charged with the worst of all evil, while the present becomes morally discharged by simple comparison" (337). Both the omission and distancing of Asian pathologization thus create a history that obscures from view the "contemporary injustices" (333) that result. Through disproportionate articles attributing COVID-19 and epidemics in general to Asian communities and Asian bodies—combined with the omission of America's historical involvement in the propagation of epidemics and the omission of anti-Asian racism that occurred during the epidemics of comparison—writers created a racist history of epidemics to frame the COVID-19 epidemic as being both Asian and un-American.

The Role of Economic Competition in Asian Pathologization: Past and Present

Throughout the history of Asian pathologization, the symbolic attribution of disease has been used to excuse racism that stems from perceived threat to white American economic freedom. Backed by racist medical theory, federal and state governments used illness to justify anti-Chinese legislation in the 1800s, yet these bills were mainly supported and lobbied for by white labor unions (Craddock 1999). Economic fears also played a significant role in driving the rhetoric surrounding the "Yellow Peril" (Lee 1999, 2007), and economic fears of Asian influence reappear in comparisons between SARS and COVID-19. SARS was used in 56.0% of articles that compare the ramifications of epidemics on the economy and industrial sector (EI). 28.6% of articles comparing SARS to COVID-19 compared EI, twice the average for the total dataset. Besides citing the similarities in differences in the economic ramifications during each epidemic, writers also include the differences in China's economic status. In some cases, articles merely stated that China's local economy has both weathered the SARS epidemic and continued to grow into COVID-19. However, other articles cited China's growth since the SARS epidemic as a point of concern regarding EI during COVID-19, such as Goodman's *New York Times* piece, "SARS Stung the Global Economy. The Coronavirus is a Greater Menace:"

> In the nearly 20 years since SARS, China's importance in the global economy has grown exponentially. In 2002, when a lethal, pneumonialike virus known as SARS emerged in China, the country's factories were mostly churning out low-cost goods like T-shirts and sneakers for customers around the world. Seventeen years later, another deadly virus is spreading rapidly through the world's most populous country. But China has evolved into a principle element of the global economy, making the epidemic a substantially more potent threat to fortunes.

In citing China's increased production and consumption on a global stage, articles suggested (not incorrectly) that China's ability to restart their national economy would be key to the stability the global economy.

However, despite the accuracy of China's increased influence on the global economy, another characteristic of these articles reveals the current sociopolitical and economic debate that spurred the continued association between economic concern and Asian pathologization: global economic and political competition between American and China. American anti-China rhetoric—the labeling of the China as a 'security threat' and 'danger zone'—in news media, governmental addresses, and public opinion has increasingly shaped U.S. international relations (Um 2020; Huang and Fahmy 2011). Drawing upon the history of anti-China rhetoric, Asian pathologization, and the transition of communist fear from the Red Scare to the Yellow Peril, American criticism against China's growing economic and political power has become a staple on the campaign trail, within domestic and foreign policy, and in participation in global organizations such as the World Trade Organization (WTO) and North Atlantic Treaty Organization (NATO) (Yang 2015, 2017; Panda 2020; Um 2020; Huang and Fahmy 2011; Bello and Mittal 2000; Chen Weiss and Wichowsky 2013). This anti-China rhetoric reappears in news coverage comparing the economic and industrial sector (EI) during SARS and COVID-19. Multiple articles positioned the United States as a competitor to China in the global economy:

> A decade and a half ago, when the severe acute respiratory syndrome outbreak known as SARS rattled the world, China accounted for a relatively small part of the global economy. Today, it is responsible for almost a fifth of global gross domestic product when adjusted for incomes—more than the U.S.'s 15% by the same measure, adding a morbid twist to the economic adage that when America sneezes, the world catches a cold. (Areddy 2020)

In describing COVID-19 as a "test of China's strength as a consumer—and the U.S.'s ability to step up as China lags," Areddy positioned COVID-19 not only as a threat but also as an opportunity, one that would allow the United States to regain its position as the primary global power it once was.

