

**Mobilities and Infectious Disease:
'Othering' in Canadian Political Discourse of Ebola**

MASTERS THESIS

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ABSTRACT

A review of relevant literature demonstrates that discourse often constructs the population from countries dealing with an infectious disease outbreak as a risk. Government measures to manage and prevent the spread of infectious diseases are predominately border measures that limit or restrict the movement of migrants from regions experiencing an infectious disease outbreak. Using a critical discourse analysis approach with combined research tools of Norman Fairclough and Edward Said, this is the first known study to analyze Canadian political discourse regarding the 2014 travel restrictions on three West African countries – Guinea, Sierra Leone, and Liberia. Examining the effect of border measures as a pandemic management strategy and the consequences for mobilities, this study aims to explore how political discourse produces certain meanings and representations of infectious diseases. Results of the analysis show that West African individuals are symbolically constructed as threats of spreading Ebola into Canada. Subsequently, the restrictions on West African individuals traveling to Canada are represented as ensuring the protection of the Canadian people's health and safety. Conclusions drawn from this research demonstrate that the implementation of the measures ignored scientific process and expert consensus that travel restrictions are ineffective.

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CHAPTER ONE: INTRODUCTION

Ebola virus disease, commonly known as Ebola, is a severe, often fatal disease that was first detected in the Democratic Republic of the Congo (DRC) in 1971. The disease causes haemorrhagic fever in both animals and humans and can lead to significant internal bleeding and organ failure. Ebola does not spread easily from person to person (Public Health Ontario, 2016). The disease originates in animals and the Ebola virus spreads to and among humans through direct contact with blood, other bodily fluids, organs, and corpses of those infected with the disease (WHO, 2014).

Beginning in March 2014, West Africa experienced the largest outbreak of Ebola in history (Centers for Disease Control and Prevention, 2016). In response to the outbreak, on October 31, 2014 the federal Government of Canada followed in Australia's footsteps and imposed a travel visa ban on people coming from three West African countries that were battling Ebola. Those countries were Guinea, Sierra Leone and Liberia. This travel visa ban was met with opposition from the World Health Organization (WHO) that argued the imposed measures were in violation of the International Health Regulations (IHR), which Canada helped revise after the 2003 SARS outbreak (Panquin, 2007).

According to the WHO (2007), our increasingly interconnected world is experiencing the emergence of new infectious diseases at an unprecedented rate that have the ability to cross borders and rapidly spread. Current debates on how to effectively manage infectious diseases often emphasize the importance of border measures because of issues related to the ever-increasing movement of people and pathogens across borders (Hooker and Ali, 2009). In response to this global trend, this research examines an instance where border measures were implemented to address and manage an infectious disease outbreak. Being the first known study

to analyze Canadian political discourse regarding the 2014 Ebola visa ban, this study examines the effects of border measures as a pandemic management strategy and the subsequent consequences for mobilities. Mobilities is defined as a paradigm in the social sciences that involves research on the combined movements of people, objects, and information (Cresswell, 2011; Sheller, 2011; Sheller and Urry, 2006). Mobilities as a field of research emphasizes the relation of mobilities to associated immobilities, “including their ethical dimension; and it encompasses both the embodied practice of movement and the representations, ideologies and meanings attached to both movement and stillness” (Sheller, 2011, p. 1). It is clear that the implemented border measures restricted the movement of certain individuals, but the aim of this research is to understand and interpret how the measures and associated political discourse produce a symbolic construction of infectious disease outbreaks. Further, this study will primarily explore how border control as a pandemic management strategy can produce certain meanings and representations of infectious diseases and people — specifically migrants — from non-Western countries that are affected by infectious diseases.

In the next chapter, Chapter Two, I provide a review of literature in areas of political discourse and border control measures in the context of infectious disease outbreak. I demonstrate that discourses associated with infectious disease outbreaks highlight how fear and anxiety of infectious diseases are extended from the country or region experiencing the outbreak to the population (Joffe, 2011; Murdocca, 2013; Sparke and Anguelov, 2012). In Chapter Two, I also discuss how the implementation of border measures to manage an infectious disease outbreak not only produces inequalities in mobility, border measures that focus on certain nationalities construct representations and knowledge of infectious disease threats (Briggs and Nichter, 2009). Similar to previous infectious disease outbreaks, during the 2014-2016 Ebola

outbreak in West Africa, multiple governments implemented border measures to address and manage the outbreak (Abeysinghe, 2016; Adey, 2016).

In Chapter Three, I describe the three research questions that guide the analysis of this study. The first question— “How did Canadian political discourse represent Africa and the African people during the 2014 Ebola visa ban?”— guides the critical analysis and provides an understanding of how Africa and the African people are represented in political discourse of the 2014 Canadian Ebola visa ban on individuals from Guinea, Sierra Leone, and Liberia. The second question— “What are the effects of border control as a pandemic management strategy on the construction of representations and meanings of a pandemic?”—guides an analysis of how political discourse constructed Ebola in relation to the implemented border measures of the 2014 Ebola visa ban. This question will examine effects border control on the meanings and representations of infectious diseases. The third and final question asks, “What is the nature of the symbolic meanings and representations associated with the 2014 Canadian Ebola visa ban legislation?” This final question provides insight into mobilities in the context of an infectious disease outbreak. This research question addresses who has the right to mobility and who has the power to manage mobility in the context of an infectious disease outbreak.

In Chapter Three, I also explain the research design employed to gather the textual artifacts included in this study as well as the research model to answer the three research questions. The seven textual artifacts included in this analysis are dated between Friday, October 31, 2014 until Friday, November 7, 2014. This time frame represents the day the ban was implemented until one week later in order to understand how the visa ban and the associated political discourse addressed the threat of the Ebola outbreak in West Africa.

Norman Fairclough's (1989, 1992, 1995) three-dimensional framework for critical discourse analysis is the guiding research model to analyze the gathered textual artifacts. To analyze discourse, Fairclough (1989, 1992, 1995) argues that three elements of discourse must be analyzed: the object of analysis, the processes by which the object is produced and received by human subjects, and the socio-historical conditions that govern processes. Each stage of analysis is closely interconnected, but each stage has different elements of analysis. According to Fairclough (1995) to conduct a discourse analysis, three dimensions of analysis must be analyzed: description, interpretation, and explanation. The first dimension of analysis, the description stage, involves a textual analysis of the text. This stage includes linguistic features such as choices in vocabulary, grammar, cohesion, and text structure. The second stage of analysis, the interpretation stage, involves an analysis of production, consumption, and distribution of discourse. Discourse is not only regarded as text but also a discursive practice in this stage. In the third and final dimension of analysis, an examination of historical, social, and cultural contexts of the text are analyzed. To explicitly analyze the relationship between representations of culture and power structures, Edward Said's (1978) methodology to analyze texts is incorporated into the third dimension of analysis. Said (1978) argues that his principal methodological devices for studying Western authority or superiority over the Orient are (a) strategic location and (b) strategic formation. Said provides an approach to examine how struggles discursively construct representations of certain cultures, which is not explicitly discussed in Fairclough's work and central focus of this study's analysis.

Results of the analysis are presented in Chapter Four. I describe the three central insights gained from an analysis of the seven textual artifacts: (1) The West African identity is constructed as an embodiment of the unpredictability and risk of Ebola being transmitted from

West Africa to Canada; (2) The situation in West Africa was strongly centralized around the fear that the outbreak in West Africa could be transported into Canada; (3) Political discourse constructed restricting the movement of West African nationals as the most effective method to protect Canadian citizen's health and safety from the threat of Ebola.

