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Exploring Power and Identity in 2014 Ebola Outbreak through Media and Supranational Institutions' Discourse

ENGLISH STUDIES - BACHELOR'S THESIS



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ABSTRACT

Since Ebola was first named in 1976, nineteen epidemics have taken place in Africa, although the 2014 outbreak is unprecedented in its scale, severity and complexity. Until 2012, the disease was depicted as an *African issue*, although the infections in non-African countries in 2014 propelled the Ebola (EVD) as a *global issue* through political and media discourses. This paper aims to analyze both the discourses of two supranational institutions –the United Nations (UN) and the World Health Organization (WHO)– and of the Media –*The New York Times* and *The Guardian*–, through the analytical tools of Critical Discourse Analysis (CDA) concerning their depiction of the 2014 EVD outbreak. The analysis focuses on *identity* (Fairclough, 1995), conceived as the depiction of the duality African/non-African people; and *power* understood as the linguistic strategies used to legitimize the construction of a particular reality (Reyes, 2011). The research questions have been answered by studying key press releases from the UN, the WHO, and 66 headlines of the two newspapers aforementioned. The findings highlight the contribution of lexical choices to define identities, and the discursive legitimation of power structures. Ultimately, this paper hopes to contribute to understand better how exclusionary categorizations, linked to discourses on public health constructed by supranational institutions, and re-produced by Media are used to legitimize concerted actions.

Keywords: Ebola outbreak, CDA, *identity*, *power*, WHO, UN

RESUM

Des que l'Ebola va ser identificat el 1976, dinou epidèmies han tingut lloc a l'Àfrica, però el brot de 2014 no té precedents ni en escala, ni en gravetat, ni en complexitat. Fins el 2012, la malaltia es presenta com *un problema africà*, però les infeccions de ciutadans no africans el 2014 van impulsar la declaració de l'Ebola (EVD) com a *un assumpte mundial* a través dels discursos polítics i mediàtics. Aquest treball vol analitzar tant els discursos de dues institucions supranacionals -les Nacions Unides (ONU) i l'Organització Mundial de la Salut (OMS) - i dels mitjans -*The New York Times* i *The Guardian*- mitjançant l'Anàlisi Crítica del Discurs (ACD). L'anàlisi se centra en *la identitat* (Fairclough: 1995), concebuda com la representació de la dualitat africà/no africà; i *el poder*, entès com les estratègies lingüístiques utilitzades per legitimar la construcció d'una realitat particular (Reyes: 2011). Les preguntes d'investigació han estat respostes mitjançant l'estudi dels comunicats de premsa de l'ONU i de l'OMS, així com de 66 titulars dels dos diaris abans esmentats. Els resultats posen en relleu la contribució de les decisions lèxiques en la representació d'identitats i la legitimació discursiva de les estructures de poder. En última instància, aquest TFG vol contribuir a entendre millor com les categoritzacions excloents, vinculades als discursos sobre la salut pública construïts per l'OMS i l'ONU i reproduïdes pels mitjans de comunicació s'utilitzen per legitimar accions polítiques.

Paraules Clau: Ebola, CDA, *identitat*, *poder*, ONU, OMS.

*"I know nothing in the world that has as much **power as a word**.*

Sometimes I write one, and I look at it, until it begins to shine."

— Emily Dickinson (in Healy, 2013) —

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LIST OF ACRONYMS

CDC	Centre for Disease Control and Prevention
MSF/DWB	Médecins sans Frontières / Doctors without Borders
DR Congo	Democratic Republic of Congo
EVD	Ebola Virus Disease
IFAB	International Federation of Audit Bureaux of Certification
IHR	International Health Regulations
NGO	Non-Governmental Organization
OJD	Oficina de Justificación de la Difusión member of IFAB
OSAC	United States Department of State – Bureau of Diplomatic Security
PHEIC	Public Health Emergency of International Concern
SFL	Systemic Functional Linguistics
UN	United Nations
UNMEER	United Nations Mission for Ebola Emergency Response
WBG	World Bank Group
WHO	World Health Organization

SECTION I: EXPLORING THE MEDIA DEPICTION OF THE EBOLA

The relevance of the media, and its politico-economic connections with governmental institutions -such as the World Health Organization (WHO) and the United Nations (UN)-, is incontrovertible. Day by day, media discourses spread ideas and values reflecting not only features but also ideologies of social groups. As Fairclough (1995) states, “the *power* of mass media to shape governments and parties, to influence knowledge, values, belief, social relations, and identities” (p. 2) comes from its *power* of representation “which is largely a matter of how language is used” (p. 2). The way facts, events or measures are depicted, emphasizing or de-emphasizing particular aspects, impacts on the positioning readers adopt towards an event. The Ebola Virus Disease (EVD) is one such example in which a health issue has been presented to worldwide citizens through scientific, political and media discourses setting the grounds for a Critical Discourse Analysis (CDA) which unveils the depiction of the Ebola crisis. So, the purpose of this paper is shed some light on how *identity* and *power* are conveyed through discourse, including differences concerning how an epidemic was explained depending on where took place: in West Africa, in the US, or in Europe.

1.1 THE DISEASE EXPANSION STEP BY STEP

EVD (one of the *Hemorrhagic Fevers* registered so far) was first named as such in 1976, although there is an academic discussion about the origin of the term. A brief note in *The New York Times* (1976) reported on a new disease in Central Africa when the Health Ministry of Zaire¹ referred to a “recent epidemic of green monkey fever that claimed several hundred lives” as Ebola. Gholipour (2014) attributes the name to Karl Johnson, a researcher from the Centre for Disease Control and Prevention (CDC). Regardless of its origin, since 1976, 19 epidemics have taken place in Africa, although the last one, the 2014 EVD outbreak was unprecedented in its scale, severity and complexity.

¹ Zaire: Currently, the Democratic Republic of the Congo (From now on, DR Congo).

From the beginning of 20th century until 2012, Africa suffered from five major epidemic outbreaks of Ebola, which mainly affected its population (WHO, 2015). According to CDC-WHO data, between 2000 and 2011, the mortality rate was of an average of 65 deaths per year, a high increase if compared to the 40 recorded between 1976 and 1996 (see *Appendix 4*). In 2012, the WHO took some actions to fight against the disease, but the Ebola was still presented by CDC as *an African affair*. In 2014 outbreak, the cases confirmed were 28,639 counting 11,316 deaths, some in Europe and in the US (CDC-WHO, 2016). Non-African infections propelled the declaration of the EVD as a *worldwide affair*, which is significant for the issue at hand since it may highlight the relevance of *identity* and *power* issues, not only in the perception of risk but also in the responses provided by the international community.

The great challenge for African authorities in their aim to fight the spread of 2014 EVD was the geopolitical context shaped by ISIS² and other groupuscules from Liberia, Sierra Leone, Nigeria, or even from the DR Congo (OSAC, 2016). This background led some European countries, such as the United Kingdom (UK), to regard the epidemic as a security issue, claiming that the virus could be a biological weapon in the wrong hands as argued by the Ministry of Defence of the UK (2015). Gerstein³ (2015) claimed that 2014 EVD outbreak should be a warning call since the preparedness against those biological threats is hardly perfect. Actually, in 2013, the European Parliament defined biological communicable diseases⁴ as a serious cross-border threat to health. Honigsbaum (2014) suggested that EVD looks like “a modern epidemic, a product of globalization, fragile states and social and economic shifts that are placing ecosystems under increasing strain” (p. 1,740), and questioned the surrounding attitudes and discourses such as the US politicians, who were struggling to balance “free trade concerns” with people’s claim for restrictions to “safeguard public health and national security” (p. 1,740). These discourses

² *ISIS stands for Daesh. Both refer to the same organization but the second implies the recognition of an Islamic State while Daesh (Al Dawla al-Islamiya Irak Wa'al Sham) has a pejorative meaning and it is used by some states (France) to reinforce their rejection to this organization, categorized as terrorist (Faisal, 2015).*

³ *Daniel Gerstein was the former undersecretary in the Science and Technology Directorate of the Department of Homeland Security US until 2014.*

⁴ *A biological communicable disease is an infectious disease caused by contagious agents, transmitted from person to person by direct contact through infected individuals or by indirect means such as exposure to a vector, animal, fomite, product or environment, or by exchanging of fluids contaminated with the contagious agent (Decision No.1082/2013/EU of the European Parliament and of the Council of October 22, 2013).*

reported EVD as similar to the epidemics of 18th and 19th centuries when fuelling “colonial fears of the dark continent” (p. 1,740). At the time that Honigsbaum’s article was written, many states in the US insisted in reducing the flow of returning health workers (p. 1,741). These articles, written by opinion-makers, seem to suggest a *behind discourse* (Fairclough, 2001) pointing to traces of different *identity* rights that may be at the basis of the reported difficulties in coordinating actions during the 2014 EVD outbreak (Webb, 2015).

The chronology of the 2014 EVD outbreak is also crucial to analyze the discourses surrounding the disease. Curiously, the first case notified in West Africa dates from March (WHO, 2016). The first American infected arrived in the US for treatment on August 2nd, 2014. The Public Health Emergency of International Concern (PHEIC) in response to EVD was declared by WHO six days later, and the declaration triggered the mobilization of humanitarian, political, scientific and financial resources to fight against the disease in Africa. Gostin (2015) criticizes that “for late reporting and for political reasons” (p. 2,134) the PHEIC was not called “until four months after Médecins Sans Frontières (MSF) warned the epidemic was spinning out of control” (p. 2,134).

The budget the World Bank Group (WBG) spent in financing for EVD response amounted to US\$1.62 billion in December 2015 (WBG, 2016) while EU’s contribution was close to €2 billion in March 2016 (EU, 2016). The economic resources assigned to EVD were the highest spent in Africa to fight against an epidemic outbreak. It seems that the institutions who donated ultimately sought to present themselves as ‘rescuers’, which definitely positions them as stronger than ‘receivers’, the African countries. What comes through here is that measures taken to fight EVD from 1976 to 2012 were clearly different to the ones performed in 2014, once infections hit Americans and Europeans. This budget put in the limelight that many states may have largely ignored their international legal obligations when funding low-income countries. In an *identity* context, this attitude could be regarded as saying *we pay, but how you spend the money is none of our business* since the Africans (*they*) are not European or American citizens (*us*). The ignorance of legal obligations ended among other consequences in a lack of viable health services structure, crucial to coping with EVD in 2014 outbreak.

The number of NGO who worked on EVD in Africa is only estimate, although it seems it was less than it was needed due to the risks associated with the disease. Only in Liberia there were 150 NGO working side by side with official staff (Mushtaq, 2015). Nevertheless, the response management was widely criticized in the media. Inadequate surveillance, slow and pedestrian responses were some of the disapprovals mostly grounded on fundamental questions like: What efforts and resources were made to contain previous outbreaks? How the interventions were interpreted by Africans? The risk of death not only punished foreign teams. There were many local health workers who died in the way, although their names were not in the front pages of the media worldwide. These are essential hints to understand why the discourse that will be analysed in the following sections took the shape it did, and highlights both *power* and *identity* issues in media discourse when dealing with Ebola.

1.2 THE 2014 EBOLA VIRUS DISEASE IN THE MEDIA

EVD has been presented to worldwide citizens by emphasizing or de-emphasizing particular aspects of the disease, thus affecting the readers' positioning towards the outbreak. Political meetings coverage, institutional press releases, headlines, news and opinion-makers articles in the press were key elements to build these discourses. Yoder-Wise⁵ (2014) denounced the attitudes of media towards the reporting of EVD. She stated that several journalists, "asked questions in an accusatory, panicky way [...], they seemed focused on where to place blame" (p. 475) claiming that these behaviors and discourses "help them to sell shows and papers (p. 475)". The research carried out by Majumder, Luberg, Santillana, Mekaru and Brownstein (2015) reveals the impact of the news on the evolution of the epidemic. Their study highlighted that media worldwide reports providing information to strengthen healthcare were followed by a reduction of cases; conversely, when reporting problematic situations temporary increases in transmission were detected. These findings led the authors to suggest that "in the future, media reported events could potentially be incorporated into epidemic modeling efforts to

⁵ Yoder-Wise is currently teaching at Tech University in Houston and was the deanship of the Texas Tech University Health Sciences Centre School of Nursing until 2000.

improve mid-outbreak case projections” (p. 3). This research seems to reinforce Fairclough’s (1995) statements that the media have the *power* to construct realities through language, although it usually happens in a way that fits their socio-political, economically-driven ideologies, or their owners’ vested interests. As Goatly (2000) points out, the editors of newspapers exert pressure, suppress or highlight certain topics, creating alternative agendas or looking for consensus.

1.3 THE PROJECT STRUCTURE

There is extensive research on media discourse regarding the construction of *identities* and *power* relationships (see, e.g. Fowler, 1994[1991]; Fairclough, 1995; Bell, 1998; Matheson, 2005; Talbot, 2007; or Reyes, 2011) but less research has been carried out in an attempt to account for the supranational institutions’ discourse and its depiction in the media when dealing with health issues, such as Ebola. This paper aims to analyze both the discourses of two supranational institutions –the WHO and the UN-, and the media –in *The New York Times* and *The Guardian*-, through the analytical tools of CDA, examining how *identity* and *power* issues surface in the texts released around 2014 EVD outbreak.

The paper first defines the concept of *identity*, mostly conceived as the depiction of the duality African/non-African; and of *power*, understood as the linguistic strategies used to legitimize the construction of reality (Reyes, 2011) (*see Section II*). The data collection and the methodology, framed in the scope of CDA, can be found in Section III. Then, the paper deals with the analysis of the texts mentioned above organized in four subsections (*see Section IV*). This examination begins by outlining the social practices in the EVD texts produced by the UN and the WHO (4.1). Then, it goes through the discursive practices of both institutions regarding 2014 EVD outbreak (4.2). Later on, it focuses on the textual analysis of these texts to clearly identify evidence of *power* and *identity* (4.3). Lastly, it examines textual features pinpointing the strategies in *The New York Times* and *The Guardian* headlines (4.4) to re-produce *power* and *identity* issues. This exploration not only will provide information about the continuance of the intertextual chains, but it will also highlight which pieces of news became prominent and which ones were downplayed

in media discourses on EVD. Together, they show how media discourse helps to construct identities and how it establishes *power* structures in critical events such as 2014 Ebola outbreak. Ultimately this paper hopes to contribute to understand better how exclusionary categorizations, linked to discourses on public health constructed by supranational institutions, and re-produced by the media are used to legitimize concerted actions (*see conclusions in Section V*).

SECTION II: DISCURSIVE CONSTRUCTIONS OF HEALTH ISSUES

Halliday's (1994) theory of Systemic Functional Linguistics (SFL) holds that writing or speaking is a permanent act of personal choices usually based on a particular view of the world. As this statement is the grounds of CDA, before starting a discussion about the role of *identity* and *power* in discursive practices, a revision on how these keywords have been described and used in this field of study is needed.

2.1 A QUICK REVIEW OF 'DISCOURSE' IN CDA

Academics have reached broad consensus to study *discourse* as a process of interaction, far from understanding it as a single text. Thus, it is a way of sharing and expanding ideas, a changing force influencing and reconstructing values (Bloor & Bloor, 2007). In this line of thought, Fowler (1991 [1994]) recovers Kress' (1985) definition and describes discourse as "systematically organized sets of statements which give expression to the meanings and values of an institution" (p. 42). Discourse is a way to establish the limits and the constraints for a text in the context of a particular organization's goals. For the aim of this paper, the most appropriate definition of discourse is the one provided by Fairclough (1995) highlighting the significant role language plays in social practices, considering that at least, social or institutional aspects should take place for a discourse to occur. The British linguist also describes three different dimensions of discourse: interdiscursivity (text production), intertextual chains (text distribution), and coherence (text consumption) (Fairclough, 1992); all of them happening in the media and in political discourse. At its turn, Matheson (2005) recovers Foucault's arguments when stating that discourse is "part of a network of relations of *power* and *identity*" (p. 9), which has a significant connection with the issue at hand. Discourse thus, should be seen in this paper as an essential element of socio-political life, since as Fairclough (1995) suggests, discursive practices might be affecting and affected by their relations with *power* since it is exercised as an influencer over media discourse.

2.2 POWER: A CHANGING FORCE

There are many descriptions of *power* in CDA (see, e.g. Fairclough, 1995; Rudvin, 2005; Matheson, 2005; Bloor & Bloor, 2007), although all of them share a common element: they seem to assume that *power* always implies an asymmetric relationship between participants; it does not matter if they are individuals or groups. This asymmetric relationship is particularly evident in politics when few rule for many –constraining and enabling actions–, or under crisis conditions such as 2014 Ebola outbreak, where 22 persons of the IHR Emergency Committee Members and Advisers took decisions affecting millions of people. Then, the Emergency Committee was –and still is–, socially and politically legitimized. Thus, as Reyes (2011) argues “the very act of legitimization *per se* implies an attempt to justify action, no action or an ideological position on a specific issue” (p. 783), or what is the same, by legitimization political agendas are warranted.

Fairclough (2001 [1989]) clearly states that “*power* is always relation of struggle” (p. 28) and distinguishes between *power behind discourse* and *power in discourse*, which is particularly interesting for the purpose of this paper. The author argues that *power in discourse* refers to the site where the struggle of authority takes place while *power behind discourse* is “the stake in *power* struggles” (p. 61). That is to say, institutions use subtle or hidden discourse practices to control situations, maintain structures of *power* or even manufacturing consensus towards an issue. At this point, this paper shares Rudvin’s (2005) definition of *institutional power* as “that *power* by which an individual is mandated by a public body to take decisions for other individuals” (p. 162). It is a sort of *power* which can be exercised both in overt or in covert ways.