This construction of COVID-19 as a competition that the United States needs to win is reflected in another unique characteristic of EI comparisons of SARS: criticism of the Chinese government. More articles compared both the global and foreign political response (PGF) and economy and industrial sector (EI) of SARS to the PGF and EI of COVID-19 than for any other epidemic. Writers used comparisons between SARS and COVID-19 to question how the Chinese government would reinvigorate its economy, question the comparative worth of China's lockdown orders, and criticize the government's public health response and acts of censorship as roots of the economic crisis. By focusing so heavily on the economic and political history of China during epidemics, news media neglected other characteristics of SARS (e.g., Asian pathologization) and the other past events in other epidemics. Instead, writers created a very specific history in order to frame the virus, the epidemic, and its consequences as Chinese. Nisbet et al. (2003) and Weaver et al. (2009) both emphasize framing, especially during early news coverage of an emerging topic, as influential in developing public opinion. *The matters of fact* (Latour 2004) presented by news media as history were used not solely to inform their audience on public health matters but to further foment other anti-China sentiment by labeling them incapable to operate on a global economic or political stage.

Anti-China Messaging: Comparisons of Misinformation and Disinformation

Upon analyzing comparisons to the foreign political response (PGF) to SARS, the *matter of concern* (Latour, 2004) for which news media created this particular history becomes clear: anti-China sentiment. SARS was the most compared epidemic in articles using PGF as a point of comparison (51.6%). When comparing PGF during SARS to PGF during COVID-19, articles routinely included examples of misinformation and disinformation (MD) performed by the Chinese government as arguments against China's status as a global power. 50% of articles

comparing PGF during SARS also compared the Chinese government's suppression and

withholding of information, and 93.6% of articles published in January that compared PGF of

SARS and COVID-19 also included MD performed by the Chinese government. This specific

presentation of the SARS epidemic was used to continue the vilification of China as a competitor

to and enemy of the United States. Various forms of the terms *communism* and *authoritarianism*

were used as pejoratives to describe China's acts of MD:

> "No one yet knows the severity of an outbreak of a novel coronavirus in Wuhan, China,
> that causes a pneumonia-like illness that has infected at least 555 people and led to at
> least 17 deaths. But it is not too soon to embrace the lessons of two earlier outbreaks:
> [SARS], which began in China, and [MERS], in Saudi Arabia in 2012. Both showed that
> transparency and early international cooperation are vital to saving lives. The tendency of
> authoritarian regimes to cover up at times of trouble must be resisted" (Editorial Board.
> "China", 2020).

By focusing so wholly on the "authoritarian techniques" such as "setting up dragnets and asking

neighbors to inform on one another" (Mozur 2020), alongside referring to Chinese officials and

media as "mouthpiece[s]" (Fifield 2020; Li 2020; Mozur 2020; Areddy 2020) and "ideologue[s]"

(Zhong 2020), writers constructed a Chinese government that stands in stark contrast to the

"Western democracies" (Trofimov 2020) it threatens.

However, in this construction of Chinese information suppression as un-American,

writers neglected a history of epidemics in which American governments performed the same

actions. For example, in an opinion editorial piece for *Washington Post*, Max Brooks, author of

New York Times best-seller *World War Z*, wrote the following:

> I'd chosen China as ground zero for my 2006 novel, "World War Z," for a reason. When
> I was thinking up an origin story for my fictional pandemic, it wasn't enough to choose a
> country with a massive population or a rapidly modernizing transportation network. I
> needed an authoritarian regime with strong control over the press. Smothering public
> awareness would give my plague time to spread, first among the local population, then
> into other nations. By the time the rest of the world figured out what was going on, it
> would be too late. The genie would be out of the bottle, and our species would be fighting
> for its life…In the United States, we have a free and open society that lets us protect

ourselves…We can turn to more qualified sources [than the presidency], like the Centers for Disease Control and Prevention.

This article—and in theory his novel—avoided presenting America's own history of governmental suppression of information during the flu of 1918, during which Woodrow Wilson suppressed information in order to maintain national enthusiasm of World War I. Few articles acknowledged America's own "secrecy at home about the contagion" (Hewitt 2020) that contributed to the spread of the flu of 1918. Instead, Brooks stated that America's failure, if it were to occur, would be the result of "greed, apathy, and gullibility," rather than deliberate acts of suppression. This sentiment that America's future failure will be the consequence of America's present success has already been disproven by history, as America has made the mistakes that Brooks, and other writers, attributed only to China during epidemics (Bodenhorn 2020; Barry 2004; Skidmore 2016). Furthermore, if Bevernage (2015) suggests that history can be used to suggest that "evil is past," the simultaneous omission of MD within the United States and emphasis on MD in China also creates the idea that 'evil is foreign and, more importantly, un-American.' What results from this particular gathering of the past is that present cases of misinformation and disinformation in the United States are generally not accepted as such, and the perpetrators do not face consequences (Bump 2020; Dearen and Stobbe 2020; Graziosi 2020).