Chapter Five provides an interpretation and explanation of the findings. I address how the implementation of the travel restrictions to manage an infectious disease outbreak disregard scientific evidence and expert advice that travel restrictions are ineffective (Pattani, 2015). Additionally, I discuss the implications of the findings of this study—travel restrictions that are implemented to address an infectious disease threat by restricting the movement symbolically construct understandings of 'risk' and 'Othering.' I also acknowledge the central limitation of the study, which is limiting the scope of analysis to political discourse and not including media discourse.

Lastly, in Chapter Six, I present an overview of Fairclough and Said's approaches to studying discourse and the effects of political discourse on the symbolic understanding of infectious diseases. I conclude with a discussion that addresses that travel restrictions not only limit mobility for certain individuals, but also consequently construct a symbolic difference between Eastern and Western identities.

Purpose of Research

In summary, contributing to mobilities research, this analysis examines the Canadian Ebola visa ban as an exemplification of border control as a pandemic management strategy. The focus of this study is to examine representations and meanings in Canadian political discourse regarding the movement across borders of populations from three West African countries identified in the visa ban – Guinea, Liberia, and Sierra Leone.

In his text, *Orientalism*, Said (1978) argues that “Orientalism” is a “western style for dominating, restructuring, and having authority over the Orient” (p. 3). Said (1978) demonstrates in his book that descriptions of the Orient help shape the views of an entire region of the world — the non-Western region of world — on a comparative basis. Using this as a theoretical framework with the research tools of Fairclough’s (1989, 1992, 1995) three-dimensional framework for studying critical discourse analysis, the purpose of this research is to conduct an analysis of Canadian political discourse that addresses the 2014 Ebola visa ban to explore the way in which Ebola was managed and addressed by the Government of Canada.

CHAPTER TWO: LITERATURE REVIEW

Before I analyze Canadian political discourse of the 2014 Ebola visa ban, I will first provide a literature review on political discourse and border control measures. Specifically examining the nature of border control measures in the context of an infectious disease outbreak, it is demonstrated that infectious disease outbreaks are managed and addressed as a border security issue (Abeysinghe, 2016; Hooker and Ali, 2009). As a result, immigrants and travelers from non-Western countries face greater challenges moving across borders than Western immigrants and travelers (Mason, 2012; Petryna, 2002).

Political Discourse

Firstly, central to this project is the concept of political discourse. The function of political discourse in shaping conceptions of the future is recognized in scholarship of political and cultural theorists (Dunmire, 2005). Political language can have a “substantive, unconscious influence on political thought” (Geis, 1987, p. 5). As Christina Schaffner (1996) argues, study of language is central to the study of politics. Any political action is prepared, accompanied, controlled, and influenced by language (Shaffner, 1996).

The term political discourse is defined by Teun A. van Dijk (2002) as the discourse of politicians (e.g., their text and talk, and their professional activities). Political discourse is comprised of the discussion of public events that generally require collective decision-making, policies, regulations, or legislation. According to van Dijk, political discourse constructs political representations, such as knowledge, attitudes, and ideologies, and functions as models of contexts (van Dijk, 2002). These political representations symbolize how people understand specific political events, the political world, and how they make sense of political communication (van Dijk, 2002).

A key component of political discourse is the construction and representation of future realities among members of the public. Influencing the public's view of the future is a powerful means of affecting contemporary behavior. Political discourse conveys different possibilities and actions to combat uncertainty in an uncertain time (Hebdige, 1993). Political discourse has the potential to target the general anxieties of the public about the uncertainty and ambiguity of the future. In order to influence social perceptions, cognitions, and actions, political institutions attempt to guide people into the future by conveying that political institutions have a certain degree of expertise for reading the future (Dunmire, 2005). Furthermore, political discourse acts as a site to examine and conceptualize language as constructing meanings and representations of social, political, and historical contexts.

Definitions of power in political discourse

According to Stuart Hall (2006), discourse is conventionally understood as “a coherent or rational body of speech or writing; a speech or a sermon” (p. 165). However, discourse is defined in this study as a group of statements which represent a particular kind of knowledge about a topic. Discourse is the production of knowledge through language. When statements are made about a topic within a particular discourse, the discourse constructs the topic in a certain way and also limits the other ways the topic can be constructed (Hall, 2006). Discourse is a form of social action, always determined by values and social norms, by conventions (as naturalized ideologies) and social practices, and always influenced by power relations (Wodak, 1995). Structures of power relations are formed in different contexts and distributed between people in groups such as a government, nation, organization, institution, or a society (Domhoff and Dye, 1987). Michel Foucault argues that discourse can be understood as a set of practices, representations and interpretations through which different “regimes of truth” – a term used to describe how

truth is produced and becomes a crucial element in the functioning of power relations - are (re)produced (Foucault, 1977, p. 33). According to Carol Bacchi and Jennifer Bonham's (2014) interpretation of the work of Foucault, a Foucauldian understanding of discourse is centralized around the conceptualization of discourse as a "discursive practice." Foucault uses the term discursive practice to refer to the practices (or operations) of discourse that formulate meanings and knowledge (Bacchi and Bonham, 2014). Discourse is defined by Foucault as "...ways of constituting knowledge, together with the social practices, forms of subjectivity and power relations which inhere in such knowledges and relations between them" (Weedon, 1987, p. 108). For Foucault (1977), what is counted as 'true' is always implicated in the relationship between knowledge and power. Foucault states, "there is no power relation without the correlative constitution of a field of knowledge, nor any knowledge that does not presuppose and constitute at the same time, power relations" (p. 27). The study of discourse not only permits an analysis of different regimes of truth, but it also tells us about the nature of power itself (Peoples and Vaughan-Williams, 2015).

Similar to Foucault, Edward Said (1978) asserts that *Orientalism* represents a particular discourse that imposes certain rules and conditions for knowledge about the Orient that is accepted as true and meaningful. Said (1978) argues that "Orientalism" is a "western style for dominating, restructuring, and having authority over the Orient" (p. 3). Said (1978) demonstrates in his book *Orientalism* that descriptions of the Orient help shape the views of an entire region of the world — the non-Western region of world — on a comparative basis. Edward Said (1978) argues that "Orientalism" is a political vision of reality that constructs the differences between Europe and the West as "Us" and the East as "Them" (p. 327). According to Said (1985), Orientalism is "a new habit of thought, a set of rules to dominate truth, to make truth as an issue

secondary to the successful ordering and wielding of huge masses of actual present knowledge” (291). Said (1978) provides a concept, “imaginative geographies” which conceptualizes how the differences between the East and the West are dramatized (p. 54). Imaginative geographies is premised on the idea that familiar space in the Western hemisphere is “Ours” and an unfamiliar space beyond “Ours” is a way of making geographical distinctions (Said, 1978, p. 54). Said argues that discourse creates and maintains this dichotomy between the East and West, constructing generalizations about the Orient through stereotypes. In accordance with Foucault, the construction of the Orient is due to power relations and the “idea of European identity as a superior one in comparison with all the non-European peoples and cultures” (Said, 1978, p. 7).

Norman Fairclough (2003) acknowledges Foucault’s influence on the understanding of discourse as producing representations of the world through processes, relations, and structures. As discussed by Rowland Curtis (2014), Foucault is a significant influence in the development of Fairclough’s critical discourse analysis (CDA) framework, “which is most clearly and directly explicated in a chapter of Fairclough’s (1992) *Discourse and Social Change*” (p. 5). Fairclough draws the term *orders of discourse* from Foucault to refer to the structured nature of discursive practice. Fairclough credits Foucault with providing insights into: “the discursive nature of modern power; the political nature of discourse; and the discursive nature of social and political change” (Curtis, 2014, p. 5). However, while Fairclough draws parallels to Foucault’s work, Fairclough also draws distinctions between his and Foucault’s approaches to discourse. According to Curtis (2014), echoing the arguments of other commentators in the field of discourse, Fairclough argues that Foucault’s work does not address underlying social structure. Fairclough (1992) states,

Foucault is charged with exaggerating the extent to which the majority of people are

manipulated by power; he is accused of not giving enough weight to the contestation practices, struggles between social forces over them, possibilities of dominated groups opposing dominant discursive and non-discursive systems, possibilities of change being brought about in power relations through struggle, and so forth. (Fairclough, 1992, p. 56)

In other words, an analysis of discursive practices should focus on the wider processes of sociocultural context. Emphasis should be placed on *explaining* underlying social structures, not just asserting that they exist. Power is influenced by sociocultural context; power is gained through the owning of knowledge, while the knowledge itself is obtaining the status of strategic resource of power and control which forms the structure of power relations in society (Kornieko, Kotnieko, Fofanov, and Chubik, 2015). Discourse is thus intended to be “a practice not just of representing the world, but of signifying the world, constituting and constructing the world in meaning” (Fairclough, 1992, p. 64).