A critical form of *power* as a changing force is performed when it is linked to the media since it is through language that authority is established. Matheson (2005) points out that journalists “seek to construct the world in ways that will make sense to wider public” (p. 6), which gives them the role as cultural workers, and subsequently, as dealers of ideologies. Fowler (1994 [1991]) puts forward that the most interesting informative sources for journalists are “institutions and persons with official authority and/or financial *power*” (p. 22), and argues that this is how influence is exerted by powerful institutions.

However, this practice is a two-way relationship because politicians usually “legitimize or delegitimize viewpoints or ideological positionings” (Reyes, 2011:783) also exerting their *power* over the editors.

2.3 IDENTITY: THE SELF AND THE OTHER

In the framework of CDA, the concept of *Identity* has been described as a social construction related to the way individuals or groups define themselves. This includes their values system, previous knowledge, beliefs, ideologies, goals, social practices and, importantly, their language system (Bloor & Bloor, 2007). Critical discourse analysts like De Fina (2006) understand *identity* as individual’s self-concept built through the awareness of his/her membership of a social group, including the emotional links implied in that affiliation, and suggest that identity is discursively constructed through the narrations or the interactions performed throughout life. De Fina (2006) propounds that linguistic, rhetorical and stylistic resources used by narrators –for our purpose, journalists– to tell the stories helps readers to be aware of themselves as members of a group; to identify the others; and to understand the way those others recognize themselves (p. 355-357).

As a social construction, *identity* is closely related to the emergence of stereotypes. A way of interfering in such identities is using language. As Fairclough (1995) suggested, “language is always simultaneously constitutive of social identities, social relations, systems of knowledge and belief” (p. 55). The author claims that “in any representation you have to decide what to include, what to exclude, and what to ‘foreground’ and what to ‘background’” (p. 4). These are choices, which depict reality from a particular perspective, buiding up images of the self and of the others that, if assumed by the group, could become stereotypes of identities.

At this point, it is worth recovering Edward Saïd (1977) proposal that the idea of Africa is a creation of *the West*, attributing all misrepresentations of that continent to colonial structures, and also to the task *the whites* assumed to ‘civilize’ Africans at that time.

However, in the European mindset Africa is still a land of wilderness, plenty of natural resources and delightful sunsets, but also, a place with no opportunities which pushes its people to the sea looking for a better life. The lack of knowledge about Africa may be in the grounds of the blurred identity constructed of its population, and strongly criticized by Igwe⁶ (2012, [2010]) when arguing that critical thinking is still perceived as non-African value, as if it was the “exclusive cultural preserve of white people, while mystical thinking is for blacks and for Africans” (para. 6).

By the same token, Sylvie Briand (WHO Geneva) –reported by Mushtaq (2015)– stated that “cultural practices are adaptive and can be negotiated” (p. 639) even in crisis contexts such as EVD. These cultural differences may include different understanding for words such as illness, disease or health. At this point, it is useful to remind that Fairclough (2001) refers to a raising sensitivity to cultural differences because discourse involves social conditions which may affect both, its production and its interpretation. An example of this misunderstood interpretation of *identity* in 2014 Ebola outbreak can be observed in the burials that took place during the crisis. As Heymann (2015) suggests, future body teams must learn from the past because there are examples on how to manage the identities attributed to these agencies. In his article in *The Lancet* the author reminds how, in the 1995 outbreak, Dr. Jean-Jaques Muyembe⁷ spoke with chiefs and elders of Kilkwit (African village) about “a disease caused by evil spirits within the body of those who were sick” (p. 1,729), and told them that “the spirits could only escape from a patient or the dead when touched by unprotected hands” (p. 1,729). These chiefs understood the message and this allowed the containment of the EVD in 1995. However, in 2014 outbreak, the volunteers who collected bodies were seen as *outsiders* (*‘they’*) by the African community (*‘us’*), and nobody wanted to contribute with *outsiders* to bury the infected corpses. Heymann (2015) suggests that having had the social and behavioral insights of Muyembe would have led to easier burials and to a better management of the crisis. Thus, a proper managing of identities by means of language would help to avoid problems like the aggressions of Red Cross members reported by *The Guardian* in 2014

⁶ Leo Igwe is a Nigerian Human rights advocate and humanist.

⁷ Dr. Jean-Jaques Muyembe was the director-general of the DR Congo National Institute for Biomedical Research.

under the headline “*Red Cross Team Attacked while Burying Ebola Dead*” (H2_13)⁸, and later on by *The New York Times* in February 2015, “*Red Cross Faces Attacks at Ebola Victims’ funerals*”(H1_50).

The debate about how African identities and events are portrayed by *Western* media is currently in the scene. Nyabola (2014) points out that poor translations or de-contextualized concepts lie at the basis of “the broader frustration that Africa just isn't being heard right” (para. 12) since it is usually regarded from a reductionist and superficial perspective. The analyst considers that a foreign journalist may speak and understand the formal language but the informal is lost in translation, or in the lack of awareness of the many identities present in a particular place. By the same token, Dersso⁹ (2014) disapproved the one-dimensional reporting of African events, which usually forgot the victims, as happened in 2014 EVD. Something that is unthinkable for non-African countries as the daily news evidenced when Europeans and Americans got infected with the virus.

Finally, it should be taken into account that the representation of identities that are mostly reported by the media refer to the dominant classes and to the powerful countries (Goatly, 2000). The way all these agents are depicted acts as a starting point for building up new identities and reinforce established power structures.

2.4 HEADLINES: THE MOST POWERFUL TOOL OF THE MEDIA

At this stage, it is clear that the media propel many social and cultural changes trying to shape society to fit into their ideologies, and to do so, headlines are one of the best weapons journalists have. Headlines enable the media to describe events or facts to citizens, although usually in a way that best suits their economic and ideological interests. The frequency in which a particular issue appears in headlines can reveal the evolution of the topic and its prominence while the comparison between different media

⁸ (H2_13): See the explanation of references below Section III

⁹ Solomon Dersso is the Head of the Peace and Security Council Report at the Institute for Security Studies Addis Ababa office

may shed some light on the relevance a particular issue has in each newspaper ideology and the nuances when depicting that topic. Furthermore, the audience of a headline is always wider than the one that reads the full article; thus, the predominant role of headlines seems to be clear when shaping identities, revealing *power* structures, or at the end, building reality from a specific point of view.

Usually, the headline is the first sentence of a piece of news, which is highlighted through typography (both print and on-line press) because it has a role as a seller and as a negotiator between the editor and the reader. Dor (2003) propounds that headlines are designed to “optimize relevance” (p. 716) of the stories they refer to. By the same token, Kronord (2001) suggests that the construction rules of headlines should provide the essential information of a news item so that the reader is pushed to read the whole text (p. 697). This is a reason that explains why headlines shall be characterized by shortness, clarity, unambiguousness, interest, and connectedness to previous events, and to the readers’ expectations and assumptions (Dor, 2003, pp. 708-716). However, it seems to be because of their shortage and their impoverished syntax that sometimes headlines are a “strong opportunity for problem-solving [...] indeed knowledge constraints are quickly brought to bear in comprehending them” (Perfetti, 1987, p. 706).

Generally, newspaper headlines are full of referring words and expressions that involve both cognitive and pragmatic factors (Kronord, 2001, p. 684). Following the Accessibility Theory of Ariel (2001), Kronord argues that a headline “should supply the reader with the main information contained in the item” (p. 685) and concludes that “brevity and curiosity arousal both encourage a preference for accessibility markers¹⁰ which are possibly higher than the Accessibility Theory would have predicted” (p. 698). So, they are a sort of a bridge between semantics and pragmatics, since it is the knowledge the reader has about the issue that allows for the interpretation. Develotte and Rechniewski (1995) claim that one of the roles headlines play is the “orientation of the readers’ interpretation of subsequent ‘facts’ contained in the article” (para. 3 & 8).

¹⁰ *Accessibility markers* are “referring expressions that instruct the addressee to retrieve a certain piece of information from his memory by indicating to him how accessible this piece of information is to him at the current stage of discourse” (Ariel, 2001, 29).

Develotte and Rechniewski (1995) among others (Sanda, 2014; Mozūraitytė, 2015; Majeed Abdulla & Mehdi Salih, 2012) identified typical features of headlines in English newspapers. Among these features can be found: the omission of articles (e.g. *"10 in Gabon die"*); verbs or auxiliaries (e.g. *"Spanish Priest with Ebola in Serious conditions"*); the presence of nominalizations instead of verbal actions (e.g. *"Death of a Dedicated Ugandan Healer"*); the use of short informal words rather than of longer formal ones (e.g. *'cop'* instead of *'police'*); and also rhetorical devices such as puns, alliterations, generalizations, synecdoche or the alteration in word order to emphasize a specific issue or agent.

Bell (1991) established a classification of headlines in two main types: the ones that are a sort of a summary or an abstract of the news story, and the ones that emphasize a single event or detail of the story they narrate (p. 188-189). Thus, it could be affirmed that the *power* of the headline comes through the *power* assigned to each single word that builds it. The linguistic choices, the rhetorical devices, the accessibility markers (Ariel, 2001, *see footnote 10, too*) used in each headline, are the features which reveal the way *identity* and *power* issues are seen by the media, analyzed in this paper, with the aim to show that they may reinforce stereotypes, ideologies or, conversely, fight against them.

SECTION III: AIMS, METHODOLOGICAL APPROACH, AND DATA

The purpose of this paper is to examine *identity* and *power* in the media and in two supranational institutions' discourse on the EVD. More specifically, to explore the ways and the extent to which discourses are used to explain and justify representations of political decisions and particular constructions of groups of people, ultimately linked to the provision of support to policy-making processes. In order to achieve this objective the following research questions were set out:

- 1) How are African and non-African *identities* depicted in the UN and in the WHO key texts on the EVD selected?
- 2) How is the *power* of the UN, the WHO, the African countries and the non-African countries represented in these texts?
- 3) How do *The New York Times* and *The Guardian* headlines appropriate and reproduce WHO and UN discourses regarding *identity* and *power*?
- 4) Ultimately, what can all this tell us about how the media and the supranational institutions discourse try to influence citizens through the *power* they have in society at large when depicting or building *identities*?

The answers to these questions were provided both through the textual analysis of each text and through the comparison among them, to observe the influence the UN and the WHO have over the media, or vice versa. The answers may also reveal the relationships established among agents, the impact of discourses in the area involved, and the nuances of language used by supranational institutions and newspapers addressing and dealing with African or non-African countries.

In order to examine *identity* and *power* issues in these discourses, the analytical tools of CDA suggested by Fairclough (1995 [1992]) and Goatly (2000) were used. The examination of headlines also relies on several guidelines proposed by Dor, 2003; Kronord, 2001; Develotte and Rechniewski, 1995; or Sanda, 2014. The study was

structured following the three levels developed by Fairclough (1995 [1992]). First, the paper looked at the *social practices*, which depicted the context of texts production, and the assumptions affected and affecting the information provided. Secondly, the work focused at the *discourse practices*, which allowed for the discovery of *identity* and *power* traces through the texts production and re-production. Finally, *textual practices* were analysed focusing on the formal aspects such as lexical and verbal choices, word order or rhetorical devices. It is worth mentioning that as Fairclough (1995) states “the three dimensions of analysis will inevitably overlap in practice” (p. 231) which implies that the same linguistic resource may be related to more than one single level of analysis. Due to space and time constraints the examination of headlines in this paper only focuses on the *textual practices* editors took to build them, revealing traces of the selling concepts introduced by Dor (2003). Thus, the full content of news articles is out of the scope of this paper.

To facilitate the understanding of the references in the texts analyzed a codification has been established. From now on, the structure (*name (+number)_number*) will be used when citing actual data in order to refer: first to the agent (UN, WHO) or the headlines list (H), second to the text; and finally to the paragraph where can be found the examples in the full texts (*Appendix*), as the following example shows:

(WHO2_5)	WHO = agent 2 = second texts of that institution 5 = number of paragraph	(H1-35)	H = headlines list 1 = The New York Times 35 = number of headline
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3.1. DATA COLLECTION

The data used in this paper focused on the discourses of two supranational institutions –the UN and the WHO–, and of two newspapers –*The New York Times* (US) and *The Guardian* (UK)– through the analysis of key press releases and headlines related to EVD 2014 outbreak. More specifically, the data concerning supranational institutions includes:

- 1) **(UN)**: The UN meeting coverage issued after the meeting held in Geneva on 2014/09/18

- 2) **(WHO1)**: WHO statement issued after the first IHR Emergency Committee on 2014/08/08
- 3) WHO key press releases issued:
 - ▶ **(WHO2)** on 2014/09/18 welcoming the decision to create the UNMEER;
 - ▶ **(WHO3)** on 2014/11/21 declaring the end of EVD in DR Congo;
 - ▶ **(WHO4)** on 2014/12/02 congratulating the end of EVD in Spain;
 - ▶ **(WHO5)** on 2016/01/14 announcing the end of the outbreak.

The WHO and the UN were chosen because of their role in decision-making, implementation and financing of measures concerning EVD. Both supranational institutions have worldwide country representatives in their forums, allowing for the analysis of *power* relationships and *identity* when dealing with EVD. First, the UN meeting coverage was regarded as relevant and worthy of inclusion in this paper in order to examine the *identity* and *power* relationships that are present in discourses of the African/non-African countries when facing the EVD. The texts chosen also implied the countdown for the political and economically-driven decisions taken by the international community. Second, the WHO statement on August 2014 is a key press release declaring the PHEIC as it sets up the *official* beginning of the outbreak, despite the fact that the first African case was communicated six months earlier. Third, the WHO press release issued September 2014 is the response to the aforementioned UN meeting. Finally, it is worth comparing the language used by WHO in the press releases issued on November and December 2014, and on January 2016 referring to the end of Ebola disease in the DR Congo, Spain, and Liberia respectively. All these documents have been accessed through the UN and the WHO's institutional websites.

The vast amount of texts the media produced on EVD between 2014 and 2016 is the main reason why choices have been narrowed down to the analysis of 38 headlines published in *The New York Times* and 17 in *The Guardian*, mostly focusing on 2014 and examining the events that may have interfered in the narrative of the disease, such as economics or politics. However, it has been considered interesting to go back in time to be aware of the impact previous EVD outbreaks have had in the media and go through the discourses built

over the previous years on the issue at hand. This work encompasses 20 headlines by *The New York Times* because of the free access to its extensive library. Thus, the media discourse is examined through 69 chronological headlines obtained from our corpus of 2,784 headlines dealing with Ebola between 1976 and 2016. The criteria used in the choice of headlines is grounded first on the relation with EVD outbreaks; second on the re-production of the UN and the WHO key press releases; third, on the representation of the evolution in the prominence given to the 2014 EVD outbreak; and finally, on the different ways in which they strategically mobilized *identity* and *power* through headlines.

Both newspapers, *The New York Times* (USA) and *The Guardian* (UK) are reputed media in their countries. *The New York Times* is considered a source for opinion-makers and decision-makers leaders worldwide because of its impact on reporting news. Its circulation in 2015 was of 220,472 newspapers and the readership rose to 423,306. Most of the readers are men, middle-aged and professionals (OJD, 2013). *The Guardian* readers are young, wealthy urban consumers. Most of its readers (80%) only trust this newspaper to be informed (733,000) (Abc, 2016). Apart from their socio-political weight, both media were chosen for this paper because of the wide coverage on the 2014 EVD, not only as reproducing governmental press releases but also reporting *in situ*, in Africa. It should be mentioned that the on-line availability factor was taken into account when choosing the media to be included in the research. *The New York Times* allows access to its archives for free when registering on its website; this provides enough background information to study the topic. *The Guardian* online works similarly, although the information is not as large as in the flagship American newspaper.

SECTION IV: ANALYSIS: EXPLORING POWER AND IDENTITY IN 2014 EVD OUTBREAK

The process of the mass media production may be approached by means of the texts chosen since they are mostly written to be sent to journalists for their subsequent reproduction. Therefore, only the headlines could be understood as a specific media discourse as they are built up by editors. Actually, this is a sort of circular relationship since supranational institutions' discourse tries to influence editors while media discourse, and particularly headlines, may serve as the basis for rethinking the way in which supranational institutions *sell* their information. Following Fairclough (1995) levels of analysis, this section first synthesizes social and discursive practices involved in the UN meeting coverage and the WHO press releases issued in response to the 2014 EVD crisis. Then, it focuses on textual features that show the presence of *power* and *identity* issues in both institutions' texts. Lastly, it examines 52 headlines from *The New York Times* and from 17 *The Guardian* to highlight the linguistic choices that reveal these relations of *power* and *identity* in the re-production of supranational institutions' discourse, and the way the media attempts to drive the reader's interpretation.

4.1 POWER AND IDENTITY IN THE UN'S AND IN THE WHO'S SOCIAL PRACTICES

Discourses are placed in a densely interconnected network of social practices which includes all sort of socio-political, economically-driven ideologies. These points of view or ways of building reality can be regarded in the texts analyzed since the information provided needs to be connected to the facts it refers, in this case, 2014 EVD outbreak. Hence, the UN meeting coverage and the WHO's key press releases state from the very beginning the context of each text in order to facilitate the reader –in this case, a journalist– the information needed to locate the content in the appropriate place and point in time. The way of presenting the context also provides a particular view of the event which could be constructed with a particular goal in mind.