Moreover, while a portion of articles selectively implemented comparisons of misinformation and disinformation (MD) during SARS to further distance China's actions from American ideals, the bulk of articles used these comparisons to suggest China's ineptitude as a global power and reestablish America's 'moral authority' and ability to lead. By using historical examples of Chinese MD and the resulting international backlash, articles implicitly, and in some cases, explicitly, suggested that "'The Communist Party has been putting out fires for over

70 years'" (O'Grady 2020), making China incapable of not only national governance but global politics. In another opinion editorial piece in which he describes China's mishandling of the epidemic, Sen. Ben Sasse added, "Communism is the perfect incubator for the coronavirus. China's predatory system preys on its own people. Trials become tragedies, crises become catastrophes, and the bosses in Beijing exploit their own failures as cover for new and worse abuses." This language, in which disease is attributed not only to a country but to an ideology, creates a partial, racist, nationalistic history that is reliant on Asian pathologization and fears of America's potential fall to construct COVID-19 as un-American, entirely foreign, and entirely preventable with 'America in charge.'

CONCLUSION

Throughout the first six months of 2020, writers gathered past events, facts, and statistics to create a particular history of epidemics to which they could compare COVID-19. Superficially, writers turned to *matters of fact* (Latour 2004) through which they could provide context for their audience, ground this new crisis within some realm of reality, and prepare their reader for what was to come. However, as noted by Latour, "Reality is not defined by matters of fact" (232). By analyzing which matters of fact were used to provide context for COVID-19 and which were ignored, I demonstrate these matters of fact gathered by news media and presented as history are "very partial…very polemical, [and] very political renderings of matters of concern" (232). Furthermore, I analyze one of these matters of concern—the propagation of anti-China rhetoric—and its manifestation in the history presented by news media. Through the disproportionate number of comparisons to SARS, the misrepresentation of other epidemics, and

the relative omission of American fallibility in past epidemics, writers created a xenophobic history that further fuels anti-China sentiment. Furthermore, because of the "privileged status" (Lupton 1994) through which news media wields language (Lupton 1975), the matters of concern disseminated by news media have impact. In perpetuating anti-China sentiment for the sake of nationalistic pride and Western values, news media participated in Asian pathologization, strengthening the constructs of a 'diseased Asia' and 'diseased Asian' that have been embedded in the American social context, its institutions, its legislation, and its people for centuries. I acknowledge that, due to the malleability of history as a body of knowledge and the inherent partiality of those who choose to write it, any gathering of the past will be selective and subjective. However, by approaching the history of epidemics presented by news media from a *matter of concern*, I emphasize how important it is "never to get *away* from facts but *closer* to them" (Latour, 231) in order to unmask harmful constructs and hold accountable institutions that participate in their construction.

Through my examination of media presentation of COVID-19, I found many avenues of study that could prove fruitful in future research. During my research, I found writers used more critical language when describing China's and Iraq's epidemic response than when describing the epidemic response by other countries, even if similar methods were used. Further research is warranted on the differential reporting of China's handling of the epidemic and actions to mitigate transmission as opposed to other countries such as Italy and New Zealand. Throughout my research, I found other constructs of note that also warrant further analysis. In particular, future research could examine the idea of the 'origin of an epidemic' as not only the result of developments in the field of epidemiology but also a public obsession resulting from encroaching medicalization and a desire for retributive justice. Furthermore, my research

primarily examines the participation of a large institution—news media—in social construction

and Asian pathologization. Future research could examine how other members of the social

matrix participate in the social construction of COVID-19, social construction of epidemics, and

Asian pathologization at different levels of "symbolic power" (Bourdieu 1987, 1990) within the

social matrix.

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