Additionally, Fairclough (1992) explains that here is an “absence of a concept of practice in Foucault’s analyses, including the absence of text and textual analysis” (p. 57). Fairclough does not suggest that discourse analysis should be reduced to textual or linguistic analysis, but discourse analysis should include instances of discourse (Fairclough, 1992). Different forms of discourse create certain forms of knowledge and the choice of language has a real, pervasive effect on life (Fairclough, 2003). Fairclough (1989) defines discourse as “a place where relations of power are actually exercised and enacted” (p. 43). Fairclough argues that power relations are always imbedded in *struggle*. Social struggle refers to struggle between groupings of various groups – “women and men, black and white, young and old, dominating and dominated groupings and social institutions, and so on” (Fairclough, 1989, p. 34).

Similar to the arguments of Edward Said (1978), Fairclough (2003) argues that certain group's discourses are dominant over others. Fairclough (1989) explains, "the way in which orders of discourse are structured, and the ideologies which they embody, are determined by relationships of power in particular social institutions, and in society as a whole" (p. 30). Similarly, Edward Said's (1978) argues that historical, political, and social contexts discursively construct a distinction between the East and West. Concurrently, the analysis of historical, political, and social contexts are crucial elements of CDA. Fairclough (1992) argues that to gain insight into how power is exercised in discourse, CDA provides an approach to examine the wider contexts and power structures surrounding text and associated discourses (Fairclough 1989). However, as previously discussed, Edward Said (1978) provides a cultural approach to studying discourse to gain insight into the way discourse represents the "East" and the "Orient."

Furthermore, distinct features of Fairclough's approach to studying discourse are a focus on text and textual analysis and on understanding how language contributes to discursive practices. His three-dimensional framework to CDA involves an analysis of discourse processes of text, analysis of discourse processes of text production and interpretation, and social analysis of the discursive 'event' in terms its social conditions (Fairclough, 1989). Additionally, Fairclough (1992) advocates for a textual analysis in accordance with other types of analysis. Therefore, an inclusion of Edward Said's (1978) *Orientalism* provides an approach to examine discursive constructs of culture, which is not addressed in Fairclough's approach to critical discourse analysis.

In summary, based on the foundational work of Michel Foucault (1977), power in political discourse is understood as the formulation of knowledge about a particular topic through discursive processes (see Boacchi and Bonham, 2014). Although Fairclough (1992)

acknowledges a Foucauldian influence on his own work, Fairclough argues that a limitation of Foucault's work is that Foucault's does not provide an analysis of the wider processes of sociocultural context of discursive practices. Fairclough (1989) argues that sociocultural contexts in discourse often have elements of struggle between different cultural and social groups. Similar to the arguments of Edward Said (1978), Fairclough argues that certain social group's discourses are dominant over others (Fairclough, 1989). However, Edward Said (1978) provides an approach to the analysis of discourse to describe the relationship between representations of cultures (or social groups) and power structures, which is not explicitly discussed in Fairclough's work. Said provides an approach to examine how struggles discursively construct representations of certain cultures, which is a central focus of this study's analysis.

Critical discourse analysis

Critical discourse analysis (CDA) is defined as "one productive way of doing research through a focus on language" (Fairclough, 2003, p. 3). According to Norman Fairclough (2003), CDA is an interdisciplinary approach to deconstruct sociopolitical and historical contexts in which discourses are embedded. CDA attempts to systematically explore the relationships between discursive practices, events and texts, and their wider cultural relations, structures, and processes. Practices, events, and texts are ideologically shaped by relations of power and struggles over power (Fairclough, 1992).

CDA provides an approach to critically investigate any social phenomenon that is represented in language (Wodak, 2009). The focus of CDA, as Ruth Wodak (1996) states, is not "upon language or the use of language in and of themselves, but upon the linguistic character of social and cultural processes and structures" (p. 17). CDA aims to critically investigate structural relations of power, control and domination as constituted, expressed, and legitimized in

discourse (Weiss and Wodak, 2003). In other words, this approach is based on the core concepts of power and knowledge that stem from the discourse associated with a social phenomenon (Foucault, 1984). Critically studying and analyzing written and spoken texts reveals the discursive sources of power, dominance, inequality, and bias (van Dijk, 1998). Within CDA, discourses are not seen as neutral ways of describing the world but as ways of reproducing or challenging relations of power and dominance in society. The assumption of the neutrality of language is challenged, and attention is devoted to exploring the implications deriving from the use of words in specific contexts (Taylor, 2001).

Furthermore, CDA provides an approach to analyzing political discourse. Examining structures and methods of power embedded in political language provides insight into the construction of representations and meanings of a social phenomenon. Especially in times when the public feels vulnerable to threats, political discourse can shape public perception. For example, many individuals view the border as a site that manages and stops potential threats from entering the country – in the form of pathogens, illegal imports, or people (Cvetkovich and Faucett, 2007). Concerns of globalization and the security of borders dominate contemporary political discourse with the question of how to effectively manage the border (Ingram, 2005).

Border Control

Due to major events such as the 2002-2004 outbreak of severe acute respiratory syndrome (SARS) and the September 11, 2001 terrorist attacks, international migration is now at the top of the agenda of the international community and of many countries. Both events are commonly understood as creating a “new normal” in “discourses of (in) security” (Bashford, 2006a, p. 190). Both events – often discussed together – are emblems of risk, uncertainty, and

danger. Further, the “new normal” is marked by a degree of public anxiety concerning borders (Bashford, 2006a, p. 190).

However, migration — a term used to describe the movement of people from one place to another — is structurally embedded into economies and societies in many countries in the form of cheap labour or domestic service. Controlling migration is a challenge for liberal democracies that strive for expansion and dominance in the global market. Although there are strong incentives for the continuation of migration, it is commonly understood as a security concern, and many countries feel the need to take measures to address this concern at the border (Pécoud and De Guchteneire, 2006). Globalization has created the need for a new doctrine that addresses the various challenges created by increased mobility. The aim of this doctrine is to deter “risky subjects” such as terrorists, illegal immigrants, and people infected with disease, while still welcoming trusted subjects such as business people, tourists and legal economic immigrants (Vaughan-Williams, 2010, p 2.) Borders must be business friendly and open to international trade and tourism, while still protecting against potentially risky subjects. Rather than the border operating as a “barrier”, the border acts as a traffic mechanism to sort the legitimate, “non-risky subjects”, from the non-legitimate, “risky subjects” (Vaughan-Williams 2010, p. 3).

Current security practices, such as technologically advanced forms of identity management and risk profiling, seek to identify and root out uncertainties. These security practices are in some part designed to deter travelers who are deemed by political institutions to be illegitimate while easing the journey of trusted travelers (Vaughan-Williams, 2009). “The mobile body”, a term used by Peter Adey (2009) to refer to travelers, immigrants, and refugees, has become a site of observation, calculation, prediction, and action in the context of movement across borders. The mobile body functions as a passport where bodies are abstracted into forms

of data which maybe be subjected to being searched and read to gain insight into the whole identity of the person (Adey, 2009).