By this token, the starting paragraph of the UN meeting coverage (UN_1) states the problem: “*Ebola*”; what its magnitude is: “*unprecedented extent*”; and where it is placed: “*Africa*”. Despite the fact that these words may be considered as cross-checked data, there are some nuances to highlight. “*Ebola*” looks ‘neutral’, although it carries a profound and intense meaning: is a disease, is harmful. The magnitude is preceded by a quantitative adjective “*unprecedented*”, and the noun “*Africa*” seems to put the problem far away from the reader as the continent is “*there*” (*they*) and not “*here*” (*us*) for readers. Moreover, two evaluative concepts follow this apparently politically uncharged statement. Firstly, the implications can be found: “*a threat to international peace and security*”; and secondly, a criticism of existing attitudes: “*isolating affected countries*”, which depicts a particular representation of the world the text refers to. This statement may be understood as if the UN was saying ‘what is happening in Africa now may have impact on international peace and security. We are not talking about an African problem as we did in the past, now Ebola has become *our* problem’. By explaining EVD as a “*threat to peace*”, the UN not only reinforces the role of the Security Council and the reason to take part in the crisis, but it also enhances the *power* this institution has in the globe’s socio-political hierarchy, positioning the UN over the WHO and over worldwide governments. The criticism to isolation may also have two different readings. First, it seems a way that allows the ones who are isolating to heighten their *power* in front of their citizens, arguing that they are acting as protectors. Second, this *power* structure goes further, because when “*calling on to refrain from isolating*” the UN reminds these communities of who, has the greatest *power*: the UN. The repetition of the same idea in further examples such as UN_5 does not seem gratuitous, particularly when it is first linked to other agents –such as transport companies–, and later to the end of the EVD crisis. Hence, by avoiding African countries’ isolation, the UN is protecting their economies and the implications of this decision, such as having access to food, to supplies or to international help. The text by the UN covertly insinuates the significance of an opposite behavior: ‘these countries could not respond properly to the crisis’ since “*such measures could undermine their efforts*” to counter (UN_5). It seems to suggest that African countries are not able to command the crisis on their own, depicting and categorizing them as being somehow inferior to non-African countries.

The context is also clearly established in all of the WHO's press releases (see Appendix 2). The first text, issued on August 8th, 2014 corresponds to the declaration of the PHEIC by the health Institution. It starts pinpointing that it was "*the first meeting of the Emergency Committee*" (WHO1_1). Then, it follows by reminding what the legal and regulatory framework for the crisis was: "*International Health Regulations (2005)*"; the medium: "*held by teleconference*" and the dates: on the 6th and the 7th August, 2014.

The second, issued the day after the UN meeting, on September 19th, 2014 establishes four points: firstly, the time structure of the crisis "*nearly six months after the first case*" (WHO2_1); secondly, the strictly limited area "*in West Africa*"; thirdly, the agents involved: the WHO, the UN and the UNMEER; and finally, the impact: "*has sickened more than 5,500 people and killed over 2,500*". This information not only keeps the reader aware of what was happening and the context to which each text belongs, it also seems to justify how the WHO is developing its *power* as a health coordinator, enhancing its role by presenting itself as an institutional protector. However, the fact that "*West Africa*" instead of "*Africa*" is pinpointed –as occurred in the UN– involves a new categorization inside the African countries: the ones who suffered from Ebola and the ones who are free of the disease. This is a new category that goes beyond the initial "*affected/non-affected*" depicted by the UN. At first glance, including the number of deaths and sick people gives the appearance of objectiveness, opposed to the ambiguous "*unprecedented*" used by the UN. Nevertheless, in a detailed reading, the imprecision introduced by the comparative "*more than*" or the preposition "*over*" lessens the pretended objectivity in WHO's statement.

The three last WHO press releases follow the same pattern. However, they include little differences such as the usage of "*today*" to clearly set the point in time (WHO4_1 and WHO5_1) or, in WHO3_1 and WHO3_2, going back to the references concerning the arrival of the EVD in the DR Congo and Spain. These subtle differences may be attributed to the writers' styles as the author is unknown in the press releases. Thus, the texts analyzed seem to contribute to strengthen two world positions, let's say, the 'helpers'

and the 'helped'. This is a distinction that appears to fit into the most spread European/American idea of Africa, emphasizing who has the *power* in their relationships.

The UN meeting coverage also states that the resolution passed did not propel discrepancies among the Member States: *"was adopted unanimously"* (UN_2), which empowers and fortifies the UN's relevance as an institution. This decision is legitimized both by arguing that the resolution relies on the recommendations made by reputed advisors; and by stating the names of these consultant authorities: *"UN Secretary-General Ban Ki-moon [...] the Senior UN System Coordinator for Ebola, David Nabarro, the Director-General of the WHO, Margaret Chan, and an MSF health worker, Jackson K.P. Niamah"* (UN_2). Notwithstanding the presence of an NGO in the meeting, the fact that *Niamah* stepped in via video-teleconference lessens his power in the debate, basically for technical reasons. Although this may be a question of negative circumstances fortuitously coming together, the order of appearance and the situation seems to reveal a hierarchy of *power* inside the UN's advisors board.

Since the reporting date of the UN meeting coverage is September 18th, 2014, it looks as if the supranational institution was responding to the media attacks when *"requesting the Secretary-General to ensure that all relevant UN sections accelerated their response"*, or when addressing to the WHO and asking to *"strengthen its technical leadership"* (UN_3). Several headlines issued in *The New York Times* on July 2014 pointed out views as follows: *"Why Are We Ignoring a New Ebola outbreak?"* (H1_17) or *"Short Staff Tries to Cope With Ebola"* (H1_14). *The Guardian* was less aggressive, but it was also calling for non-explicitly stated action when publishing *"Fear and ignorance as Ebola 'out of control' in parts of west Africa"* (H2_1) or *"Finally, the West is acting on Ebola. What took us so long?"* (H2_12). The verbal choices *"request"* and *"ensure"* may be understood as the effects of media discourse on politics, which at the same time show the *power* of media to shape political agendas.

Regarding identity, the texts by UN and WHO seem to depict both institutions as drivers of the decisions and actions the governments worldwide, NGOs (through their budgets),

international businesses, and so on took in the response to 2014 EVD. The UN and the WHO may also impact on the media discourse about EVD and subsequently, on the readers' understanding and acceptance of the 2014 outbreak response (political decisions). The use of institutional language helps both institutions to reach this higher position when presenting themselves as crisis coordinators and health and stability protectors, which could be understood as a sign of *power*. In this context, the use of verbs involving mutual agreement or recognition of counterparts –“encouraging” (UN_4), “expressed appreciation” (UN_7), “concurring” (UN_12), “commending” (UN_34)–, appear to depict a paternalistic attitude towards African countries, and sometimes, also towards the media. This sort of discourse strengthens the legitimacy of the established *power* structures. At this point, the discursive practices seem to overlap with the social and textual ones, as Fairclough (1992) suggested.

In the same vein, by saying “*affected countries*” (UN_1), the UN discourse helps to build a categorization where countries were in or out, distinguishing first between non-African and African identities; and later on, among Africans themselves depending on whether they were suffering from Ebola or not. This way of grouping populations was enhanced through the adjective “*heavily*” (UN_4), and reinforced in the first WHO statement based on the IHR Committee recommendations (WHO1_ 17, 34 and 38). IHR discriminates three categories of countries: the *affected*, named “*states with Ebola transmission*”; the “*potential or unaffected with land borders with affected*”; and finally, “*all states*”, which appears to be a cul-de-sac category. This classification could have been avoided by means of including the names of the countries, particularly the “*affected*” since they were only a few at that time: Guinea, Sierra Leone, and Liberia. By eluding country names, the subject becomes uncertain, ambiguous, without a clear reference. It may even resonate as inclusive of more African countries than those actually implicated. This discursive choice can be regarded both as a protection of identities to avoid being blamed for Ebola outbreak, and subsequently being put in the limelight; or it might be a strategy to make the problem bigger, thus justifying actions and decisions taken by the UN, the WHO, or the UNMEER. Regardless of these hidden intentions, it could be affirmed that the UN and the WHO are clearly exercising their legitimated *power*. It seems that public macro

identity ascription is used in the UN meeting coverage as a tool to involve local governments to fight against the EVD, encouraging them to act as coordinators, that is, assigning them a role (*power*) for an “*efficient utilization of international assistance*” (UN_4). Encouraging African countries to look after efficient use of resources sounds like a paternalistic discourse linked both to *identity* and to *power* issues, particularly when it is expressed by non-African countries, mostly from the ones with longstanding colonial relations with Africa.

The significance of the *power* attributed to African women in the UN Resolution is also worth mentioning. Considering women as a key figure to fight the Ebola, the text proposes addressing “*the specific needs of women*” and “*their full and effective engagement*” in the response (UN_45). This consideration seems to maintain the role of women towards health issues and their *identity* as the mainstay member inside families. Thus, it is regarded as a tool, a weapon to fight the spread of the EVD.

Regarding the headlines, it should be paid attention to those issued two days before the declaration of the PHEIC. On August 6th, 2014, *The New York Times* reported: “*African Leaders sit down with American investors*” (H1_23) and “*As Meeting with African Leaders Winds Down, Policy issues Take the Stage*” (H1_24). Curiously, the economic meeting took place in Washington, which does not seem a minor question since it puts the focus on where the core of worldwide *power* relationships is located, and on who holds this *power* (UN’s headquarters are in New York, and WHO’s in Geneva). It also may explain why only once the economy was relaxed –“*wind down*” (H1_24)– after a difficult period, could the policies to solve EVD crisis attempt to get openly involved in the response. The same information was reported by *The Guardian* under the headline: “*Obama pushes for ‘global effort’ to combat spread of Ebola*” (H2_3). Handling Obama’s *identity* as a central point of the headline, *The Guardian* points out to the main actor emphasizing his *power* as a ‘leader of the free world’. The British newspaper also attributes war language (*combat*) to the US President, despite the fact that the issue at hand was health. This is a way of weaponizing the issue at hand. As the WHO press release reveals, the IHR Emergency committee was held on August 6th and 7th, 2014. It was after these meetings

that the PHEIC was declared, triggering the humanitarian, political and financial help for EVD response. Still, in this social discursive context it needs to be mentioned that, curiously, the PHEIC happened five days after the first American infected arrived in the US for treatment (H1_20, 21).

The way the WHO and the UN discourses describe the EVD is also interesting since both leave the health concept behind social, economic, humanitarian, and even behind the aforementioned threat to security. Putting health in this second level seems to allow the institutional *power* to mobilize “*all relevant UN agencies*” (UN_3), so, if the Ebola would not have become a weapon through discourse and had remained as a problem of people dying in Africa, it seems that the decision might have not occurred. This statement may be supported by the headline “*Ebola Patients in West Africa will not have access to experimental drugs used in US*” (H2_4), which reports Nigerian Health Minister criticism towards the usage of new vaccines on Americans and Europeans, but not on Africans.

Hence, the texts analyzed seem to reinforce a categorization based on the dichotomy ‘helper’ (non-African countries) / ‘helped’ (African countries), which is a sample of *power* and *identity* depiction, materialized in discourse, and with the capacity to affect its subsequent re-production in the media.

4.2. THE UN’S AND THE WHO’S DISCURSIVE PRACTICES

Journalists and editors are the intended receivers of the texts produced by the WHO and the UN, although trained readers could also easily understand their content. This fact means that supranational discourses need to be adapted both in genre and in form to fit into the features of media discourse, so they need to be re-contextualized, since their communicative purpose has changed. The UN meeting coverage (UN) and the two first WHO press releases (WHO1, WHO2) are extracts of institutional¹¹ statements whose origin are oral meetings. As a result, this chain of texts (also genres), and the effort to adapt them to media discourse ends in a blurred mixture of written proposals as we will

¹¹ In this paper, *institutional* is circumscribed to the supranational organizations’ decisions and field.

see in the examples provided in this section. The health organization's third, fourth and fifth texts (*WHO3*, *WHO4*, *WHO5*) are the ones who explicitly belong to the media genres, as they are press releases whose intended receiver was the media (editors, journalists).

The UN's text is an extract of the literal transcription of the oral event that took place on September 18th, 2014 from 2:50 to 7:50. Its features are closer to an institutional report than to a press release, because of the structure in which the information is presented, and of the language used. An aspect that allows pointing out this interdiscursivity between genres could be found, in the order in which discourse is developed, since both the UN and the WHO keep the resolution and the PHEIC declaration to the very end of the texts (*UN1_20* and *WHO1_42*, respectively). This order implies that journalists need to go through the full document to know the news values of the information provided and fit them in the features of media discourse. Unexpectedness, negativity, frequency or relevance of people involved in an issue are at the core of news values (Goatly, 2000), so, they should be enhanced in the texts addressed to the media. This basic rule is not fully followed in the texts produced by the UN and by the WHO (*WHO1* and *WHO2*). However, the fact that the UN meeting coverage and the WHO statement maintain the institutional features of discourse –role structured, legitimacy linked to authority, rationality backed up by a set of regulations (Drew & Heritage, 1992)– could be interpreted as an expression of *power*, particularly through the role these supranational institutions play in the socio-political hierarchy. Since the UN meeting coverage follows the discourse of institutional organizations, it may be thought that it could be addressed to more than one single audience, which includes the staff of the UN agencies, Member States who did not attend the meeting, or other organizations involved in the EVD like NGOs or researchers. Not all of them went through the full literal transcription in the *Official Records of the Security Council (7268th meeting)* to know about the agreements or the resolutions passed. Thus, the text is located half-way between legal/administrative and media discourse.

The mixture of institutional and media genres is revealed when this formal discourse introduces quotations, a specific feature of media discourse. This practice could be read as deliberate, covert way to influence editors by means of making their job easier. That is

to say, it provided the media with part of the speaker's speech as if they got it straight from the source, thus, without the need to be corroborated by journalistic research. The first quote is from Ban Ki-moon, "*the gravity and scale [...]*" (UN_7), although we can find the same procedure in the quotations of the speeches by Mr. Nabarro, Mrs. Chang or Mr. Niamah (UN_9, UN_10, and UN_11). Similar situations may be noted in the WHO's texts, since they attribute to Mrs. Chan "*this is not a public health crisis [...]*" (WHO2_2), or to Mr. Nabarro the sentence "*This unprecedented outbreak requires an unprecedented response [...]*" (WHO2_5). The inclusion of quotations can also be observed in WHO's fifth text "*The rapid cessation of [...]*" (WHO5_5; see also WHO5_7 and WHO5_10). This depiction through quotations could be also a deliberate bias of the information provided. Nevertheless, the fact that the WHO's text type is a press release implies that it fits better into the discursive practices of media discourse, something that does not happen with the UN meeting coverage, as it is a more formal text type whose feature should be paraphrasing instead of quoting.

The form the UN text took may directly affect its interpretation. The UN meeting coverage may become itself a hindrance for non-trained or non-expert readers for three main reasons. Firstly, because of the references to the organizational structure of the UN and the WHO (which hides the *power* network inside these institutions and between them). Secondly, its reference to country borders and economy issues implies a geopolitical knowledge of African countries, their resources and their dependence on other countries. Finally, this hindrance happens because of its mention to bilateral or multilateral partners without explaining clearly who they are. By this matter, the UN goes further of the fact of regarding the EVD as a health issue, so the texts itself is weaponizing the disease. Initially, it seems a text written to be consumed individually and addressed to people somehow involved in the EVD response. It will be through the interpretations/reproductions made by journalists that the text may reach the vast majority of citizens worldwide. However, it needs to be highlighted that it is through this process of re-production that each media will foreground particular aspects and downplay others, which is a practice that responds both to each media interests or to dovetail in their readers' mindset.

It should also be explained that the UN text is clearly divided into three stages of production. It starts as if it were the transcription of the oral meeting, including different countries' statements. Later on, it depicts the full resolution adopted, which is clearly another discourse type, in this case focusing on the agreement among UN Members towards EVD response. Finally, the last part is exclusively devoted to the speech of the Secretary-General of UN, who, in fact, was the first who spoke in the meeting. Thus, all in all, what this sub-section shows is that the discursive structure highlights the *power* attributed to the UN Member States and particularly to the head of the supranational institution.

At this stage, an example of the construction of worldwide relationships through UN discourse may be provided through the introduction of the countries that spoke in the meeting. During the Security Council conference, a total of 45 countries took the floor after the "*briefings and the adoption of the resolution*" as stated in UN_12, although not all of them had the privilege of appearing in the UN meeting coverage. This portrayal sets up differences among countries, which in turn can reveal ways of exercising both their *identity* and their position of *power*. The reasons of being or not being identified as speakers in the UN meeting coverage –mostly geopolitical– are not in the aim of this paper.

However, it is worth to show the playing rules of power, as when, for instance, the text devoted a whole paragraph to the representatives of the US (UN_15) while other countries were grouped in a long list (UN_17). Cuba, the European Union Delegation, and the Permanent Observer of the African Union deserve their own mention through the sentence: "[they] *also spoke*", curiously without saying anything of the content of their speech, though (UN_16 and UN_18). This depiction is somehow unexpected in a text that aims to explain the development of the meeting, since it displays a degree of incompleteness. The fact that the UN meeting coverage devotes a whole line to Cuba seems to be related to the information reported by *The New York Times* under the headline "*Cuba's Impressive Role on Ebola*" (H1_46) which referred to the teams of well-trained doctors and nurses the country sent to Africa to help in the EVD outbreak.

