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Review
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In the winter of 2001, Canadians were in a panic. Newspapers reported that a Congolese woman visiting Hamilton, Ontario, was severely ill and speculated that she was carrying Ebola. Fear that a highly contagious (and often deadly) hemorrhagic fever had been brought to Canada quickly spread; the nation was on edge. Conversations quickly turned to the nation’s immigration policies and xenophobic comments could be made freely under the guise of debates about immigration and visitors from (perceived) “unsafe” parts of the globe. And then, as quickly as the panic started, it ended. Ebola was ruled out and, while reporters quickly moved onto new stories, Hamilton’s Congolese and Black communities were left to deal with the aftermath of this racially charged media panic.

In Deadly Fever: Racial, Disease and a Media Panic, Charles T. Adeyanju returns to the non-Ebola case ten years later. This dissertation turned book draws on content analysis of four Canadian newspapers (the Toronto Star, Hamilton Spectator, National Post, and Globe and Mail), as well as interviews with reporters who were heavily involved in reporting on the case, medical professionals, and with members of Hamilton’s Black community. The overarching goal of this text is to make clear the racial biases and assumptions that were threaded throughout the media coverage of this event.

The book begins by historically situating issues of race and racism in a Canadian context. Adeyanju then outlines the theoretical groundwork of this study, which is heavily influenced by the work of Stuart Hall. Hall’s work on encoding and decoding, framing, and the media’s role in agenda setting all figure prominently in this second chapter and beyond. This same chapter also outlines the relevant background literature, touching on issues of moral panic, the fears associated with living in a globalized world, and representations of Blacks in the mainstream media. The content analysis of the four Canadian newspapers makes up the third chapter, examining newspaper headlines, articles, and letters to the editor. The fourth chapter drills deeper into how the non-Ebola panic came to be, describing how a certain perspective of the event became the dominant narrative and how certain viewpoints were silenced; for example, alternatives to an Ebola diagnosis were put forward, but reporters largely ignored these. Also included in chapter four is a fascinating piece of investigative analysis that traces how the word “Ebola” first entered into the media coverage. Chapter five deals directly with the impacts of the panic on the Congolese and Black communities. From the perspective of many of the community members interviewed, racial biases were clearly motivating the reporting and public discussion of this medical case. In his conclusion, Adeyanju summarizes his arguments but also makes the case for more racial diversity in media production as a means of reducing the amount of racial stereotyping that occurred in the reporting of the non-Ebola case.

While Adeyanju’s study is primarily centred on the non-Ebola case during the winter of 2001, in reality the book is about something that goes much deeper, namely the state of race relations in Canada. Deadly Fever serves as a reminder that colonial assumptions and racial biases still exist and continue to be reinforced by mainstream media sources. This is truly where Adeyanju excels; his carefully constructed argument builds incrementally towards the book’s overall goal of this text is to make clear the racial biases and assumptions that were threaded throughout the media coverage of this event.

Beyond the book’s focus on the non-Ebola panic, Adeyanju’s deeply researched and thoughtful analysis provides a strong case for increased diversity in the mainstream media. Adeyanju’s careful work challenges readers to consider the broader implications of the panic, including the need for increased diversity in the mainstream media. Ultimately, the book makes a strong case for the need for a more diverse media landscape.

If Deadly Fever has a fault, it would simply be that it almost strongly reads as a dissertation, which may be off-putting for a non-academic audience. This is unfortunate, as the underlying message deserves to be read widely, especially if any sort of real change is to be affected. The book serves its function as
Canadian Ethnic Studies. Deadly Fever: Racism, Disease, and a Media Panic by Charles T. Adeyanju (review). Augie Fleras. Canadian Ethnic Studies. Once equipped with this knowledge, Deadly Fever begins to take shape as an empirically informed and theoretically valuable book. Much of the content and argument can be gleaned from perusing the backcover and preface. In early February 2001, the Hamilton Spectator published an article linking (erroneously as it turns out) a hospitalized Congolese woman with the possibility of importing into Canada a deadly infectious disease known as Ebola. Charles T. Adeyanju, Deadly Fever: Racism, Disease and a Media Panic. The first four chapters are dedicated to the establishment of "interracial Methodism," the Methodist Episcopal Church (headquartered in the North versus the Methodist Episcopal Church, South, based on the southern states), the decline of the quest for a raceless Methodism, and the move to renegotiate black Methodist identity, which entailed compromise of the older principle of a casteless, nonracial Christianity. It employs two tests—the policy's motivation and the policy's effect—to distinguish between legitimate and illegitimate cases: using racial criteria to achieve either a racial purpose or a nonracial purpose, and using facially-neutral criteria to achieve either a racial purpose or a non-racial purpose.

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Note
1. Adeyanju purposely chooses to refer to this case throughout the text as "non-Ebola" because Ebola was never actually diagnosed (p. 9). Additionally, he does not name the Congolese woman at the centre of this panic (referring to her instead as "the patient") (p. 29). It is worth noting that this same respect was not extended to her by journalists, who instead chose to publically name the patient.