Practices of border control address threats before they cross the border. These practices can be defined as biosecurity. Biosecurity practices attempt to assess and manage threats before a threat becomes widespread. Especially in contexts where anxieties and fears are heightened, such as an infectious disease outbreak, biosecurity is routinely discussed in political discourse.

Biosecurity

Defined as a political response to “the unpredictability of molecular life,” biosecurity has become a site of enquiry among scholars and governments who seek to understand the various forms of expertise and practices through which disease threats are articulated and managed (Braun, 2007, p. 15). Biosecurity outlines “a coherent set of discourses and practices that construct the world as newly insecure” (Hooker and Ali, 2009, p. 1). Debates on how to effectively manage and assess risk in relation to biosecurity often highlight the importance of border measures because of issues related to the ever-increasing movement of people and pathogens across borders (Hooker and Ali, 2009). These debates outline a basic distinction between risk assessment and risk management. Risk assessment is the identification of risks, through the understanding of social and individual societal factors, as well as the magnitude of the problems that have emerged as threats to public health. Risk management is the response to risk assessment with actions such as vaccination, prevention, treatment, containment, and communication (Greer and Matzke, 2012).

Fundamental to contemporary discourses of biosecurity are narratives of the link between the developed and developing world. Biosecurity discourses are intertwined with discourses of “who carries disease, who is dangerous, who belongs, and who does not” (Mason, 2012, p. 114).

Perceptions of a now globalized world are linked with narratives that suggest that the West is increasingly susceptible to infectious disease threats that originate in developing countries (King, 2002). According to the “complex geography perspective”, the “global North” attempts to globalize biosecurity practice (e.g., making body screening mandatory at all borders) in an effort to contain the problems of the “global South” which consists of Asia, Africa, and South America (Bell et al., 2012, p. 2).

The association of migration and biosecurity is the product of increased mobility. Methods of travel are more numerous than ever, and people are more interconnected than at any other time in history. Biosecurity addresses how the spread of disease can be assessed and managed at the border. Consequently, threats of migrants spreading infectious diseases through travel are assessed and managed with border control measures.

Border control as a pandemic management strategy

Disease, globalization, and migration have all been interrelated since the European conquest of the Americas. The number of native Americans that were victim to Spanish microbes far outnumbered the victims slain by Spanish conquistadors (Diamond, 1999). Borders represent a historic and contemporary key to the management of contagion and infectious diseases (Abeysinghe, 2016). Outbreaks such as SARS, H1N1, and Ebola have stimulated new debates about “mobility, preemption, sanitary responsibility and the maintenance of national sovereignty in an apparently ‘borderless’ and ever-more globalized world” (Budd, Bell, Warren, 2011, p. 268).

Global health has emerged as a key geopolitical issue that focuses on questions of how to maintain national security, and how to protect populations from vulnerability to infectious diseases (Brown, 2011). The ways in which public health professionals engage with individuals

during an age of mobility and heightened (in)security are addressed in Adriana Petryna's (2002) concept of biological citizenship. According to Petryna, a migrant's identity and place of birth establish the migrant as a threat. Blame is shifted to these individuals as being responsible for disease threats (Petryna, 2002).

National borders represent a sovereign space that aims to address the concerns of migrants carrying infectious diseases into a country. Governments prioritize health concerns by framing them in security terms (Enemark, 2009). Border measures are implemented by governments to contain, control, and regulate bodies from certain geographical locations that are associated with infectious diseases. The objective of border measures as a pandemic management strategy is to manage the flow of "risky bodies," which are commonly travelers or immigrants from less developed areas of the world that pose the threat of carrying infectious diseases (Vrecko, 2016, p. 1). The identity of a body is embedded in geographical location.

Furthermore, health has become an issue of national security because of the dominant discourse that nation-states have the duty to protect citizens by guarding their borders whether the risk be from pathogens or people (Labonte, 2008). The border is a site of fear and anxiety for the public especially when pathogens are being spread around the globe through the migration of people across borders. Governments attempt to ease the public's anxieties and fears by establishing border measures that attempt to prevent the spread of an infectious disease into their country. An example of this context is Canadian border control measures during the 2013-2016 Ebola outbreak.

Canadian border control measures during the 2013-2016 Ebola outbreak

Beginning in December 2013, the Republic of Guinea experienced the longest and largest Ebola outbreak on record. On August 8, 2014, the WHO declared the Ebola outbreak a public

health emergency of international concern (Rhymer and Speare, 2017). In times of emergencies, such as the 2014 Ebola outbreak in West Africa, governance produces immobilities through restrictions on travel (Adey, 2016). For example, Sudeepa Abeysinghe (2016) examines print media narratives around border control in relation to Ebola in the UK, the USA and Australia. Results of the study show that border control and surveillance became key governance mechanisms through which a country responded to and attempted to manage the threat of Ebola (Abeysinghe, 2016).

During the 2014-2016 Ebola outbreak in West Africa, the WHO advised that travel restrictions be enforced for all individuals with confirmed, probable, suspected, or contact cases of Ebola until the Ebola virus could be ruled out or recovery of the disease could be verified. Countries were advised to begin the biosecurity practice of exit screening at all international airports, land crossings, and seaports. General bans on international travel were not advised and in fact were recommended against, but Canada violated this recommendation and enforced its own travel ban (Rhymer and Speare, 2017). On October 31, 2014, the Government of Canada followed in Australia's footsteps and imposed a travel visa ban on people coming from West African countries battling Ebola. The ban included three countries: Guinea, Sierra Leone, and Liberia. This travel visa ban was met with opposition from the WHO, which argued the measures were in violation of the International Health Regulations (IHR). Twelve years prior, Canada helped to revise and update the IHR after the 2003 SARS outbreak. These revisions followed the WHO's implementation of a travel advisory against Toronto which cost the Greater Toronto Area one billion dollars in lost revenue ("SARS will cost Toronto \$1 billion", 2003).

The IHR are guidelines constructed by the World Health Organization (WHO) for national health bodies to achieve cooperation within uncertain events that relate to public health.

In 1950, smallpox, cholera, plague, and yellow fever were killing thousands of people worldwide, with most of the deaths occurring in less-developed, poor countries. Wealthier countries were concerned about the risk of these diseases being imported and the risk of an outbreak. These concerns led to the first version of the IHR, which was drafted in 1951 and adopted in 1969 (Andrus, Aguilera, Olivia, and Aldighieri, 2010).

For decades, the IHR have been the primary global, legally binding agreement that addresses the risks of international infectious disease transmissions (Plotkin, 2007). Due to the increasing growth in international travel and trade, and the re-emergence of international disease threats in 1995, such as an Ebola outbreak in the Congo and the plague in India, the WHO called for a review and revision of the IHR that had been adopted in 1969 (WHO, 2017). The first revision of the IHR was conducted in 1995. The current version of the IHR was revised in 2005 and ratified in 2007 due to the SARS outbreak in China and Canada. Current members under the IHR (2005) include all World Health Organization member states (Fidler, 2005). The purpose and scope of the IHR (2005) are to: “prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade” (WHO, 2008, p.1).

The IHR (2005) legally binds countries to report all public health events and establishes procedures that WHO member states must follow to uphold global health security. The IHR (2005) requires states to strengthen core surveillance and response capacities (e.g. quarantine or isolation of individuals or goods) at all governmental levels (e.g., provincial and national), as well as at international ports, airports, and ground crossings (WHO, 2008). A prominent revision of the IHR in 2005 was the incorporation of human rights when dealing with public health

emergencies. Earlier versions of the IHR had no mention of human rights. With the inclusion of human rights in the IHR, member states of the WHO must uphold human rights standards, including individual freedoms and full respect for dignity (Zidar, 2015). Additionally, under the IHR (2005), member states are required to report any disease outbreaks and public health events to the WHO to uphold global public health security (WHO, 2017). In the event of a report to the WHO of a disease outbreak or public health threat, the Director-General of the WHO is responsible for deciding if the event or outbreak constitutes a public health emergency of international concern, and if so, what temporary recommendations (e.g., vaccinations, travel advisories) will be issued to guide member states in their disease control efforts (Wilson, Tigerstrom, and McDougall, 2008). However, there is no financing in place or proper accountability mechanisms to ensure independent monitoring from all states. While developed countries have the capacity to implement surveillance and response measures, many developing or under-developed countries do not have the capacity (“Ebola”, 2014).