What is discursively relevant towards *power* and *identity* issues is the content of the speeches depicted. The Foreign Ministers of Liberia, Guinea, and Sierra Leone interventions focused on the appreciation to the efforts done to fight against EVD. Argentina and Luxembourg are emphasized for their talk about global inequality. Lastly, the US speech central point is the announcement of an initiative, supported by 130 countries, to provide large-scale assistance and funds to the countries suffering from EVD. It all suggests the attribution of different roles to Member States representatives, reinforcing not only the *power* linked to the status of these countries, but also foregrounding the image of the 'helped' and the 'helper' that fits in the dichotomy of African and non-African identities, respectively.

The rhetorical tone of the briefings is also significant to observe different positionings towards *identity* and *power*. Ban Ki-moon starts by saying "*Ebola matters to us all*" (UN_56), so, using the pronoun 'us' he seems to justify the concerted international action in the EVD emergency. The Secretary General of UN also introduced in his address the estimated amount of money required for critical needs and applauded Obama's announcement of a military action (UN_61), both of which may be conceived as expressions of *power*. At its turn, the UNMEER representative's speech sounds like a permanent justification for what he has been done since he was appointed, arguing that the number of EVD infections in that period "*had doubled*" (UN_10). It should be highlighted that the UN meeting coverage attributes the exact sentence about how to fight against Ebola, first to UNMEER (UN_9) and later on to Ban Ki-moon (UN_62). This is a practice that may be both, a mistake or a bias in the depiction of the information. In the text, there is only a single sentence devoted to Mrs. Chan (WHO) speech and it deals with the EVD Response Roadmap. In this case, the action is linked to the needs of African countries, but in the discursive practice, it is attributed to UNMEER, which may be another evidence of the attempts to weaponize the EVD, downplaying health issues. Finally, the briefing of Mr. Niamah uses a completely different discursive tone regarding identities. The MSF representative uses the expression "*fellow health workers*" (UN_11) to refer to African and non-African people who were helping in the disease. Through this

unitary conceptualization, he downplays the difference concerning the origin and the identity of the health workers, as all of them were in the same risky situation.

In the same vein, the WHO seems to reinforce the stereotyped image of Africa when trying to engage the whole community *“through local, religious and traditional leaders and healers”* (WHO1_21). Mentioning religion and tradition through leaders and healers looks as the text was evoking the image of African identity that Igwe (2010) criticizes. Another evidence of identity attribution or adscription in WHO’s texts may be found in the language usage by *“international spread of Ebola”* (WHO1_7). At first glance, this sentence seems innocuous, although it points out the presence of a subtext. By definition, international means involving more than one single country. At that time, the EVD was damaging Guinea, Liberia, Sierra Leone, thus it is worth questioning when the disease started to be considered *“international”* by WHO. Following the text, it seems that the issue was regarded as *“international”* when non-African countries population started to become infected. This builds a clear distinction between African and non-African identities.

Moreover, it can be noted the way in which the end of the outbreak was announced depending on the country it relates to. WHO employed different verbal choices at each final stage. In November 2014, the health institution *“declared”* (WHO3_1) the end of the EVD in DR Congo (WHO3). In December 2014 the health organization *“congratulates”* Spain ending of Ebola transmission (WHO4). Finally, in January 2016, this institution announced the *“latest Ebola outbreak over in Liberia [...]”* (WHO5_1). It seems not gratuitous that when referring to African countries the verbal choice was clearly official and formal, appearing to be ‘neutral’. When referring to Spain, the discursive tone linked to the verb *“congratulate”* is friendlier. All this suggests that the WHO identifies itself more with Spain (non-African country) than with DR Congo or Liberia (African countries). Despite the fact that the WHO5 refers to the main outbreak, both WHO3 and WHO4 are isolated transmissions. So, according to the facts reported, the degree of discursive ‘neutrality’ should have been the same. Furthermore, in WHO3 the actions and suggestions driven by the health organization are highlighted (WHO3_5 and WHO3_6).

There is only a last paragraph commending measures to identify potential cases. Actually, in the press release referred to Spain, the WHO also commends *“its diligence to end of the transmission”* (WHO4_1). Conversely, the press releases of DR Congo foregrounds that *“Early engagement of traditional, religious and community leaders [...]”* (WHO3_7) and reminds that *“the country remains vulnerable”* (WHO3_8). The text dealing with the end of EVD shows evidence of *power* networks when the health institution representative in Liberia compliments the government (WHO5_4) while the Director-General of the WHO alerts that *“vigilance is still necessary”* (WHO5_6). In this text, the ‘helper’ *identity* is reproduced in WHO5_10 when explaining the health organization’s plans in Guinea, Liberia and Sierra Leone.

4.3. THE UN AND THE WHO: REVEALING *IDENTITY* AND *POWER* THROUGH LEXICAL CHOICES

At textual level, lexical choices are relevant to show *power* and *identity* in the texts analyzed. This section will show how the decisions the writers adopt towards verbs, adjectives, adverbs or nouns depict reality in slightly different ways. This may have different impact on the reader, as there are nuances of meaning that are closely bound to particular words. To put an example of these practices, the UN meeting coverage reveals a verbal subtlety in the use of *“heard”* instead of *“listen to”* when writing *“Resolution 2177 (2014) was adopted unanimously during a meeting that heard a statement from United Nations[...]”* (UN_2). Since hearing implies a passive attitude, and listening requires and active one –to pay attention– this verbal choice might suggest that in spite of hearing the invited speakers, the decision adopted was previously taken; maybe in order to reach that *“adopted unanimity”*. In a more incisive reading, this verbal choice may involve that the UN members considered the information provided not interesting at all. This second reading could be regarded as a *power* indicator since the Resolution was taken because the UN is legitimated to do so.

The UN spreads its *power* throughout the full meeting coverage, also when addressing *“the heavily affected countries”* (UN_4). In spite of doing so in a covert way, it

“encouraged to speed up national mechanisms” in African countries and to *“coordinate efficient utilization of international assistance”* (UN_4). It can be observed that the formal tone involved in by the verb *“encourage”* is reversed by the use of the phrasal *“speed up”*. Still, by the adjective *“efficient”* the UN seems to suggest that would be vigilant about the procedures African countries deploy in relation to EVD response. The UN introduces a cautionary statement when suggesting that non-African behavior may *“undermine their [African] efforts to respond”* (UN_5). The UN is legitimated –by its bylaw– to exercise control if, despite the *“efforts”* done by African countries, deliberate intentions of other countries, organizations or groupuscles would prevent to achieve the expected results. By the same token, the use of the pronoun *“their”* may be an *identity* indicator, which places out of the UN who should do the efforts, in this case, non-African countries. In spite of employing formal language as in *“Commending”* (UN_6), the Resolution sounds as powerful as a command, a perception which becomes reinforced by the usage of adjectives such as *“immediate, necessary”* or nouns like *“commitment”* (UN_34).

The depiction of *identity* issues is particularly evident in the interventions of Foreign Ministers of Liberia, Guinea, and Sierra Leone. The verbs employed in the meeting coverage foreground their role as ‘helped’ countries, whose *“paid tribute”* to health workers, *“thanked”* additional aid, and *“welcomed”* the end of restrictions (UN_13). The discourse is full of *identity* markers, as the use of the pronoun *“their”* for health workers, or *“our”* countries, opposed to *“those”* coming from abroad, a clear example of the self and the others *identity* ascriptions and categorizations on the part of the UN meeting coverage. The language of some country representatives (UN_14) contributes to the stereotyped image of Africa and Africans when explaining their *“vulnerable conditions”*, or the lack of *“viable health services”*. *Power* elements linked to these statements are the urgency in addressing the situation by the entire UN system.

4.4. THE NEW YORK TIMES AND THE GUARDIAN: HEADLINES

This paper aims to highlight the headlines depiction of the stories around EVD, and particularly how this description reproduced issues of *identity* and *power*. Hence, it is

relevant to take into account first, the frequency in which the topic appeared in *The New York Times* between 1976 and 2016; and, second, the way different outbreaks have been portrayed by the flagship American newspaper. Moreover, this section will focus on how the intertextual chains (i.e. connections linked to the UN and the WHO discourse) are kept in *The Guardian* and in *The New York Times* through the process of re-producing and re-appropriating vocabulary or verbal choices from the UN and the WHO texts. It will help to examine how editors have depicted the *power* and *identity* issues of the disease to their readers. This re-production of discourses is particularly evident by the accessibility markers (Ariel, 2001) that can be found in headlines.

Since 1976, *The New York Times* has produced 2,784 news items related to the Ebola in our corpus. However, only 1,596 news articles referred directly to the evolution of the disease while the others were book suggestions, feedback from readers or summaries. Nevertheless, the number of headlines that included the word “*Ebola*” explicitly during the period 1976-2016 is reduced to 705 since until 1995 the disease was named as “[*deadly*]/[*African*] virus” (H1_2, H1_3). At this point, it is significant to note how the perception of EVD as an *African affair* becomes clear through the headlines and news articles devoted to the different outbreaks: in 1995, 315 cases were reported with 250 deaths, although only 46 news articles were written and four headlines introduced the name of the disease. In 2000 the impact of the 425 cases reported and 224 deaths were 24 news articles and five explicit headlines. Between 2001 and 2003 it is interesting to see that the number of news items is higher in 2003 despite the fact that the cases and deaths were markedly inferior to the ones in 2002 and 2001. This situation might be explained because of the awareness of the issue after the 2000-2002 outbreak. Finally, in 2012, 53 cases and 20 deaths were turned into a total of 11 news articles and five Ebola mentions in headlines that year.

The unprecedented scale of 2014 outbreak becomes evident when analyzing not only the 885 headlines devoted that year to the disease, but also the mentions of the Ebola that explicitly appeared in 512 headlines. This means more than one-half of the number of articles and headlines produced by *The New York Times* during the last 40 years around

the EVD (*more detail in Appendix 4*). This fact suggests that the concern about the spread of Ebola towards non-African countries was found in society at large, and consequently, this fact was reflected in the topics the newspapers published. It would be interesting to see the sections and the layout (length, position in page) devoted to each article, but this is not the aim of this paper, and it is out of the scope of the TFG project.

Focusing on the reproduction of the UN and the WHO texts, it becomes clear that not all statements by the supranational institutions had its corresponding headline. The same day the PHEIC was declared by the health organization, *The New York Times* (H1) and *The Guardian* (H2) published the information from the press release. However, the way in which each newspaper approached the issue at hand was entirely different. *The Guardian* headline “WHO declares Ebola outbreak an international public health emergency” (H2_5) was more straightforward than the one chosen by *The New York Times* “U.N. Agency calls Ebola Outbreak an International Health Emergency” (H1_25). First of all, the English newspaper attributes the verbal action to the WHO while the American refers to it as a “UN Agency”. The indirect way of referring to the health organization in *The New York Times* appears to lessen the *power* of that institution, which is positioned as an agency of the powerful UN. It can also be a way of bringing closer to the reader these supranational institutions since the WHO is set in Geneva (Europe) and the UN are set in New York City (US), where the newspaper has its headquarters. This may imply that *The New York Times* is clearly addressing its discourse to Americans, calling upon ‘their’ US nationality. This is a strategy that this newspaper repeats in several headlines, as happens in “US Agency on front line of disease war: crowded, understaffed and overwhelmed” (H1_6). Instead, the American newspaper employed the denomination “WHO” for the pieces of news reported from Geneva or Africa as in “WHO Chief Calls Ebola Outbreak a ‘Crisis for International Peace’” (H1_44).

The action verb chosen in the headline establishing the PHEIC is different, too. *The Guardian* re-produces most of the words of the press release –including the verb “declare” (H2_5)–, though avoiding the specification of the place: “West Africa” (WHO1_42). Conversely, *The New York Times* prefers the verb “call” (H1_25). While

“declare” announces officially something as true, *“call”* may have a second reading: first, it can be a reduction of the phrasal verb ‘call on’ keeping its official status; and second, it can simply mean ‘naming something’. The first reading suggests that the statement is positioned in a more powerful context since official announcements tend to be understood by citizens as a sort of commands. This awareness of the norms of interpretation, shared by members of a particular speech community, such as these two newspapers readers, is one of the aspects which underlies speech events (Saville-Troike, 1989).

The press release issued after the UN meeting by WHO seems not to be re-produced via media, as the newspapers focused their attention on the meeting and on the UN. The headlines referred to the event were *“Ebola Presents Challenge, and an Opportunity, for U.N. Leader”* (H1_37) and *“Ebola outbreak a threat to world peace, says UN security council”* (H2_11). The *“threat to international peace and security”* is mentioned in UN meeting coverage (UN_1 and UN_25), unlike what happens with *The New York Times’* words’ *“challenge”* or *“opportunity”*. This linguistic choice of the flagship newspaper seems to reveal the *identity* of the American society as a country that fights against the challenges, is active and ready to regard problems as opportunities. *The Guardian’s* choice appears to represent a ‘threatened’ country, showing a passive attitude when something (Ebola) might harm its population. It is worth mentioning that *The Guardian’s* text is followed by an opinion article entitled *“Finally, the west is acting on Ebola. What took us so long?”* (H2_12), opposing *the west* (non-African countries, or ‘the helpers’) to the African ones (‘the helped’). Thus, reinforcing, once again, the stereotyped identities of African and non-African countries observed in the WHO and in the UN documents. In the same vein, the headline *“Ebola Virus: A grim, African Reality”* (H1_15), may have the roots in the expression *“grim reality”*, although it has been modified by the semicolon and by the introduction of an *identity* item *“African”* suggesting that African reality has always been, and still is, a *“grim”*. Actually, pointing to Africa is a way of opposing non-African countries’ cultures and characteristics to the ones of the so-called ‘black continent’.

The linguistic choices editors employed to explain different outbreaks of Ebola through headlines also allow for the analysis of *identity* and *power*. *The New York Times* first mention to Ebola dates from 1976, “*Virus in Zaire named for Ebola River*” (H1_1), which can be regarded as a full sentence with low accessibility markers as it establishes the agent (*Ebola River*), the patient (*Virus*) and the place (*in Zaire*), so helping the reader to understand the headline easily. Nevertheless, the modification of the grammatical structure hovers the place between the agent and the verb. It is also a resource found in other headlines such as in “*A nun in Zaire is lie to rest*” (H1_5) or “*10 in Gabon Die of Ebola after feast of chimp meat*” (H1_7). This shift not only emphasizes the place where everything happens, but it is also an effective means to place the problem far away from readers’ context (in Africa). Following this line of thought, the shift might be understood as an *identity* marker since as the disease happens ‘there’ (not ‘here’), who have the problem are ‘they’ (not ‘us’). There are other headlines that reveal this distance, emphasizing the place followed by a colon as “*Uganda: Ebola outbreak kills medics*” (H1_11) or “*Sierra Leone: Ebola Virus Spreads From Guinea*” (H1_16). *The Guardian* seems not to give the same *identity* value to the headline, as it is used to highlight the main topic as in “*Ebola: Voices From the Epicenter of the Epidemic*” (H2_2) or “*Ebola: Spanish missionary dies of disease after being flown to Madrid*” (H2_6). The headline “*10 in Gabon [...] after feast of chimp meat*” (H1_7) also reinforces African *identity* aspects, both when detailing the meal “*chimp meat*” which is not usually eaten in non-African countries, and through the noun “*feast*”, which may have religious connotations and implies a lot of people celebrating something with a large amount of food.

The duality African/ non-African identities materialize in headlines like “*Ebola patients in West Africa will not have access to experimental drugs used in US*” (H2_4) or in “*Death of a Dedicated Ugandan Healer*” (H1_8). The first emphasizes the different treatment among patients depending on their origin through a sentence presented as a fact. In the second, and taking into account that the intended readers are Europeans, the choice of the word “*healer*” instead of “*doctor*” or “*health worker*” to refer to the Africans clearly links to the stereotyped image of Africans as non-experts, holding on to beliefs informed by superstition and not by *Western* medicine. What is the same, Ugandan are not

imagined as medics, nurses or health workers but as relying on mystical thinking, as Igwe (2010) pointed out. The opposite *identity*-mobilizing statement may be regarded in the headline referred to non-African experts: *“Health team fights Ebola outbreak that has killed 14 in Uganda”* (H1_13).

It is worth mentioning that there are many examples like the ones shown above (H1_13, H1_7) where numbers are used to refer to dead Africans while the reference to non-African dead people is always associated to the profession deceased non-African had such as in *“Spanish missionary”* (H2_6) *“Spanish nurse”* (H2_14) *“Spanish priest”* (H1_38), *“Second UK military Ebola worker”* (H2_15) or *“American doctor”* (H1_20). There is only one headline in our corpus, in which the number of African patients is followed by the profession, *“3 Liberian Health Workers With Ebola Receive Scarce Drug After Appeals to US”* (H1_30). However, as it is related to health workers and not to common patients, it seems to distinguish between both: common African patients and African health workers, covertly assigning different rights to the latter group. The headline mentioned above *“Ebola patients in West Africa will not have access to experimental drugs used in US”* (H2_4) adds evidence to the differences in the kind of treatment African and non-African received as many other examples in our corpus, such as *“Ebola Drug could save a few lives. But Whose?”* (H2_27), *“WHO allows unlicensed Ebola drugs in West Africa”* (H2_7) which ended in a warning from UN Rights Chief against anti-African discrimination (H1_44).