The IHR (2005) outlines that when surveillance measures are increased by a country, human rights must be incorporated. As outlined in the IHR (2005), health policies must respect the freedom of persons, as well as avoid unnecessary interference with international traffic and trade. Canada violated these terms on October 31, 2014 when the federal government under Prime Minister Stephen Harper implemented measures banning people from Guinea, Liberia and Sierra Leone from receiving visas to immigrate Canada. This visa ban had a direct effect on the mobility of West African nationals.

Mobilities

Today, the scale of travelling is immense. Asylum seekers, international students, holidaymakers, business people, sports stars, refugees, backpackers, commuters, the early

retired, young mobile professionals, prostitutes, the armed forces, and many others fill the world's airports, buses, and trains (Sheller and Urry, 2006). However, despite an emphasis that we currently live in a world without borders, for most of the world's people, movement across national borders is difficult and sometimes unattainable. *Mobilities* is a field of research in social sciences that examines the movements of people, objects, and information. The mobilities paradigm places emphasis on power as interrelated with mobilities (movement) and immobilities (stillness) (Sheller, 2011). In some circumstances, individuals may be excluded from public spaces, from national citizenship, and from the means of mobility. This practice is defined by Mimi Sheller (2015) as “uneven mobilities”—governmental practices that act as barriers to mobility across governmental borders (p. 17). These governmental practices involve policing at borders, gates, rules, and surveillance systems which limit the right to move, filter entry and exit, and selectively apply the protection of the state (Sheller, 2015)

An example of a context that produces uneven mobilities is the spread of infectious diseases. Scientists, policy-makers, and practitioners across global, national, and local networks struggle to minimize the vulnerability of the public to infectious diseases in their efforts to develop pandemic management strategies. These strategies often produce the “politics of blame” with certain diseases labeled in particular ways and accompanied by accusations and scapegoating of marginalized groups (Leach and Tadros, 2014, p. 3). Often framed in security terms as mobility increases vulnerability to infectious diseases, Melissa Leach and Mariz Tadros (2014) argue dialogues of blame within an infectious disease outbreak often highlight narratives of diseases emerging “out of Africa” and “out of Asia” as threatening to Western populations (p. 3). These narratives of diseases emerging in Africa or Asia are conceptualized by Matthew Sparke and Dimitar Anguelov (2012) as the “epidemiology of inequality,” “the study of

populations living under or amidst disease of inequality” (p.1). Sparke and Anguekov argue that pandemics highlight how non-Western countries are often blamed for disease outbreaks.

Infectious diseases act as a symbolic representation of a ‘foreign’ threat. The world is divided into dangerous, vulnerable, unaffected, and safe areas. Within this division, mobile bodies of each area are identified as healthy or unhealthy, or legitimate and illegitimate, which impacts mobility across borders (Vukov and Sheller, 2013). National borders represent sovereign territory that produce functions of containment and control and restrict the movement of individuals from geographical areas that are known to have infectious disease origins.

The relationship between non-Western nationalities and infectious disease outbreaks

Representations and meanings associated with infectious diseases stem from the construction of infectious diseases as originating ‘elsewhere.’ Immigrant groups are commonly associated with particular diseases (real or perceived). Immigrant groups from a country associated with an infectious disease incite fear because of the possibility that infectious disease “*could infect us here*” (Whitehall, 2012, p. 165). Biosecurity operates within a “complex geography” where states conform to what is regarded as a “safe world” (Bingham, Enticott, and Hinchliffe, 2008, p. 2).

Nathalie J. Grove and Anthony B. Zwi (2006) use ‘Othering’ theory to examine how forced migrants are constructed as the ‘Other’ in developed countries. Grove and Zwi define ‘Othering’ as defining and securing “one’s own identity by distancing and stigmatising an(other)” (p. 3). The purpose of Othering is to reinforce the dominant group’s ‘normality’ and construct the differences of the others as deviant, creating a separation between ‘Us’ and ‘Them.’ The authors argue that Othering in discourse influences the way refugees and asylum seekers are represented in the context of an infectious disease outbreak. There is an emphasis on ‘security’ to

raise fear of infection and disease spreading into the industrialised, Western world (Grove and Zwi, 2006). Additionally, Richard D. Smith (2006) states that the mass media has constructed threats to public health by drawing “upon the past and cultural myths of the dangerous ‘others’, and in so doing contribute to unwarranted public fear, intolerance, and distrust” (p. 6).

According to Helen Joffe (2011), Ebola, AIDS, and avian influenza are linked to the identity of “the Other” (p. 5). Joffe argues that public responses to emerging and re-emerging infectious diseases distance diseases from self/one’s group and attributes the blame to particular entities for the disease’s origin and spread. Consequently, those who have contracted the disease and who are associated to having intensified its spread are stigmatized as ‘Others’ (Joffe, 2011). For example, media coverage of Ebola in 2012-2016 framed the disease as originating elsewhere and highlighted ethnocentric and xenophobic attitudes towards Africa (Wallace, 2014).

According to Yu Huang and Christine Chi Mei Leung (2005), Western-led media tend to be biased towards third world countries and “communist others” and portray them as the “bad other” (p. 2-4). This discourse influences the framing of Ebola as a disease that affects ‘Others’ which has a negative impact on public perception of immigrants from Africa. Although the risk of Ebola in North America is highly unlikely, “emotions such as fear, anxiety, and disgust contribute to gaps in knowledge about the disease” and influence support for restrictive mobility policies and increased prejudice (Gronke, 2015, p. 7).

These attitudes were also evident during the 2001 Ebola outbreak. Colette Matshimoseka was the first case of Ebola to be detected in North America (Murdocca, 2003). In February 2001, Matshimoseka boarded a plane in Addis Ababa, Ethiopia traveling to Rome, and onto Newark, New Jersey. Matshimoseka then traveled from New Jersey to Hamilton, Ontario. The next day, she was taken to Hamilton Henderson Hospital suffering from an unknown illness. Through an

examination of Canadian provincial and national newspaper articles over a six-week period, Carmela Murdocca (2003) argues the way Canadian media discourse conveyed colonial narratives about race provide a justification for immigration reform and ensures the exclusion of “bodies of color” at a nation’s border (p. 23). Media headlines connected the need for increased surveillance to potentially African “infected bodies” (p. 26). Murdocca claims Canadian news discourse equated Matshimoseka with all African peoples and the African landscape. In other words, Murdocca became symbolic of all of Africa. This news discourse functioned on the grounds that immigrants and refugees from Africa posed a potential threat to Canada because the media depicted Africa as a site where the population is infected with disease. Subsequently, this suggestion that Africa could “infect” Canada, constructed Canada as a place of purity (Murdocca, 2013, p. 26).

The case of Colette Matshimoseka outlines an example of disease influencing ethnocentric and xenophobic representations of Africa and African people. Infectious disease outbreaks highlight the importance of ‘place.’ Discourses of infectious disease often extend the discussion of place to the population of the country where the disease originated (Washer, 2004). Discourses of infectious disease often produce a clear distinction between ‘Us’ and ‘Them.’ This distinction produces narratives of fear and anxiety that an infectious disease can be spread through the mobility of a population that is geographically associated with an infectious disease outbreak. Similar to Ebola, media discourses associated with the H1N1 pandemic also highlighted the importance of ‘place’ (Warren, Bell, Budd, 2010). The general “uncleanliness” of the Mexican people was discussed in the media as a fault of the “Mexican national character” (Briggs and Nichter, 2009, p. 5). Comparatively, SARS was considered a disease of travel referenced as a ‘Chinese’ disease due to its geographical origins in China (Mason, 2015).

Furthermore, heightened awareness and constructed knowledge of infectious disease threats influence the enactment of practices that focus on certain nationalities (e.g., Mexican, Chinese, or African) in the name of biosecurity (Briggs and Nichter, 2009).

Border control measures as a pandemic management strategy produce negative public perceptions of migrants being carriers of infectious diseases and affect how certain nationalities are viewed. Discourses of Africa as a place that is unfamiliar and foreign constructs African people as being ‘Others.’ Border measures such as the Canadian 2014 visa ban exemplify a context in which border measures did not separate countries but separated populations. A biopolitical perspective of mobilities can successfully identify how in contemporary times, populations are separated by biopolitical borders and not geographical borders.

Biopolitics.

Biopolitical theory offers a lens to mobilities to study how the spread of infectious disease is associated with specific nationalities. Border control practices exemplify how borders are inherently biopolitical. Border control practices effectively manage populations and selectively allow entry into a country based on the identity and citizenship of an individual. Biopolitics provides a lens to the study of mobilities to investigate how individuals are managed at the border.

Historically, the term ‘biopolitics’ has been used by many different scholars in many different contexts. Laurette T. Liesen and Mary Barbara Walsh (2012) address the issue of multiple, and sometimes opposing meanings of biopolitics. Liesen and Walsh argue that Rudolf Kjellen at the University of Uppsala in Uppsala, Sweden was the first to use the term biopolitics in the 1920s to describe how various groups and classes express their interests and ideas. Kjellen considered the state to be a form of life that preceded individuals and their choices. As Liesen

and Walsh explain, Kjellen had an organic view of the state “in which various groups and classes struggled to articulate their interests and ideas” (p. 3). Kjellen considered the state to be a “‘life form’ that preceded individuals and their choices” (Liesen and Walsh, 2012, p. 3). The term biopolitics was also used by Canadian Morley Roberts in 1938 to examine the relationship between biological phenomena and human political behavior. Roberts’ use of the term was embedded within a discipline of scientific research. Roberts argued, “the correct model for the world’s states would be similar to a loose association of cell and protozoa colonies” (as cited in Liesen and Walsh, p. 3). Additionally, the Nazi Party of Germany used the term within their racist and organic concept of the state. In 1934, Hans Reiter, the head of the Reich Health Department, used the term ‘biopolitics’ in a speech in reference to the Nazi’s new “biologically based concept of the people and state and their program to increase the German population” (Liesen and Walsh, 2012, p. 3).

Today, there are two groups of political scientists in the United States using the term in different ways to understand politics: scientific biopolitics and Foucauldian biopolitics. These two approaches differ in their understandings and approaches to politics. Scientific biopolitics “integrates the insights of data and the empirical and rationalistic life sciences to the study of politics” (Liesen and Walsh, 2012, p. 7). Alternatively, in the 1970s, French scholar Michel Foucault used the term to examine political power over individuals, and ultimately, society (Liesen and Walsh, 2012). Foucauldian biopolitics examine the historical manifestations of power and how power manages individuals and society through mechanisms of authority and knowledge (Liesen and Walsh, 2012).

Michel Foucault discussed the ‘bio’ in biopolitics in a number of different ways; however, his discussion of biopolitics through his lectures and works always pointed to “bio”

being defined as life of the body or life of the population (Thacker, 2009). Foucault argues that a transformation has occurred in the last two hundred years where the traditional sovereign rule – the ultimate right to take a life – has been overlaid by a new focus on the life processes of the population (Foucault, 1990). From the 18th century onwards, a new politics has emerged which relates to what it means to be a living species in a living world and biology is drawn into the domain of power and knowledge. As argued by Foucault (1990), biopolitical processes have become a part of the fabric of everyday reality. These biopolitical processes are defined as biopower – the use of “numerous and diverse techniques for achieving the subjugation of bodies and the control of populations” (Foucault, 1990, p. 140). Moreover, Foucauldian biopolitical theory outlines how in modern societies, power resides and is practiced at the level of the individual as well as the large-scale phenomenon of the population. Political power is a force in society that aggressively molds, shapes, and forms human behaviour, personalities, and desires (Ingram, 2008).

According to Michel Foucault (1978), modernity is marked by biopolitical practices — governments using techniques for achieving the subjugation of bodies and the control of the population. An essential characteristic of biopolitical practices is the distinguishing between individuals who are deemed valuable and those who are not. Biopolitical practices do not “take life and let live,” these practices “make live and let die,” which enable new forms of governance (Foucault, 2011, p. 241). Biopolitical practices seek to maximize circulation, flows, and movement and the health of people, seeking to separate the “‘good’ elements from the ‘bad’” (Peoples and Vaughan-Williams, 2015, p. 81).

Health is used by Foucault to exemplify the biopolitical nature of society. Power relations bring the human body into the sphere of political circulation. For example, early demographers

gave rise to the idea of population as a category. New statistical methods enabled the development of new knowledge about birthrates, death rates, ratios of births to deaths, the rate of reproduction, fertility rates, and public health. Humans are thought of as a species and the biological features of the population, not the individual, become the target of political strategies (Peoples and Vaughan-Williams, 2015).

Despite Foucault's extensive works on biopolitics and health, Foucault did not discuss global public health security. However, Alison Bashford (2006b) argues that the history of world health can be understood and analyzed through an emerging body of literature – global biopolitics. In the 19th century, governments began to manage border crossings with respect to goods and people. Quarantine and custom border policing became a crucial practice for the “emerging political reality of sovereign territory” (Bashford, 2006b, p.19). Additionally, during the interwar period the newly complicated crossing of networks, new shipping routes, new flight routes, and new communication media – otherwise known as globalization – further defined the political reality and complicated sovereignty of a nation. Bashford (2006b) outlines that a biopolitical conceptualization can be applied to a globalized world because migration and travel have a historical and current significance in the current discussion of global public health practices. Furthermore, a Foucauldian biopolitical framework offers conceptual tools for understanding the significance of disease for contemporary governments managing diseases and populations on a global scale.

Foucault did not provide a link between the body and the international management of populations, but his work can be expanded to include a biopolitical evaluation of international relations and the management of international borders. For example, travelers from countries that are members of the Organisation for Economic Co-operation and Development (OECD)

experience fewer traveling restrictions than non-OECD travelers (Salter, 2006). Moreover, borders and regulations are evidence of the existence of biopolitical borders. The biopolitical border is different from a geopolitical border. A geopolitical border divides the land of one state and the land of another. Alternatively, the biopolitical border divides not lands of a state, but populations (Kelly, 2010).