Regarding *power*, there are many headlines which clearly state differences among African and non-African countries, particularly when dealing with economic *power*. The first dates from 1990 and refers to trade with Africa: *“Virus may lead to ban on monkey imports”* (H1_4). Monkeys' trade was not a minor issue at that time. The US African green monkey imports were, on average, “937 specimens per year for the period 1981-1990” (De Marcus, 2003). This headline shows the *power* of the US as the buyer, and highlights the fact that an epidemic may jeopardize American interests in trade with Africa as it is highlighted in *“African Leaders Coming to Talk Business [...]”* (H1_19). Another example of *power* might surface in *“The Nation: Home Security, the Smart Way to be Scared”* (H1_9).

Using the semantic field linked to foreign affairs and homeland citizenship protection (*"Home Security"*) as a referential of who is saying something, the headline gives a high status to the advisor, empowering him. However, the headline also introduces a sharp criticism to official communication guidelines through the adjective *"smart"* which opposes to the sense of being *"scared"*.

Figurative language could also be observed in the headlines examined. Synecdoche examples may be found in *"Sierra Leone [...]"* (H2_9 and 16), or in *"Germany"* (H1_39), *"West Africans"* (H1_42) and *"Cuba"* (H1_45), among others. Another rhetorical device is personification, which can be seen in *"Congress"* (H1_41) or *"UK Government"* (H2_8). *The New York Times* editors tend to use more parallel structures than their fellow editors of *The Guardian*. Evidence can be found in *"the... the"* structure as in *"The Nation [...] The Smart [...]"* (H1_9), or *"Adjective + noun, adjective + noun"* as in *"African Leaders, American Investors"* (H1_23). Enumerations such as *"Crowded, Understaffed and Overwhelmed"* (H1_6) or alliterations are other rhetorical devices used as the one of the *</d>* sound in (H1_3 and H2_6), or of the *</u>* sound in *"UK Government urges [...]"* (H2_8) among others.

There is also a literary reference in the headline *"Obama Unbound"* (H1_49) which is grounded on *"Prometheus Unbound"* written by Percy B. Shelley in 1820. Prometheus was a Greek tragic hero created by Aeschylus –*"Prometheus Bound"*– to reveal against tyranny of gods, presenting him a loser. Shelley reused that character in the context of Romanticism to highlight his non-conformist spirit. Through this intertextuality, the headline presents Obama as a rebel against the circumstances (EVD). As he has the *power* to change things, the newspaper seems to be addressing the US President to use his *power* to make things change in Africa, involving other countries and businesses on in the response.

War vocabulary is one of the main resources regarding *power* that emerge from headlines analysis. Examples can be found in the use of words such as *"front line"* (H1_6, 10, 12, 28), *"Using a tactic"* (H1_29), *"retreat"* (H1_31), *"US air marshal"* (H2_10), *"fight"* (H1_22,

42, 48 and H2_8), “battle” (H1_26), “soldier” (H1_40), “troops” (H1_50), “combating” (H1_33), “victory” (H1_52). In context, it can be observed how several war words, with high degree of aggressiveness, build full-sentence units such as “*Congress Releases War Funds to Fight Ebola*” (H1_42) or “*Ebola outbreak a threat to world peace, says UN Security Council*” (H2_11). Most of these lexical choices are linked to non-African countries, and imply that these have a powerful structure –warlike and economic– to fight against the EVD in African countries. These implications are emphasized by contrast to the way in which the demands of African leaders are spelled out as in “*make a plea*” or “*list of needs*” (H1_43), and “*pleads for assistance*” (H1_33).

Finally, headlines present non-African key figures by their name while African figures remained unnamed and non-personalized. Thus, both newspapers present *power* coming from leaders such Obama and Putin (non-African), while African ones are referred by country names. We can see examples of this practice in “*Obama Pressing Leaders to Speed [...]*” (H1_35), “*Obama to Call for [...]*” (H1_34), “*Obama pushes [...]*” (H2_3), “*Putin Rushes in [...]*” (H1_32), among others, versus “*Washington Prepares to Host Meeting of African Leaders*” (H1_18) “*Sierra Leone’s planned [...]*” (H2_9), “*Liberian President [...]*” (H1_33), or even to refer to indeterminate leadership worldwide “*World Leaders Meet*” (H1_41).

In short, the analysis of the UN meeting coverage, WHO press releases and the headlines from *The New York Times* and *The Guardian* through social, discursive and textual perspectives reflects the way texts are produced by supranational institutions and reproduced via media. The implications of this in-depth analysis are presented in the following section, by way of conclusion.

SECTION V: CONCLUSIONS AND IMPLICATIONS

The bias of the media is broadly assumed by citizens. It is also understood and tacitly accepted that each political ideology foregrounds the aspects of the events that fit their agendas better, and downplays others that may contradict the ideas they claim. However, these assumptions become blurred when dealing with supranational institutions such as the WHO and the UN. Their ascribed aim, the surveillance of global health and security, appears to allow regarding these organizations as more ‘neutral and objective’ than others like the European Parliament or the American Congress. The purpose of this paper has been to show that the discourses of the UN and the WHO share biases and interests which are similar to those of the media. To do so, the tools of Critical Discourse Analysis were used to examine how *identity* and *power* were conveyed through the texts issued on the 2014 EVD outbreak by these organizations, and the way these discourses were reproduced via media.

A threat to health –individual or global– is an issue that arouses great concern among citizens. It does not matter if it comes from a virus, bacteria, etc., or if it is the result of a biological weapon. The critical end it announces makes society at large interested in the subject of menace. This can be observed in this paper by means of paying attention to the frequency the noun “*Ebola*” appeared in the headlines during the 2014 outbreak. EVD accounts for one-half of all the mentions recorded over the last 40 years by *The New York Times*. The unprecedented scale of the epidemic was repeatedly reproduced in the media analyzed, although not all statements by the UN or the WHO echoed in the same degree or in the way they were initially formulated by the supranational institutions.

In this sense, this project has provided solid evidence that the media try to fit their vested interests shaping, day by day, their readers’ mindset (at least the ones that are their target); and those supranational institutions attempt to justify the actions and decisions that better suit their agendas. Fairclough (1995) states that the *power* of socio-political

systems relies on their *power* of representation, and Goatly (2000) claims that the editors of newspapers exert pressure, suppress or highlight certain topics, creating alternative agendas or looking for consensus. As can be observed in the analysis done in this paper, both the media and the health and security organizations examined have put into practice all this by means of language usage.

More specifically, this research project has shed some light on how the construction of public health discourses is used to legitimize concerted actions. Weaponizing the discourse of 2014 EVD outbreak in West Africa, supranational institutions such as the UN and the WHO were legitimized first, to establish a new agent –UNMEER–, and later on, to mobilize “*all agencies*” in the response. The “*threat to peace and security*” has blurred the vision of EVD as a health problem which is more linked to the lack of viable health services, global inequalities, hygiene habits, medical resources, education and weak economic development. Of course, whatever disease added to the lack of necessary conditions could become a threat, although it was depicted as a worldwide threat when in fact, the real problem was –and still is– local.

The results show how the lexical choices made through the key press releases and relevant meetings coverage became the tool used to define new categories that evolve in new identities such as “*the affected*” and “*the non-affected countries*”. This *identity* marker is achieved by generalizations in statements. For example, the EVD is located in “*Africa*” by the UN but in “*West Africa*” by the WHO. Actually, the first inaccurate location of the disease widens this socially categorizing concept of Africa since it becomes the ‘they’ and the other continents, the ‘us’. The WHO’s categorization is more specialized as it perfectly locates the problem in a particular point in Africa, but creates a new categorization: “*States with Ebola Transmission*” and “*states with a potential or confirmed Ebola case*” (both “*the affected*” by the UN), “*Unaffected states with land borders with affected states*” (new), and “*all states*” (the rest, mostly out of Africa).

The use of particular adjectives in supranational institutions’ lexical choices clearly depicts the African continent as a unit. Presenting the EVD as an ‘*international issue*’ –just at the

time non-African were infected and not earlier- portrays a particular understanding of the concept. Africa has 54 fully recognized sovereign states, 10 territories and two independent states with limited recognition. Thus, at the very moment Guinea, Sierra Leone or Liberia suffered from EVD, it was by definition, an international problem. Another example of this adjectives use could be found in the employment of “*efficient*” since the UN encourages an African coordination of international assistance depicts African identities as not able to command the EVD crisis without help.

Usually, all these categorizations and adjectives contribute reinforcing two world identities: ‘the helpers’ (or ‘us’) and ‘the helped’ (‘they’). At the same time, this dichotomy relies on the established structures of *power*. That is to say: ‘the payers’ (sometimes ‘the investors’) and ‘the receivers’, which sets out a different position in their relationships. This is a depiction which seems to awaken what Honigsbaum (2014) called the “colonial fears of the dark continent” (p. 1,740) or the American and European citizens’ rejection to health workers working in the EVD when they came back home.

The aforementioned polarization is also expressed in terms of *power*. There is a paternalistic tone in the way the UN and the WHO address African countries and a permanent enhancement of the presentation of these organizations as protectors. The budgets spent in response to the disease, or the fact that the meeting with investors, took place before the declaration of the PHEIC and the call to refrain from isolation are all examples of the way African countries are located in an inferior stage than non-African countries. Hence, *power* in the texts analyzed is mostly discursively presented to reinforce the established structures, such as the UN and the WHO, and their internal relationships. The level of formality that the WHO employed to refer to the end of the EVD in Spain or DR Congo is an example of this discourse management by supranational institutions.

The basis for these conclusions also relies on the lexical choices in the headlines of *The New York Times* and *The Guardian* examined, which seem to reproduce a westernized view of Africa, thus reinforcing stereotypes. In the headlines, this research has found a depiction of American society as a population that fights against challenges, through the

use of war language, despite some criticism about the slowly articulated response to EVD. However, there is also a less aggressive depiction of Europe, which is presented as a permanently threatened continent, with fewer resources to fight than the powerful US. An example of this discursive statement can be found in the US initiative to provide large-scale assistance and funds “*supported by 130 countries*”, mostly Europeans.

The paper findings have also highlighted the circular relationship established between the media and the UN or the WHO. It is a relationship which is fed back since supranational institutions’ discourse tries to influence editors while media discourse may serve as the basis for rethinking the way in which these organizations present critical information and explain crisis like the 2014 EVD outbreak. As Fairclough (1995) suggests, discursive practices might be affecting and affected by their relations with *power* since this is exercised as an influencer over media discourse.

The limitations of the research lay in the narrow scope of the text produced by the UN and the WHO examined and their circumscription to the 2014 Ebola outbreak. Regarding headlines, it has also been difficult to access comparative data between the two newspapers under study, since The Guardian’s free library is much less extensive than the one of The New York Times’.

It would be nice to finish this Bachelors’ Thesis by generalizing from the findings. However, I realized that despite the number of texts analyzed, it would be premature to do so. Much conceptual and analytical work is needed in this area to support and reinforce the conclusions of the different ways to face health diseases. However, this project on 2014 EVD has shown solid grounds on one way on how to develop such work. And yet, further research should be carried out through various texts dealing with health issues and produced by the UN and the WHO to compare the discursive resources they activate concerning *power* and *identity* in each situation. For example, it would be relevant to analyze if the dichotomy ‘helper/helped’ is developed mostly in crisis contexts or if it is systematized in the events these organizations take part. Regarding the media, it would be interesting to examine under what section the information linked to health

threats is located, who the agents and the patients involved are, and how they are presented through discourse, and the space devoted to it. Finally, as Majumder's *et al.* (2015) research suggests, it would be relevant to study the impact the media discourse has in the evolution of an epidemic to take advantage of that feature in further diseases.

Borrowing Emily Dickinson's quotation, "nothing in the world has as much *power* as a word."

REFERENCES

- ABC. (2016). *National Newspaper Circulation Certificate: The Guardian*. February, 29th to April, 3rd. Retrieved from: <http://www.abc.org.uk/Certificates/47871924.pdf>. Last accessed: 16.04.11.
- Ariel, M. (2001). Accessibility Theory: An overview. In Ted Sanders, Joost Schliperoord and Wilbert Spooren eds. *Text representation*. (pp. 29-87). John Benjamins: Human cognitive processing series.
- Bell A., Garret, P. (1998). *Approaches to Media Discourse*. Oxford: Blackwell Publishers.
- Bloor, M. & Bloor, T. (2007). *The Practice of Critical Discourse Analysis: An Introduction*. Abingdon (England): Routledge.
- Chavez, D. (2016). *World Bank Group Ebola Response Fact Sheet*. Retrieved from: <http://www.worldbank.org/en/topic/health/brief/world-bank-group-ebola-fact-sheet>. Last accessed: 16.01.13.
- Centres for Disease and Control Prevention. (2014). *Ebola (Ebola Virus Disease): 2014 Africa Outbreak*. Retrieved from: <http://www.cdc.gov/vhf/ebola/> Last accessed: 16.04.22.
- De Fina, A. (2006). Group identity, narrative and self-representations. In De Fina, A., Schiffrin, D., Bamberg, M. *Discourse and Identity*. (pp. 351-375). Cambridge: Cambridge University Press.
- De Marcus, T. (2003). Nonhuman Primate Importation and Quarantine: United States, 1981-2001. In *International Perspectives: The future of Nonhuman Primate Resources*. Washington (DC): National Academies Press (US). Retrieved from: <http://www.ncbi.nlm.nih.gov/books/NBK221780/>. Last accessed: 16.04.30.
- Dersso, S. (2014). Reporting Africa: in defence of a critical debate. Al Jazeera. Retrieved from: <http://www.aljazeera.com/indepth/opinion/2014/02/reporting-africa-defence-critica-20142239273085728.html>. Last accessed: 16.04.02.
- Drew, P. and Heritage, J. (1992). *Talk at Work: interaction in institutional Settings*. Cambridge: Cambridge University Press.
- Develotte, C. and Rechniewski, E. (1995). Discourse analysis of newspaper headlines: a methodological framework for research into national representations. In *The web journal of French Media Studies*. Retrieved from: <http://wjfms.ncl.ac.uk/titles.htm>. Last accessed 16.05.25.

- Dor, D. (2003). On newspapers headlines as relevance optimizers. In *Journal of Pragmatics*, 35. (pp. 695-721). Retrieved from: www.elsevier.com/locate/pragma. PII: S0378-2166(02)00134-0. Last accessed: 16.01.21.
- European Union. (2013). Decision No. 1082/2013/EU of the European Parliament and of the Council of 22 October 2013 on serious cross-border threats to health and repealing Decision No 2119/98EC (text with EEA relevance). In *The Official Journal of European Union*. L 293/1-15. Retrieved from: http://ec.europa.eu/health/preparedness_response/docs/decision_serious_crossborder_threats_22102013_en.pdf. Last accessed: 16.04.11.
- European Commission (2016). *EU response to the Ebola epidemic in West Africa*. Echo Factsheet. March, 2016. Retrieved from: http://ec.europa.eu/echo/files/aid/countries/factsheets/thematic/wa_ebola_en.pdf. Last accessed: 16.01.13.
- Fairclough, N. (1995, [1992]). Doing discourse Analysis. In *Discourse and social change*. (pp. 230-238). Cambridge: Polity Press.
- (1995, 2010). Discourse and social change. In *Critical Discourse analysis. The critical study of language*. (pp. 241-251). London: Pearson.
- (1995). *Media Discourse*. London: Arnold.
- (2001 [1989]). *Language and Power*. Second edition. Essex: Longman-Pearson Education Limited.
- Fowler, R. (1994, [1991]). *Language in the News. Discourse and Ideology in the Press*. London: Routledge.
- Gerstein, D. (2015). Ebola and Syria's Chemical weapons show US can leave nothing to chance. Press release, July, 9th. RAND Corporation. Retrieved from: <http://www.rand.org/blog/2015/07/ebola-and-syrias-chemical-weapons-show-us-can-leave.html>. Last accessed: 16.02.15.
- Gholipour, B. (2014). How Ebola Got its Name in *Live Science*. Retrieved from: <http://www.livescience.com/48234-how-ebola-got-its-name.html>. October 9th 06:07 pm ET. Last accessed: 16.02.07.
- Goatly, A. (2000). *Critical reading and Writing. An introductory coursebook*. Routledge: London and New York.
- Gostin, L.O. (2015). The politics of global health security. In *The Lancet.com*, 386. November 28th (pp. 2,134-2,135). Retrieved from: <http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2815%2901059-4/fulltext?rss=yes>. Last accessed: 16.02.05.
- Halliday, M.A.K. (1994). *Introduction to Functional Grammar*. Second Edition, London: Edward Arnold.