Nick Vaughan-Williams (2009a) advocates for the shift of the study of borders from a primarily geopolitical institution to understanding the border as a biopolitical phenomenon. Vaughan-Williams (2009b) argues that borders can more appropriately be understood as a biopolitical matter because borders involve disciplining movement of bodies and other items across mapped space. Borders act as sites in which people's everyday lives are subjected to intervention and management. Comparatively, as Özgüz E. Topak (2014) argues, the concept of biopolitics can be used as a heuristic for understanding the complex nature of borders. Topak claims Foucault's conceptualization of what counts as biopolitical does not have a fixed locality. Therefore, any space where the management of individuals is practiced can be considered a biopolitical site. Borders operate as biopolitical sites because of territorial controls and surveillances; practices of inclusion and exclusion; and the suspension of the right of mobility of certain individuals. Within the operation of control mechanisms and surveillance practices at the border, the concept of biopolitics can be used to analyze the exclusion of populations that pose a threat to the lives and freedoms of a country's subjects, which has consequences for the right of an individual to mobility. Additionally, Topak argues the biopolitical management of people in the context of borders can be conceptualized through notions of 'citizenship.' Citizenship is organized within a hierarchical system between the wandering and the settled, or rooted and rootless people. Within these two distinctions, race is an element of entry into a country and

consequently into citizenship. Contemporary notions of citizenship function based on “forms of racial governance that operate not only along biological but also social and cultural lines, infusing race into the structures, practices, and techniques of governance” (Topak, 2014, p. 18). Topak states, “racial components of citizenship thus require attending to race as an art of biopolitical governance and a technique of managing the global distribution of peoples” (p. 20). Topak’s argument supports the view that an examination of racialization can provide insight into the conditions for global mobility. Racialization of a body often has consequences for the worth of life of an individual, consequences which label a body as legitimate or non-legitimate (Topak, 2014). For example, on January 27, 2017, United States President Donald Trump put forward an executive order banning travel from seven predominantly Muslim nations: Iran, Iraq, Libya, Somalia, Sudan, Syria and Yemen (“President Trump’s Muslim Ban”, 2017). The countries were identified as having a terrorist organization with a significant presence in the area, or the country was deemed a "safe haven" for terrorists (Goodman, 2017, para. 4). The restrictions were part of wide ranging immigration controls. The ban indefinitely suspended the admission of Syrian refugees and temporarily halted the entrance of all other refugees. Although the ban’s justification is to eliminate the threat of terrorists, the ban was imposed on the entire population. The citizenship of certain individuals prohibited them from gaining entry to the United States (Goodman, 2017).

Borders are not only territorially defined sites of control, but also biopolitical mechanisms that regulate people, services, and goods designating them as legitimate or non-legitimate based on who or what might pose a threat to a country’s citizens. For example, Peter Adey (2016) provides the example of the outbreak of cholera in Haiti following the 2010 earthquake in the country. Cholera is an often-fatal disease that attacks the small intestines that is

contracted from infected water supplies. Politicians and celebrities could enter the country to participate in humanitarian aid, but this was in contrast to the immobility of the Haitian population who were forced to live in horrible conditions following the catastrophic earthquake, because they were restricted from leaving the country. Adey suggests that this situation further opens discussion of who has access to mobility across borders.

Adey's (2016) example of the 2010 Haiti earthquake is similar to the 2014 Canadian Ebola visa ban. This ban did not apply to humanitarian and compassionate activities but did restrict applications from individuals who had resided in, travelled to, or transited through Ebola affected countries (EAC) during the previous three months at the time of the ban (Department of Citizenship and Immigration, 2014). Under the visa ban, Canadian travelers coming from Guinea, Sierra Leone, and Liberia would be granted access to Canada, but African travelers would not be granted access. These methods of inclusion and exclusion frame citizenship as something that can protect us from viruses. Sovereignty constructs the frames of inclusion and exclusion, and containment and bans (Nayar, 2014). As Jayan Nayar (2014) states, "underpinning the inventions of sovereignty is the territorialized (b)ordering of differentiated subject-beingness through the biopolitical government of license, containment, and bans" (p. 133). As infectious diseases continue to re-emerge during a time of rapid globalization, discussions of quarantine, travel bans, and other measures have emerged to protect citizens from infectious diseases and from mobile bodies who are symbolically compromised by exposure to those diseases (Jappah and Smith, 2015).

Governments attempt to root out uncertainties of who and what might pose a threat. The governance of borders in the context of health sheds light on the functions of race, country of origin, and mobilities. Biopolitical regulations contribute to historic and existing patterns of

inequalities in health. Additionally, a biopolitical understanding of mobilities provides insight into how modern states distinguish between lives that are deemed legitimate and non-legitimate.

Conclusions from Literature Review

Border control as a pandemic management strategy is the product of the effects of globalization on public health (Hooker and Ali, 2009; Ingram, 2005). Due to the spread of infectious diseases as potential threats to national security, border practices are implemented by governments to stop threats from crossing the border (Abeyasinghe, 2016; Bashford, 2006a). Infectious disease outbreaks do not abide by borders which has led to an understanding of health as a global phenomenon (Budd, Bell, Warren, 2011).

Diseases act as symbolic representations of a 'foreign' threat which has historical and social processes attached (Sparke and Anguekov, 2012). Symbolic representations of a foreign threat subsequently divide the world into healthy and unhealthy; risky or safe; legitimate or non-legitimate spaces; modern and undeveloped (Topak, 2014; Vukov and Sheller, 2013). This differentiation between geographical space also extends to the people that come from these spaces (e.g., travelling from, born in, or residing in; Jappah and Smith, 2015). Consequently, infectious disease outbreaks demonstrate there are negative representations associated with certain populations from countries dealing with those outbreaks (Carney and Bennett, 2014; Washer, 2004). These negative representations produce 'uneven mobilities' where some people can obtain the right to movement, while others cannot (Gilles et al., 2013; Sheller, 2015).

Furthermore, political discourse can be analyzed to explore how government policies and measures produce constructions of knowledge and truth (Foucault, 1980; Hall, 2006). Norman Fairclough's (1992) three-dimensional approach to critical discourse analysis provides research tools to explore power relations in political discourse and the relationship between power and

knowledge. In addition, Edward Said's (1978) concept of *Orientalism* and his methodology to analyze text can be used as a theoretical frame to study how power relations construct representations and meanings of infectious disease outbreaks and subsequent border management strategies.

CHAPTER THREE: RESEARCH DESIGN

Research Questions

Within a critical discourse analysis framework, this research investigates the 2014 Ebola visa ban as an exemplification of border control as a pandemic management strategy. Through analyzing Canadian political discourse, this study examines how infectious disease outbreaks demonstrate the implications of border measures for mobilities and explores the symbolic construction of infectious disease outbreaks.

As I explore further in this chapter, the research questions are answered through an analysis of Canadian political discourse that addresses the Ebola visa ban. The research questions guiding this study are summarized in Table 1, below. The first question— “How did Canadian political discourse represent Africa and the African people during the 2014 Ebola visa ban?”— will guide the critical analysis of the data collected and provide an understanding of how Africa and the African people were represented in political discourse of the 2014 visa ban of three West African countries: Guinea, Sierra Leone, and Liberia.

The second question— “What are the effects of border control as a pandemic management strategy on the construction of representations and meanings of a pandemic?”—will examine how political discourse framed Ebola in relation to the implemented border measures of the 2014 Ebola visa ban. This question will measure the effects of Canadian border control on the meanings and representations of Ebola. This will be measured through an analysis of political discourse that addresses the Ebola visa ban.

The third and final question asks, “What is the nature of the symbolic meanings and representations associated with the 2014 Canadian Ebola visa ban legislation?” This question will provide insight into mobilities within the context of the 2014 Ebola visa ban. The question

of who has the right to mobility and who has the power to manage mobility in the context of an infectious disease outbreak will be addressed through this research question.

Table 1: Research Questions	
RQ1	How did Canadian political discourse represent Africa and the African people during the 2014 Ebola visa ban?
RQ2	What is the effect of border control as a pandemic management strategy on the construction of representations and meanings of a pandemic?
RQ3	What is the nature of the symbolic meanings and representations associated with the 2014 Canadian Ebola visa ban legislation?