- Healy, T. (2013). "As Much Power as a Word. Fullbright and Soft Power". In Huffington Post. Retrieved from: http://www.huffingtonpost.com/tomhealy/as-much-power-as-a-word-f_b_3829999.html. Last accessed: 16.06.02.
- Heymann, D.L. (2015). Ebola: burying the bodies. In Perspectives *The Lancet*, 386. October, 31st. (pp. 1,729-1,730). Retrieved from: <http://thelancet.com/journals/lancet/article/PIIS0140-6736%2815%2900684-4/fulltext>. Last accessed: 16.02.02.
- Honigsbaum, M. (2014). The art of medicine. Ebola: epidemic echoes and the chronicle of a tragedy foretold. In *The Lancet*, 384. November 15th. (pp. 1,740-1,741). Retrieved from: [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(14\)62063-8/fulltext?rss%3Dyes](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(14)62063-8/fulltext?rss%3Dyes). Last accessed: 16.03.27.
- Igwe, L. (2010). Critical thinking and the African Identity. Retrieved from: <http://www.butterfliesandwheels.org/2010/critical-thinking-and-the-african-identity>. December, 28th. Last Accessed: 16.03.10.
- (2012). A Manifesto for a Skeptical Africa. *James Randi Educational Foundation*. Retrieved from: <http://archive.randi.org/site/index.php/component/content/article.html?id=1891:leo->. October, 27th. Last Accessed: 16.03.10
- IPSOS (2015). *New York Times audience. Affluent Survey USA*. <http://nytmediakit.com/newspaper>. Last accessed: 16.04.11
- Kress, G.R. (1985). *Linguistic processes in sociocultural practice*. Victoria, Australia: Deakin University Press.
- Kronord A., Engel O. (2001). Accessibility theory and referring expressions in newspaper headlines. In *Journal of Pragmatics*, 33. (pp. 683-699). <http://www.sciencedirect.com/science/article/pii/S0378216600000138>. Last accessed: 16.01.21.
- Majumder, MS., Kluberg, S., Santillana, M., Mekaru, S., Brownstein, J.S. (2015). 2014 Ebola Outbreak: Media Events Track Changes in Observed Reproductive Number. In *PLOS Currents Outbreaks*. Apr 28th. doi: 10.1371/currents.outbreaks.e6659013c1d7f11bdab6a20705d1e865.
- Matheson, D.M. (2005). *Media Discourses*. Berkshire, GBR: McGraw-Hill Professional Publishing. (pp. 1-24). ProQuest ebrary. Last accessed: 15.11.23.
- Ministry of Defence, UK. (2015). FOI2014/06681. Retrieved from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/399322/Ebola_within_a_bioterrorism_context.pdf. London. Last accessed: 16.01.18.

- Mozūraitytė, R. (2015). *Newspaper style: Stylistic features of the headlines*. Bachelor Thesis. Šiauliai University. Department of Foreign Languages Studies. Šiauliai. Retrieved from: <http://talpykla.elaba.lt/elaba-fedora/objects/elaba:8740579/datastreams/MAIN/content>. Last Accessed: 16.03.28
- Mushtaq, A. (2015). Highlights from the 25th European Congress of Clinical Microbiology and Infectious Diseases (ECCMID). In *The Lancet.com*, 15. June. (pp.639-640). Retrieved from: <http://www.thelancet.com/journals/laninf/article/PIIS1473-3099%2815%2900010-9>. Last accessed: 16.01.03.
- Nyabola, M. (2014). Why do Western media get Africa wrong?. In *Al Jazeera*. Retrieved from: http://www.aljazeera.com/indepth/opinion/2014/01/why-do-western-media-get-africa-wrong-20141152641935954.html?utm=from_old_mobile. 02 Jan 2014 05:35 GMT. Last accessed: 16.01.03.
- OJD (2013). International New York Times Readers Survey 2014. Retrieved from: <http://www.nytmmediakit-intl.com/newspapers/international-new-york-times/audience-circulation.aspx>. Last accessed: 16.04.11.
- OSAC. (2016). Africa Crime&Safety reports. Retrieved from: <https://www.osac.gov/pages/Home.aspx>. Last accessed: 16.04.28.
- Perfetti, Ch., Beverly, S., Bell, L. Rodgers, K., Faux, R. (1987). Comprehending Newspaper Headlines. In *Journal of Memory and Language*, 26. (pp. 92-713). Academic Press. Retrieved from: <http://www.journals.elsevier.com/journal-of-memory-and-language>. Last accessed: 16.01.21.
- Reyes, A. (2011). Strategies of legitimization in political discourse: From words to actions in *Discourse & Society*, 22(6) 781-807. doi: 10.1177/0957926511419927. Last accessed: 16.02.09.
- Rudvin, M. (2005). Power *behind* Discourse and Power *in* Discourse. In *Community Interpreting: The Effect of Institutional Power Asymmetry on Interpreter Strategies*. In *Revista Canaria de Estudios Ingleses*. November, 2005. 51. (pp. 159-179). Retrieved from: [http://publica.webs.ull.es/upload/REV%20RECEI/51%20-%202005/10%20\(Mette%20Rudvin\).pdf](http://publica.webs.ull.es/upload/REV%20RECEI/51%20-%202005/10%20(Mette%20Rudvin).pdf). Last accessed: 16.01.07.
- Saïd, E. (1978). *Orientalism*. New York: Pantheon Books-Random House.
- Salih, Y.M & Abdulla, Q.A.M. (2012). Linguistic Features of Newspaper Headlines. In *Journal of Al-Anbar University for Language and Literature*, Issue 7, p. 192-214. University of Anbar Dept. of English. Retrieved from: <http://www.iasj.net/iasj?func=fulltext&ald=64644>. Last Accessed 16.03.28.
- Sanda, M. (2014). Some Typical Linguistic Features of English Newspaper Headlines. In *Linguistic and Philosophical Investigations*. Retrieved from: <https://www.questia.com/library/journal/1P3-3332296621/some-typical-linguistic-features-of-english-newspaper>. Last accessed: 16.03.28.

- Saville-Troike, M. (1989). Basic Terms, concepts and issues and The Analysis of Communicative Events. In *The Ethnography of Communication*. (pp.27-30 and pp.135-157) Oxford: Blackwell (UdL Library)
- Talbot, M. (2007). *Media Discourse: Representation and Interaction*. Edinburgh: Edinburgh University Press.
- Webb, J.L. (2015). The Art of Medicine. The historical epidemiology of global disease challenges. In *The Lancet*, 385 January, 24 (p.322). Retrieved from: <http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736%2815%2960108-8.pdf>. Last accessed: 16.01.07.
- WHO (2015). *WHO Strategic response plan. West Africa Ebola Outbreak*. WHO Library Cataloguing-in-Publication. Retrieved from: <http://www.who.int/csr/resources/publications/ebola/ebola-strategic-plan/en/> Last accessed: 16.02.04.
- WHO (2015). *WHO's fact sheet 297. February 2015*. <http://www.who.int/mediacentre/factsheets/fs297/en>. Last accessed: 16.01.09.
- WHO (2016). *Ebola situation Report*. February 3rd. Retrieved from: <http://apps.who.int/ebola/current-situation/ebola-situation-report-3-february-2016>. Last accessed: 16.01.09.
- Yoder-Wise, P.S. (2014) Blame Free –‘Bah, Humbug!’ The Need for Responsible Media About Ebola. In *The Journal Of Continuing Education in Nursing*, 45-11. (pp. 475-476). doi: 10.3928/00220124-20141027-10. Last accessed: 16.04.11.

APPENDIX

1. UNITED NATIONS MEETING ON EBOLA (UN)

Texts analysed. Typography has been preserved from the original document. Only the number of paragraphs had been added in all the texts.

UN: UNITED NATIONS MEETING ON EBOLA

<http://www.un.org/press/en/2014/sc11566.doc.htm>

18 September 2014

SC/11566

With Spread of Ebola Outpacing Response, Security Council Adopts Resolution 2177 (2014) Urging Immediate Action, End to Isolation of Affected States

Security Council

7268th Meeting (PM)

Secretary-General Opens Meeting with Briefings by United Nations

Coordinator for Ebola, World Health Organization, Médecins Sans Frontières

- 1) Determining that the “unprecedented extent” of the Ebola outbreak in Africa constituted a threat to international peace and security, the Security Council this afternoon called on Member States to respond urgently to the crisis and to refrain from isolating the affected countries.
- 2) Resolution 2177 (2014) was adopted unanimously during a meeting that heard a statement from United Nations Secretary-General Ban Ki-moon and briefings by the Senior United Nations System Coordinator for Ebola, David Nabarro, the Director-General of the World Health Organization (WHO), Margaret Chan, and a Médecins Sans Frontières health worker, Jackson K.P. Niamah, via video-conference from Liberia.
- 3) Through the resolution, the Council requested the Secretary-General to ensure that all relevant United Nations sections accelerated their response to the outbreak, encouraging the World Health Organization (WHO) to strengthen its technical leadership and operational support to Governments and other partners in that effort.
- 4) The Council encouraged the Governments of the heavily affected countries of Liberia, Sierra Leone and Guinea to speed up the establishment of national mechanisms to deal with the crisis — providing for rapid diagnosis, quarantine, treatment and public education — and to coordinate efficient utilization of international assistance, including health workers and relief supplies.

- 5) It called on countries to lift border restrictions on the affected countries that led to their isolation, saying that such measures could undermine their efforts to respond to the crisis, calling also on transport companies to maintain links.
- 6) Commending the commitment of international health and humanitarian relief workers to respond to the Ebola crisis, it called on all relevant actors to put in place necessary arrangements, including medical evacuation capacities, to facilitate their immediate deployment to the affected countries.
- 7) Opening this afternoon's meeting, Secretary-General Ban expressed appreciation for those on the front lines, but stressed the unprecedented scope of the situation. "The gravity and scale of the situation now requires a level of international action unprecedented for an emergency," he said.
- 8) For that reason, he said he had decided to establish an emergency health mission, to be called the United Nations Mission for Ebola Emergency Response, or UNMEER, which aimed at stopping the outbreak, treating the infected, ensuring essential services, preserving stability and preventing further outbreaks.
- 9) UNMEER, he explained, would draw on the capacities of many partners and work closely with regional organizations. To be effective, however, the resulting response, it was estimated, had to be scaled up some 20 times from current efforts. "We need to race ahead of the outbreak and then turn to face it with all our energy and strength," he concluded.
- 10) Mr. Nabarro said that the response was falling behind because the disease was advancing at an "exponential" pace that had already doubled since his appointment. Agreeing with the Secretary-General's approach, he added that the assistance must go beyond health to fill such gaps in areas such as food and supplies, whose delivery had been interrupted in the affected countries. Ms. Chan called attention to the WHO's Ebola Response Roadmap, where the most urgent needs had been set out along with 12 critical actions to be carried out by the special United Nations mission.
- 11) Mr. Niamah, a team leader in a Médecins Sans Frontières treatment centre in Monrovia, Liberia, spoke of the deaths of fellow health workers and issued an impassioned plea for help. "Right now, as I speak, people are sitting at the gates of our centres, literally begging for their lives," he said. "We are trying to treat as many people as we can but there are not nearly enough treatment centres and patient beds," he added.
- 12) Following those briefings and the adoption of the resolution, some 45 speakers took the floor, concurring with the assessment of the Secretary-General and Security Council of the severity of the Ebola threat, and echoing the call for international solidarity. Most speakers welcomed the United Nations coordination role in support of the affected countries and voiced approval for the Mission.
- 13) The Foreign Ministers of Liberia, Guinea and Sierra Leone paid tribute to the health workers from their countries and those who had come from abroad and noted that the deaths of doctors had added to the climate of fear. They thanked those countries that had announced additional aid and welcomed the Council's call for an end to the restrictions that were hurting their countries. "Ebola was not the making of any of our countries," Sierra Leone's Minister said. "With all of our help, we hope it will go back where it came."
- 14) Many speakers, such as the representatives of Luxembourg and Argentina, stressed the vulnerable condition of the affected countries, which lacked viable health services. They urged that the situation be addressed by the entire United Nations system, including the Peacebuilding Commission. Argentina's representative said the situation was the result of severe global inequality.

- 15) The representative of the United States, noting her country's announcement of a large-scale initiative to provide assistance, said that 130 countries had co-sponsored the resolution — the most ever — but such concern would have no effect if an enormous increase in help was not forthcoming. In that context, many speakers reported on the assistance they had so far provided and also announced new pledges.
- 16) The Vice Minister for Foreign Affairs of Cuba also spoke.
- 17) Iso speaking were the representatives of Nigeria, France, Rwanda, Russian Federation, Republic of Korea, Lithuania, China, Australia, United Kingdom, Luxembourg, Chad, Jordan, Chile, Brazil, Morocco, Switzerland, Turkey, Canada, Japan, Netherlands, Sweden, Israel, Uruguay, Spain, Italy, Burundi, Estonia, Norway, Botswana, New Zealand, Malaysia, Germany, Colombia, Nicaragua, Mali, Senegal, Guyana, United Republic of Tanzania and Equatorial Guinea.
- 18) The head of the European Union Delegation and the Permanent Observer of the African Union also spoke.
- 19) The meeting began at 2:50 p.m. and ended at 7:50 p.m.
- 20) Resolution. The full text of resolution 2177 (2014) reads as follows:
"The Security Council,
 - 21) *"Recalling* its resolution 2176 (2014) adopted on 15 September 2014 concerning the situation in Liberia and its press statement of 9 July 2014,
 - 22) *"Recalling* its primary responsibility for the maintenance of international peace and security,
 - 23) *"Expressing grave concern* about the outbreak of the Ebola virus in, and its impact on, West Africa, in particular Liberia, Guinea and Sierra Leone, as well as Nigeria and beyond,
 - 24) *"Recognizing* that the peacebuilding and development gains of the most affected countries concerned could be reversed in light of the Ebola outbreak and *underlining* that the outbreak is undermining the stability of the most affected countries concerned and, unless contained, may lead to further instances of civil unrest, social tensions and a deterioration of the political and security climate,
 - 25) *"Determining* that the unprecedented extent of the Ebola outbreak in Africa constitutes a threat to international peace and security,
 - 26) *"Expressing concern* about the particular impact of the Ebola outbreak on women,
 - 27) *"Welcoming* the convening of the Mano River Union Extraordinary Summit, held in Guinea on 1 August 2014, and the commitments expressed by the Heads of State of Côte d'Ivoire, Guinea, Liberia and Sierra Leone to combat the Ebola outbreak in the region, including by strengthening treatment services and measures to isolate the outbreak across borders,
 - 28) *"Taking note* of the measures taken by the Member States of the region, especially Liberia, Guinea and Sierra Leone, as well as Nigeria, Côte d'Ivoire and Senegal, in response to the Ebola outbreak and *recognizing* that the outbreak may exceed the capacity of the governments concerned to respond,
 - 29) *"Taking note* of the letter (S/2014/669) dated 29 August 2014 to the Secretary-General from the Presidents of Liberia, Sierra Leone and Guinea, requesting a comprehensive response to the Ebola outbreak, including a coordinated international response to end the outbreak and to support the societies and economies affected by restrictions on trade and transportation during the outbreak,

- 30) “*Recognizing* the measures taken by the Member States of the region, in particular Côte d’Ivoire, Cabo Verde, Ghana, Mali and Senegal, to facilitate the delivery of humanitarian assistance to the most affected countries,
- 31) “*Emphasizing* the key role of Member States, including through the Global Health Security Agenda where applicable, to provide adequate public health services to detect, prevent, respond to and mitigate outbreaks of major infectious diseases through sustainable, well-functioning and responsive public health mechanisms,
- 32) “*Recalling* the International Health Regulations (2005), which are contributing to global public health security by providing a framework for the coordination of the management of events that may constitute a public health emergency of international concern, and aim to improve the capacity of all countries to detect, assess, notify and respond to public health threats and *underscoring* the importance of WHO Member States abiding by these commitments,
- 33) “*Underscoring* that the control of outbreaks of major infectious diseases requires urgent action and greater national, regional and international collaboration and, in this regard, *stressing* the crucial and immediate need for a coordinated international response to the Ebola outbreak,
- 34) “*Commending* Member States, bilateral partners and multilateral organizations for the crucial assistance, including financial commitments and in-kind donations, provided to and identified for the affected people and governments of the region to support the scaling up of emergency efforts to contain the Ebola outbreak in West Africa and interrupt transmission of the virus, including by providing flexible funds to relevant United Nations agencies and international organizations involved in the response to enable them and national governments to purchase supplies and enhance emergency operations in the affected countries, as well as by collaborating with public and private sector partners to accelerate development of therapies, vaccines and diagnostics to treat patients and limit or prevent further infection or transmission of the Ebola virus disease,
- 35) “*Expressing deep appreciation* to the first-line responders to the Ebola outbreak in West Africa, including national and international health and humanitarian relief workers contributed by the Member States of diverse regions and non-governmental organizations such as Médecins Sans Frontières (MSF) and the International Federation of Red Cross and Red Crescent Societies (IFRC) and *also expressing appreciation* to the United Nations Humanitarian Air Service (UNHAS) for transporting humanitarian personnel and medical supplies and equipment, especially to remote locations in Guinea, Liberia and Sierra Leone, during the outbreak,
- 36) “*Welcoming* the efforts of the African Union (AU), in coordination with bilateral partners and multilateral organizations, to craft a united, comprehensive and collective African response to the outbreak, including through the deployment of healthcare workers to the region, and also the efforts of the Economic Community of West African States (ECOWAS) to support steps to contain the spread of the Ebola virus, including through the support of the defense forces of its Member States,
- 37) “*Expressing concern* about the impact, including on food security, of general travel and trade restrictions in the region and *taking note* of the AU call on its Member States to lift travel restrictions to enable the free movement of people and trade to the affected countries,
- 38) “*Emphasizing* the role of all relevant United Nations System entities, in particular the United Nations General Assembly, Economic and Social Council, and Peacebuilding Commission, in supporting the national, regional and international efforts to respond to the Ebola outbreak and

recognizing, in this regard, the central role of the World Health Organization (WHO), which designated the Ebola outbreak a public health emergency of international concern,

- 39) “*Stressing* the need for coordinated efforts of all relevant United Nations System entities to address the Ebola outbreak in line with their respective mandates and to assist, wherever possible, national, regional and international efforts in this regard,
- 40) “*Taking note* of the WHO Ebola Response Roadmap of 28 August 2014 that aims to stop transmission of the Ebola virus disease worldwide, while managing the consequences of any further international spread and *also taking note* of the 12 Mission Critical Actions, including infection control, community mobilization and recovery, to resolve the Ebola outbreak,
- 41) “*Taking note* of the WHO protocols to prevent the transmission of the Ebola virus disease between individuals, organizations and populations, *underlining* that the Ebola outbreak can be contained, including through the implementation of established safety and health protocols and other preventive measures that have proven effective and *commending* the efforts of the United Nations Mission in Liberia (UNMIL) to communicate, including through UNMIL Radio, such protocols and preventive measures to the Liberian public,
- 42) “*Reiterating its appreciation* for the appointments by the Secretary-General of David Nabarro as the United Nations System Senior Coordinator for Ebola Virus Disease and of Anthony Banbury as the Deputy Ebola Coordinator and Operation Crisis Manager operating from the Crisis Response Mechanism of the United Nations, activated on 5 September 2014 and which aims to consolidate the operational work of the United Nations System, Member States, non-governmental organizations and other partners focused on providing assistance to the affected countries in response to the Ebola outbreak, as well as to ensure United Nations System assistance to developing, leading and implementing an effective response to the broader dimensions of the outbreak that include food security and access to basic health services,
- 43) “*Welcoming* the intention of the Secretary-General to convene a high-level meeting on the margins of the sixty-ninth United Nations General Assembly to urge an exceptional and vigorous response to the Ebola outbreak,
- 44) “1. *Encourages* the governments of Liberia, Sierra Leone and Guinea to accelerate the establishment of national mechanisms to provide for the rapid diagnosis and isolation of suspected cases of infection, treatment measures, effective medical services for responders, credible and transparent public education campaigns, and strengthened preventive and preparedness measures to detect, mitigate and respond to Ebola exposure, as well as to coordinate the rapid delivery and utilization of international assistance, including health workers and humanitarian relief supplies, as well as to coordinate their efforts to address the transnational dimension of the Ebola outbreak, including the management of their shared borders, and with the support of bilateral partners, multilateral organizations and the private sector;
- 45) “2. *Encourages* the governments of Liberia, Sierra Leone and Guinea to continue efforts to resolve and mitigate the wider political, security, socio-economic and humanitarian dimensions of the Ebola outbreak, as well as to provide sustainable, well-functioning and responsive public health mechanisms, *emphasizes* that responses to the Ebola outbreak should address the specific needs of women and *stresses* the importance of their full and effective engagement in the development of such responses;

- 46) “3. *Expresses concern* about the detrimental effect of the isolation of the affected countries as a result of trade and travel restrictions imposed on and to the affected countries;
- 47) “4. *Calls on* Member States, including of the region, to lift general travel and border restrictions, imposed as a result of the Ebola outbreak, and that contribute to the further isolation of the affected countries and undermine their efforts to respond to the Ebola outbreak and *also calls on* airlines and shipping companies to maintain trade and transport links with the affected countries and the wider region;
- 48) “5. *Calls on* Member States, especially of the region, to facilitate the delivery of assistance, including qualified, specialized and trained personnel and supplies, in response to the Ebola outbreak to the affected countries and, in this regard, *expresses deep appreciation* to the government of Ghana for allowing the resumption of the air shuttle of UNMIL from Monrovia to Accra, which will transport international health workers and other responders to areas affected by the Ebola outbreak in Liberia;
- 49) “6. *Calls on* Member States, especially of the region, and all relevant actors providing assistance in response to the Ebola outbreak, to enhance efforts to communicate to the public, as well as to implement, the established safety and health protocols and preventive measures to mitigate against misinformation and undue alarm about the transmission and extent of the outbreak among and between individuals and communities and, in this regard, *requests* the Secretary-General to develop a strategic communication platform using existing United Nations System resources and facilities in the affected countries, as necessary and available, including to assist governments and other relevant partners;
- 50) “7. *Calls on* Member States to provide urgent resources and assistance, including deployable medical capabilities such as field hospitals with qualified and sufficient expertise, staff and supplies, laboratory services, logistical, transport and construction support capabilities, airlift and other aviation support and aeromedical services and dedicated clinical services in Ebola Treatment Units and isolation units, to support the affected countries in intensifying preventive and response activities and strengthening national capacities in response to the Ebola outbreak and to allot adequate capacity to prevent future outbreaks;
- 51) “8. *Urges* Member States, as well as bilateral partners and multilateral organizations, including the AU, ECOWAS, and European Union, to mobilize and provide immediately technical expertise and additional medical capacity, including for rapid diagnosis and training of health workers at the national and international level, to the affected countries, and those providing assistance to the affected countries, and to continue to exchange expertise, lessons learned and best practices, as well as to maximize synergies to respond effectively and immediately to the Ebola outbreak, to provide essential resources, supplies and coordinated assistance to the affected countries and implementing partners and *calls on* all relevant actors to cooperate closely with the Secretary-General on response assistance efforts;
- 52) “9. *Urges* Member States to implement relevant Temporary Recommendations issued under the International Health Regulations (2005) regarding the 2014 Ebola Outbreak in West Africa, and lead the organization, coordination and implementation of national preparedness and response activities, including, where and when relevant, in collaboration with international development and humanitarian partners;
- 53) “10. *Commends* the continued contribution and commitment of international health and humanitarian relief workers to respond urgently to the Ebola outbreak and *calls on* all relevant

actors to put in place the necessary repatriation and financial arrangements, including medical evacuation capacities and treatment and transport provisions, to facilitate their immediate and unhindered deployment to the affected countries;

- 54) “11. *Requests* the Secretary-General to help to ensure that all relevant United Nations System entities, including the WHO and UNHAS, in accordance with their respective mandates, accelerate their response to the Ebola outbreak, including by supporting the development and implementation of preparedness and operational plans and liaison and collaboration with governments of the region and those providing assistance;
- 55) “12. *Encourages* the WHO to continue to strengthen its technical leadership and operational support to governments and partners, monitor Ebola transmission, assist in identifying existing response needs and partners to meet those needs to facilitate the availability of essential data and hasten the development and implementation of therapies and vaccines according to best clinical and ethical practices and *also encourages* Member States to provide all necessary support in this regard, including the sharing of data in accordance with applicable law;
- 56) “13. *Decides* to remain seized of the matter.”

Statement by Secretary-General

- 57) **United Nations Secretary-General BAN KI-MOON** said that the Ebola crisis had evolved into a complex emergency, with significant political, social, economic, humanitarian and security dimensions. The number of cases was doubling every three weeks, and the suffering and spillover effects in the region and beyond demanded the attention of the entire world. “Ebola matters to us all,” he said.
- 58) He applauded what he called the courageous actions of Governments, communities and individuals on the front lines, including local health workers, Médecins Sans Frontières, the International Federation of Red Cross and Red Crescent Societies (IFRC), and United Nations entities. However, he warned, “the gravity and scale of the situation now requires a level of international action unprecedented for an emergency.”
- 59) Noting that the leaders of the affected countries had asked the United Nations to coordinate the global response, he pledged the Organization’s commitment and affirmed that the World Health Organization (WHO) was working to identify the best epidemiological response. He had also activated, for the first time, the system-wide crisis response mechanism and, under Anthony Banbury, an Ebola Response Centre was operational.
- 60) Ghana and the United Nations Mission in Liberia (UNMIL) were supporting an air bridge in Accra to facilitate aid delivery and the United Nations Humanitarian Air Service was operating between countries. The United Nations Development Programme (UNDP), the United Nations Children’s Fund (UNICEF), the World Food Programme (WFP) and UN Volunteers were actively bringing in supplies and expertise.
- 61) Despite such efforts, the spread was outpacing the response, he said, requiring stepped-up international coordination. For that reason, he had decided to establish a United Nations emergency health mission, to be known as the United Nations Mission for Ebola Emergency Response, or UNMEER, aimed at stopping the outbreak, treating the infected, ensuring essential services, preserving stability and preventing further outbreaks. It would draw on the capacities of

many partners and work closely with regional organizations. The goal was to have the Mission's advance team on the ground before the end of the month.

- 62) Effectiveness would depend on the international community's support, he said, with an estimated 20-fold increase in assistance needed. The United Nations had outlined a set of critical needs early in the week totalling almost \$1 billion over the next few months. He applauded United States President Barack Obama's announcement of a deployment of 3,000 troops. Listing a number of countries that had made contributions, he voiced hope that other countries would follow suit. "The penalty for inaction is high," he said, adding, "We need to race ahead of the outbreak and then turn to face it with all our energy and strength."

2. WHO PRESS RELEASES (WHO)

WHO1: WHO statement declaring Ebola outbreak

<http://www.who.int/mediacentre/news/statements/2014/ebola-20140808/en/>

STATEMENT ON THE 1ST MEETING OF THE IHR EMERGENCY COMMITTEE ON THE 2014 EBOLA OUTBREAK IN WEST AFRICA

WHO statement - 8 August 2014

- 1) The first meeting of the Emergency Committee convened by the Director-General under the International Health Regulations (2005) [IHR (2005)] regarding the 2014 Ebola Virus Disease (EVD, or “Ebola”) outbreak in West Africa was held by teleconference on Wednesday, 6 August 2014 from 13:00 to 17:30 and on Thursday, 7 August 2014 from 13:00 to 18:30 Geneva time (CET).
- 2) Members and advisors of the Emergency Committee met by teleconference on both days of the meeting¹. The following IHR (2005) States Parties participated in the informational session of the meeting on Wednesday, 6 August 2014: Guinea, Liberia, Sierra Leone, and Nigeria.
- 3) During the informational session, the WHO Secretariat provided an update on and assessment of the Ebola outbreak in West Africa. The above-referenced States Parties presented on recent developments in their countries, including measures taken to implement rapid control strategies, and existing gaps and challenges in the outbreak response.
- 4) After discussion and deliberation on the information provided, the Committee advised that:
- 5) the Ebola outbreak in West Africa constitutes an ‘extraordinary event’ and a public health risk to other States;
- 6) the possible consequences of further international spread are particularly serious in view of the virulence of the virus, the intensive community and health facility transmission patterns, and the weak health systems in the currently affected and most at-risk countries.
- 7) a coordinated international response is deemed essential to stop and reverse the international spread of Ebola.
- 8) It was the unanimous view of the Committee that the conditions for a Public Health Emergency of International Concern (PHEIC) have been met.
- 9) The current EVD outbreak began in Guinea in December 2013. This outbreak now involves transmission in Guinea, Liberia, Nigeria, and Sierra Leone. As of 4 August 2014, countries have reported 1 711 cases (1 070 confirmed, 436 probable, 205 suspect), including 932 deaths. This is currently the largest EVD outbreak ever recorded. In response to the outbreak, a number of unaffected countries have made a range of travel related advice or recommendations.
- 10) In light of States Parties’ presentations and subsequent Committee discussions, several challenges were noted for the affected countries:

- 11) their health systems are fragile with significant deficits in human, financial and material resources, resulting in compromised ability to mount an adequate Ebola outbreak control response;
- 12) inexperience in dealing with Ebola outbreaks; misperceptions of the disease, including how the disease is transmitted, are common and continue to be a major challenge in some communities;
- 13) high mobility of populations and several instances of cross-border movement of travellers with infection;
- 14) several generations of transmission have occurred in the three capital cities of Conakry (Guinea); Monrovia (Liberia); and Freetown (Sierra Leone); and
- 15) a high number of infections have been identified among health-care workers, highlighting inadequate infection control practices in many facilities.
- 16) The Committee provided the following advice to the Director-General for her consideration to address the Ebola outbreak in accordance with IHR (2005).

States with Ebola transmission

- 17) The Head of State should declare a national emergency; personally address the nation to provide information on the situation, the steps being taken to address the outbreak and the critical role of the community in ensuring its rapid control; provide immediate access to emergency financing to initiate and sustain response operations; and ensure all necessary measures are taken to mobilize and remunerate the necessary health care workforce.
- 18) Health Ministers and other health leaders should assume a prominent leadership role in coordinating and implementing emergency Ebola response measures, a fundamental aspect of which should be to meet regularly with affected communities and to make site visits to treatment centres.
- 19) States should activate their national disaster/emergency management mechanisms and establish an emergency operation centre, under the authority of the Head of State, to coordinate support across all partners, and across the information, security, finance and other relevant sectors, to ensure efficient and effective implementation and monitoring of comprehensive Ebola control measures. These measures must include infection prevention and control (IPC), community awareness, surveillance, accurate laboratory diagnostic testing, contact tracing and monitoring, case management, and communication of timely and accurate information among countries. For all infected and high risks areas, similar mechanisms should be established at the state/province and local levels to ensure close coordination across all levels.
- 20) States should ensure that there is a large-scale and sustained effort to fully engage the community – through local, religious and traditional leaders and healers – so communities play a central role in case identification, contact tracing and risk education; the population should be made fully aware of the benefits of early treatment.
- 21) It is essential that a strong supply pipeline be established to ensure that sufficient medical commodities, especially personal protective equipment (PPE), are available to those who appropriately need them, including health care workers, laboratory technicians, cleaning staff,

burial personnel and others that may come in contact with infected persons or contaminated materials.

- 22) In areas of intense transmission (e.g. the cross border area of Sierra Leone, Guinea, Liberia), the provision of quality clinical care, and material and psychosocial support for the affected populations should be used as the primary basis for reducing the movement of people, but extraordinary supplemental measures such as quarantine should be used as considered necessary.
- 23) States should ensure health care workers receive: adequate security measures for their safety and protection; timely payment of salaries and, as appropriate, hazard pay; and appropriate education and training on IPC, including the proper use of PPEs.
- 24) States should ensure that: treatment centres and reliable diagnostic laboratories are situated as closely as possible to areas of transmission; that these facilities have adequate numbers of trained staff, and sufficient equipment and supplies relative to the caseload; that sufficient security is provided to ensure both the safety of staff and to minimize the risk of premature removal of patients from treatment centres; and that staff are regularly reminded and monitored to ensure compliance with IPC.
- 25) States should conduct exit screening of all persons at international airports, seaports and major land crossings, for unexplained febrile illness consistent with potential Ebola infection. The exit screening should consist of, at a minimum, a questionnaire, a temperature measurement and, if there is a fever, an assessment of the risk that the fever is caused by EVD. Any person with an illness consistent with EVD should not be allowed to travel unless the travel is part of an appropriate medical evacuation.
- 26) There should be no international travel of Ebola contacts or cases, unless the travel is part of an appropriate medical evacuation. To minimize the risk of international spread of EVD:
- 27) Confirmed cases should immediately be isolated and treated in an Ebola Treatment Centre with no national or international travel until 2 Ebola-specific diagnostic tests conducted at least 48 hours apart are negative;
- 28) Contacts (which do not include properly protected health workers and laboratory staff who have had no unprotected exposure) should be monitored daily, with restricted national travel and no international travel until 21 days after exposure;
- 29) Probable and suspect cases should immediately be isolated and their travel should be restricted in accordance with their classification as either a confirmed case or contact.
- 30) States should ensure funerals and burials are conducted by well-trained personnel, with provision made for the presence of the family and cultural practices, and in accordance with national health regulations, to reduce the risk of Ebola infection. The cross-border movement of the human remains of deceased suspect, probable or confirmed EVD cases should be prohibited unless authorized in accordance with recognized international biosafety provisions.
- 31) States should ensure that appropriate medical care is available for the crews and staff of airlines operating in the country, and work with the airlines to facilitate and harmonize communications and management regarding symptomatic passengers under the IHR (2005), mechanisms for contact tracing if required and the use of passenger locator records where appropriate.
- 32) States with EVD transmission should consider postponing mass gatherings until EVD transmission is interrupted.

States with a potential or confirmed Ebola Case, and unaffected States with land borders with affected States

- 33) Unaffected States with land borders adjoining States with Ebola transmission should urgently establish surveillance for clusters of unexplained fever or deaths due to febrile illness; establish access to a qualified diagnostic laboratory for EVD; ensure that health workers are aware of and trained in appropriate IPC procedures; and establish rapid response teams with the capacity to investigate and manage EVD cases and their contacts.
- 34) Any State newly detecting a suspect or confirmed Ebola case or contact, or clusters of unexplained deaths due to febrile illness, should treat this as a health emergency, take immediate steps in the first 24 hours to investigate and stop a potential Ebola outbreak by instituting case management, establishing a definitive diagnosis, and undertaking contact tracing and monitoring.
- 35) If Ebola transmission is confirmed to be occurring in the State, the full recommendations for *States with Ebola Transmission* should be implemented, on either a national or subnational level, depending on the epidemiologic and risk context.

All States

- 36) There should be no general ban on international travel or trade; restrictions outlined in these recommendations regarding the travel of EVD cases and contacts should be implemented.
- 37) States should provide travelers to Ebola affected and at-risk areas with relevant information on risks, measures to minimize those risks, and advice for managing a potential exposure.
- 38) States should be prepared to detect, investigate, and manage Ebola cases; this should include assured access to a qualified diagnostic laboratory for EVD and, where appropriate, the capacity to manage travelers originating from known Ebola-infected areas who arrive at international airports or major land crossing points with unexplained febrile illness.
- 39) The general public should be provided with accurate and relevant information on the Ebola outbreak and measures to reduce the risk of exposure.
- 40) States should be prepared to facilitate the evacuation and repatriation of nationals (e.g. health workers) who have been exposed to Ebola.
- 41) The Committee emphasized the importance of continued support by WHO and other national and international partners towards the effective implementation and monitoring of these recommendations.
- 42) Based on this advice, the reports made by affected States Parties and the currently available information, the Director-General accepted the Committee's assessment and on 8 August 2014 declared the Ebola outbreak in West Africa a Public Health Emergency of International Concern (PHEIC). The Director-General endorsed the Committee's advice and issued them as Temporary Recommendations under IHR (2005) to reduce the international spread of Ebola, effective 8 August 2014. The Director-General thanked the Committee Members and Advisors for their advice and requested their reassessment of this situation within 3 months.

¹ IHR Emergency Committee Members and Advisers

WHO2: WHO press release after UN meeting

<http://www.who.int/mediacentre/news/releases/2014/ebola-emergency-response/en/>

WHO WELCOMES DECISION TO ESTABLISH UNITED NATIONS MISSION FOR EBOLA EMERGENCY RESPONSE

News release

- 1) 19 SEPTEMBER 2014 | NEW YORK/GENEVA - Nearly six months after the first case of Ebola in west Africa was reported to the World Health Organization (WHO), the United Nations (UN) General Assembly and the Security Council have approved resolutions creating the United Nations Mission for Ebola Emergency Response (UNMEER) to contain the ongoing outbreak which has sickened more than 5,500 people and killed over 2,500.
- 2) "This is not just a public health crisis. This is a social crisis, a humanitarian crisis, an economic crisis and a threat to national security well beyond the outbreak zones," said Dr Margaret Chan, WHO Director-General, to the UN Security Council on Thursday. "For these reasons, Mr Secretary-General and I are calling for a UN-wide initiative that draws together all the assets of all relevant UN agencies."
- 3) This is the first time in history that the UN has created a mission for a public health emergency. The Mission will bring together the vast resources of the UN agencies, funds and programs, to reinforce WHO's technical expertise and experience in disease outbreaks.
- 4) While WHO plays a central role in leading the public health efforts for this response, the support of other UN agencies is essential to deal with the social, economic, development and security challenges that are affecting these countries and the region.
- 5) "This unprecedented outbreak requires an unprecedented response," said Dr David Nabarro, the UN Secretary General's Senior Coordinator for the Ebola Response. "The number of cases have doubled in these countries in the last three weeks. To get in front of this, the response must be increased 20-fold from where it is today."
- 6) The Mission will immediately begin to pull together the assets from the relevant agencies. The hub of the Mission will be located in Accra, Ghana. It will bring together the collective assets of the UN and work closely with the Governments in Guinea, Liberia and Sierra Leone.
- 7) **For more information, contact:**

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Tarik Jasarevic	York)	
WHO spokesperson (Geneva)		

WHO3: WHO press release declaring the end of Ebola in the Democratic Republic of Congo

<http://www.who.int/mediacentre/news/releases/2014/ebola-emergency-response/en/>

WHO DECLARES END OF EBOLA OUTBREAK IN THE DEMOCRATIC REPUBLIC OF CONGO

- 1) Statement - 21 November 2014
- 2) On 24 August, WHO was notified by the Democratic Republic of Congo (DRC) of an outbreak of Ebola virus disease (EVD) in Jeera County, Equateur Province. This outbreak, which is unrelated to that affecting West Africa, caused a total of 66 cases of EVD including 8 among health care workers.
- 3) By 20 November, 42 days had passed since the last case tested negative twice and was discharged from hospital. According to WHO recommendations, the end of an Ebola virus disease outbreak in a country can be declared once 42 days have passed and no new cases have been detected. The 42 days represents twice the maximum incubation period for Ebola (21 days).
- 4) Having reached that 42-day mark, the Democratic Republic of Congo is now considered free of Ebola transmission. This outbreak is the 7th outbreak of Ebola virus disease in the DRC since Ebola virus was first identified there in 1976.

Rapid response from the government and partners

- 5) WHO commends the Democratic Republic of Congo's strong leadership and effective coordination of the response that included rapidly mobilising an expert response team to Jeera County, identifying and monitoring contacts and organizing safe burials.
- 6) WHO, Médecins Sans Frontières (MSF), the US Centers for Disease Control (CDC), UNICEF and other partners supported the Government of the Democratic Republic of Congo with expertise for outbreak investigation, a mobile laboratory, risk communications and social mobilization, contact tracing and clinical care.
- 7) The Government of the DRC moved quickly to mobilize expert teams. Early engagement of traditional, religious and community leaders played a key role in successful containment of this outbreak.
- 8) The Government of the Democratic Republic of Congo and staff in the WHO country office are aware that the country remains vulnerable to Ebola virus disease and the country surveillance system remains on high alert.
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WHO4: WHO press release declaring the end of Ebola in Spain

<http://www.who.int/mediacentre/news/statements/2014/spain-ends-ebola/en/>

WHO CONGRATULATES SPAIN ON ENDING EBOLA TRANSMISSION

- 1) Statement - 2 December 2014
- 2) Today the World Health Organization (WHO) officially declares the Ebola outbreak in Spain over and commends the country on its diligence to end transmission of the virus.
- 3) On 6 October 2014, the Spanish National Reference Laboratory confirmed the first human-to-human transmission of Ebola virus disease outside Africa in a healthcare worker. The healthcare worker had been part of a team at La Paz-Carlos III Hospital providing medical care for a person with Ebola virus disease repatriated from Sierra Leone on 22 September.
- 4) On 21 October the healthcare worker tested negative for the second time and was consequently considered free of Ebola infection. Today, 2 December 2014, marks 42 days since the healthcare worker tested negative. There have been no further cases since the healthcare worker was confirmed to be negative for Ebola virus, so today the outbreak is over in Spain.
- 5) Spanish authorities identified and monitored 87 people who had been in contact with the healthcare worker. All were actively monitored and 15 high-risk contacts were put under quarantine at La Paz-Carlos III Hospital. All finished the 21-day follow-up period by 31 October 2014.
- 6) In addition, 145 hospital employees were in contact with the patient during her stay at the hospital. They were also actively monitored and all completed their 21-day monitoring period without developing Ebola virus disease.
- 7) WHO commends Spain for the measures put in place to identify potential cases and prevent further transmission of the Ebola virus. These measures included exhaustive contact tracing of both high- and low-risk contacts, daily active monitoring of all contacts, training in and monitoring of correct use of personal protective equipment for all healthcare workers caring for the patient infected with Ebola virus.
- 8) *WHO media contacts:*

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WHO5: WHO press release declaring the end of Ebola in Liberia and West Africa

<http://www.who.int/mediacentre/news/releases/2016/ebola-zero-liberia/en/#>

LATEST EBOLA OUTBREAK OVER IN LIBERIA; WEST AFRICA IS AT ZERO, BUT NEW FLARE-UPS ARE LIKELY TO OCCUR

News release

- 1) 14 JANUARY 2016 | LIBERIA - Today, WHO declares the end of the most recent outbreak of Ebola virus disease in Liberia and says all known chains of transmission have been stopped in West Africa. But the Organization says the job is not over, more flare-ups are expected and that strong surveillance and response systems will be critical in the months to come.
- 2) Liberia was first declared free of Ebola transmission in May 2015, but the virus was re-introduced twice since then, with the latest flare-up in November. Today's announcement comes 42 days (two 21-day incubation cycles of the virus) after the last confirmed patient in Liberia tested negative for the disease 2 times.
- 3) EPA/ A. JALLANZO
All 3 countries at zero
- 4) "WHO commends Liberia's government and people on their effective response to this recent re-emergence of Ebola," says Dr Alex Gasasira, WHO Representative in Liberia. "The rapid cessation of the flare-up is a concrete demonstration of the government's strengthened capacity to manage disease outbreaks. WHO will continue to support Liberia in its effort to prevent, detect and respond to suspected cases."
- 5) This date marks the first time since the start of the epidemic 2 years ago that all 3 of the hardest-hit countries—Guinea, Liberia and Sierra Leone—have reported 0 cases for at least 42 days. Sierra Leone was declared free of Ebola transmission on 7 November 2015 and Guinea on 29 December.
- 6) "Detecting and breaking every chain of transmission has been a monumental achievement," says Dr Margaret Chan, WHO Director-General. "So much was needed and so much was accomplished by national authorities, heroic health workers, civil society, local and international organizations and generous partners. But our work is not done and vigilance is necessary to prevent new outbreaks."
- 7) Vigilance needs to be maintained
- 8) WHO cautions that the 3 countries remain at high risk of additional small outbreaks of Ebola, like the most recent one in Liberia. To date, 10 such flare-ups have been identified that were not part of the original outbreak, and are likely the result of the virus persisting in survivors even after recovery. Evidence shows that the virus disappears relatively quickly from survivors, but can remain in the semen of a small number of male survivors for as long as 1 year, and in rare instances, be transmitted to intimate partners.
- 9) "We are now at a critical period in the Ebola epidemic as we move from managing cases and patients to managing the residual risk of new infections," says Dr Bruce Aylward, WHO's Special Representative for the Ebola Response. "The risk of re-introduction of infection is diminishing as the virus gradually clears from the survivor population, but we still anticipate more flare-ups and must be prepared for them. A massive effort is underway to ensure

robust prevention, surveillance and response capacity across all three countries by the end of March.”

- 10) WHO and partners are working with the Governments of Guinea, Liberia and Sierra Leone to help ensure that survivors have access to medical and psychosocial care and screening for persistent virus, as well as counselling and education to help them reintegrate into family and community life, reduce stigma and minimize the risk of Ebola virus transmission.
- 11) The Ebola epidemic claimed the lives of more than 11 300 people and infected over 28 500. The disease wrought devastation to families, communities and the health and economic systems of all 3 countries.

- 12) For more information, please contact:

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3. MEDIA HEADLINES ON “EBOLA” IN NEWSPAPERS

H1= THE NEW YORK TIMES

H1: THE NEW YORK TIMES		
<i>Reference Number</i>	<i>Date</i>	<i>Headline</i>
1	30/11/1976	"Virus in Zaire Epidemic Named for Ebola River"
2	25/01/1977	"Health Team Fights Deadly African Virus"
3	03/12/1989	"Deadly Virus Discovered in Laboratory Monkeys"
4	18/03/1990	"Virus May Lead to Ban on Monkey Imports"
5	15/05/1995	"A Nun in Zaire Is Laid to Rest"
6	20/05/1995	"U.S. Agency on Front Line of Disease War: Crowded, Understaffed and Overwhelmed"
7	17/02/1996	"10 in Gabon Die of Ebola After Feast of Chimp Meat"
8	25/12/2000	"Death of a Dedicated Ugandan Healer"
9	16/02/2003	"The Nation: Home Security; The Smart Way to Be Scared"
10	31/10/2003	"On the Front Lines of the Virus War; Inside a Columbia Lab, Infectious" Diseases Are All the Rage"
11	07/12/2007	"Uganda: Ebola Outbreak Kills Medics"
12	11/11/2010	"Uganda Seen as a Front Line in the Bioterrorism Fight"
13	29/07/2012	"Health Team Fights Ebola Outbreak That Has Killed 14 in Uganda"
14	22/01/2014	"Short Staff Tries to Cope With Ebola"
15	10/04/2014	"Ebola Virus: A grim, African Reality"
16	28/05/2014	"Sierra Leone: Ebola Virus Spreads From Guinea"
17	24/07/2014	"Why are we ignoring the Ebola?"
18	30/07/2014	"Washington Prepares to Host Meeting of African Leaders"
19	01/08/2014	"African Leaders Coming to Talk Business May Also Be Pressed on Rights"
20	03/08/2014	"American Doctor with Ebola Arrives in US for treatment"
21	05/08/2014	"Atlanta Hospital admits second American with Ebola"
22	05/08/2014	"Lax Quarantine Undercuts Ebola Fight in Africa"
23	06/08/2014	"Meeting Teams African Leaders and American Investors"
24	07/08/2014	"As Meeting With African Leaders Winds Down, Policy Issues Take the Stage"
25	08/08/2014	"U.N. Agency Calls Ebola Outbreak an International Health Emergency"
26	08/08/2014	"From Nigeria: The Battle Against Ebola"
27	09/08/2014	"Ebola Drug Could Save a Few Lives. But Whose?"
28	09/08/2014	"An Ebola Front Line at Newark's Terminal B"
29	13/08/2014	"Using a Tactic Unseen in a Century, Countries Cordon Off Ebola-Racked Areas"

30	17/08/2014	"3 Liberian Health Workers With Ebola Receive Scarce Drug After Appeals to U.S."
31	17/08/2014	"As Many Doctors Retreat, Ebola Fight Grows Harder"
32	31/08/2014	"Putin Rushes in, Pretending Not to; Obama Stands Back"
33	13/09/2014	"Liberian President Pleads With Obama for Assistance in Combating Ebola"
34	16/09/2014	"Obama to Call for Expansion of Ebola Fight"
35	17/09/2014	"Obama Pressing Leaders to Speed Ebola Response"
36	19/09/2014	"Security Council Unanimously Passes Ebola Resolution"
37	19/09/2014	"Ebola Presents Challenge, and an Opportunity, for U.N. Leader"
38	22/09/2014	"Spanish Priest With Ebola in Serious Condition"
39	22/09/2014	"Second Spanish Priest With Ebola Dies in Madrid"
40	22/09/2014	"Germany Asks Soldiers to Volunteer to Fight Ebola"
41	24/09/2014	"Aid Groups Urge Faster, Grassroots Ebola Response as World Leaders Meet"
42	25/09/2014	"Congress Releases War Funds to Fight Ebola"
43	10/10/2014	"West Africans Make Plea for Long List of Needs"
44	14/10/2014	"W.H.O. Chief Calls Ebola Outbreak a 'Crisis for International Peace'"
45	17/10/2014	"U.N. Rights Chief Warns Against Anti-African Discrimination Over Ebola"
46	20/10/2014	"Cuba's Impressive Role on Ebola"
47	22/10/2014	"Putin and the Pope"
48	03/12/2014	"At N.I.H., Obama Stresses Need to Keep Funding Fight Against Ebola"
49	20/12/2014	"Obama Unbound"
50	15/02/2015	"Withdrawing Troops, Obama Calls for Vigilance on Ebola"
51	12/02/2015	"Red Cross Faces Attacks at Ebola Victims' Funerals"
52	30/12/2015	"In Guinea, a Hard-Won 'Victory' Over Ebola"

H2= THE GUARDIAN

H2: THE GUARDIAN		
<i>Reference Number</i>	<i>Date</i>	<i>Headline</i>
1	03/07/2014	"Fear and ignorance as Ebola 'out of control' in parts of west Africa"
2	14/07/2014	"Ebola: Voices From the Epicentre of the Epidemic"
3	07/08/2014	"Obama pushes for 'global effort' to combat spread of Ebola (<i>investors</i>)"
4	07/08/2014	"Ebola patients in west Africa will not have access to experimental drugs used in US"
5	08/08/2014	"WHO declares Ebola outbreak an international public health emergency"
6	12/08/2014	"Ebola: Spanish missionary dies of disease after being flown to Madrid"
7	12/08/2014	"World Health Organization allows unlicensed Ebola drugs in west Africa"
8	04/09/2014	"UK government urged to allow NHS staff to help Africa's fight against Ebola"
9	06/09/2014	"Sierra Leone's planned Ebola lockdown could spread disease further"
10	09/09/2014	"Ebola fears after US air marshal attacked with syringe at Lagos airport"
11	18/09/2014	"Ebola outbreak a threat to world peace, says UN security council"
12	19/09/2014	"Finally, the west is acting on Ebola. What took us so long?"
13	24/09/2014	"Red Cross Team Attacked while Burying Ebola Dead"
14	19/10/2014	"Spanish nurse who contracted Ebola may be clear of the disease"
15	02/02/2015	"Second UK military Ebola worker flies back home after needle stick injury"
16	04/01/2016	"Vladimir Putin claims Ebola virus vaccine has been developed by Russia"
17	17/01/2016	"Sierra Leone puts more than 100 people in quarantine after new Ebola death"

The New York Times (1976-2016)									
Year	Cases Declared	Deaths	Ebola News	Ebola Headline	Year	Cases Declared	Deaths	Ebola News	Ebola Headline
1976	602	431	1	1	2001	122	96	41	4
1977	1	1	1	0	2002	143	128	20	0
1980	34	22	1	0	2003	35	29	43	4
1985			2	0	2004	17	7	14	0
1987			1	0	2005			23	2
1988			1	0	2006			16	2
1989			1	0	2007	413	224	15	5
1990			5	0	2008	32	15	17	0
1992			1	0	2009			11	2
1994	53	31	4	0	2010			11	0
1995	315	250	46	4	2011	1	1	8	1
1996	99	67	19	7	2012	53	20	11	5
1997			11	0	2013			15	1
1998			18	0	2014	28.639	11.316	885	512
1999			9	0	2015			309	143
2000	425	224	24	5	2016 ¹			11	4
TOTAL of Ebola articles ² published in <i>The New York Times</i> : 2,784									
TOTAL of news articles with the word “Ebola”: 1,596									
TOTAL of headlines with the word “Ebola”: 705									
Source: Elaborated with data from CDC: http://www.cdc.gov/vhf/ebola/outbreaks/history/distribution-map.html . (February, 2016) and from The New York Times library (March,2016).									
Notes: ¹ Year 2016: only January (end of PHEIC). ² Articles include all type of texts in which Ebola appears (book suggestions, videos, summaries...)									