Research Worldview

This research operates from a postcolonial research worldview. Postcolonial theory is a “collection of critical strategies to examine the culture (literature, politics, history, and so forth) of the European empires and their relation to the rest of the world” (Makaryk, 1993, p. 155). Postcolonial theory does not embrace one single methodological approach, theory, or school of thought. More accurately, postcolonial theory shares assumptions about the long tradition of dominating European imperial narratives (Makaryk, 1993). According to Shaik Sastry and Mohan J. Dutta (2012), as a field of inquiry, postcolonial theory “seeks to understand the processes that underlie colonization, and the symbolic and material effects of colonization” (p. 3). Colonialism refers to the historical processes through which the Eastern world was subjected to European imperialist conquest and occupation (Sastry and Dutta, 2012). Sastry and Dutta (2012) reference Edward Said’s (1978) notion of the “Other,” stating that postcolonial theories seek to examine the symbolic representations that are mobilized to justify the colonial occupation of the “Other.” Edward Said has profoundly influenced postcolonial theory (Hamadi,

2014; Hamdi, 2017). As discussed in Chapter Two, Said (1978) argues that *Orientalism* is based on the distorted image of the Orient, or the East, which has been constructed by Western explorers, poets, novelists, philosophers, political theorists, economists, and imperial administrators.

Incorporating a postcolonial research worldview, this study is concerned with examining how Western discourses influence the symbolic construction of an infectious disease outbreak in the East, and the ways in which the “Other” (or the Orient) is represented. Postcolonial theory, based on the work of Said (1978), provides an approach to examine how certain narratives take precedence over other narratives due to embedded power relations and cultural differences. Examining Canadian political discourse through a postcolonial research worldview also provides an approach to study how cultural representations are established and maintained through government policies and practices.

Research Methods

The qualitative analysis was approached with the analytic process of coding to analyze government documents. The software program MAXQDA-12 assisted with the coding of the documents. As outlined in Figure 1 and Table 2, documents included in this analysis are dated between Friday, October 31, 2014 until Friday, November 7, 2014. This time frame represents the period from the day the ban was implemented through to one week later. The time frame was selected to explore the language adopted by Canadian politicians to implement and support or oppose the border measures under the Ebola visa ban and analyze the symbolic representations and meanings within the language used.

On October 31, 2014, the day the Ebola visa ban was implemented, two government documents were published in reference to the measures. The first document, *Ministerial*

Instructions, was published in the *Canadian Gazette*. Ministerial Instructions (MIs) give legislative authority to the Canadian Department of Immigration, Refugees, and Citizenship. As outlined in the Immigration and Refugee Act (IRPA) of 2002, provisions are included to allow the minister to implement special instructions to immigration officers that “enable the government to best attain its immigration goals” (Immigration, Refugees and Citizenship Canada, 2017, para.1). MIs are usually issued for limited periods of time and can address an array of issues, such as temporary resident processing to federal skilled worker selection and intake measures (Immigration, Refugees and Citizenship Canada, 2017). Secondly, a news release, “Protecting the Health and Safety of Canadians” was published in the official news center of the Government of Canada. The news release provides a brief overview of the measures.

This project also analyzed an Operational Bulletin released on November 4, 2014 and a revised version on November 7, 2014. Operational Bulletins provide border officers with operational instructions in regard to the MIs. In this circumstance, this document provided directions to stop the processing of applications from individuals who had resided in, traveled to, or transited through Ebola affected countries.

Additionally, debates in the Canadian House of Commons that specifically reference the Canadian Ebola visa ban were included in this project’s analysis. Discourse from the House of Commons was gathered through the Canadian House of Commons website. The website offers a search tool that allows access to information from the *House Debate* made available by the Hansard Dataset – the official record of debates in the Canadian parliament. The debates are transcribed and edited reports of what is said in the house. This analysis included discourse from House of Commons Debates during the stated time frame to provide insight into how Parliament members immediately addressed and responded to the implementation of the Ebola visa ban.

Between October 31, 2014 and November 7, 2014, the Ebola visa ban was discussed three days out of the five days that Parliament was in session: Monday, November 3, 2014; Wednesday, November 5, 2014; and Thursday, November 6, 2014. There was no mention of Ebola or the Ebola visa ban in the remaining days for unclear reasons.

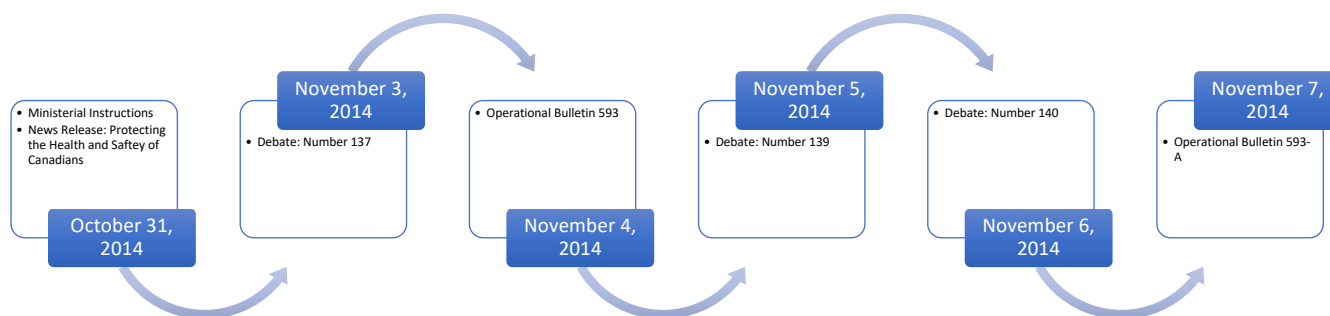


Figure 1: Textual Artifacts for Analysis (October 31-November 7 2014)

For the purposes of simplicity and quick reference, the below table outlines the seven documents in long citation and a shortened version. The shortened version is how each document is cited throughout this study.

Table 2: Citation Legend of Textual Artifacts

Archived – Protecting the Health and Safety of Canadians. (2014 October 31). <i>Canada News Centre</i> . Retrieved from http://news.gc.ca/web/article.en.do?nid=898999&_ga=1.127529801.579985469.1488304758	Protecting Health and Safety (2014)
Canada. Parliament. <i>House of Commons Debates</i> , 41 st Parl, 2 nd Sess, Vol 147, Number 137 (3 November 2014) Retrieved from http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=6756911	Debate 137 (2014)
Canada. Parliament. <i>House of Commons Debates</i> , 41 st Parl, 2 nd Sess, Vol 147, Number 139 (5 November 2014) Retrieved from http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=6763476	Debate 139 (2014)
Canada. Parliament. <i>House of Commons Debates</i> , 41 st Parl, 2 nd Sess, Vol 147, Number 140 (6 November 2014) Retrieved from http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=6767889	Debate 140 (2014)
Department of Citizenship and Immigration. (2014 November 4). <i>Operational Bulletin 593</i> . Retrieved from http://www.cic.gc.ca/english/resources/manuals/bulletins/2014/ob593.asp?ga=1.170129380.579985469.1488304758	OB-593 (2014)

Department of Citizenship and Immigration. (2014 November 7). <i>Operational Bulletin 593-A</i> . Retrieved from http://www.cic.gc.ca/english/resources/manuals/bulletins/2015/ob593A.asp?_ga=1.34707429.579985469.1488304758	OB-593A (2014)
Ministerial Instructions. (2014 October 31). <i>Canada Gazette</i> , 148(8), Retrieved from http://www.gazette.gc.ca/rp-pr/p1/2014/2014-10-31-x8/html/extra8-eng.php	Ministerial Instructions (2014)

Political discourse contains information that is strategically selected, organized, and presented to the public based on context and setting. Furthermore, the analysis of these seven textual artifacts was conducted to understand how political discourse presents information regarding a potential infectious disease threat to the public, and how the Canadian government addressed the potential threat through border measures. This analysis included different types of political discourse – official documents and Parliamentary debates – because different government statements can use different language to provide different justifications and validations associated with government decision-making.

Basis for a critical discourse analysis

The analyzed textual artifacts reference the Canadian government's implementation of visa restrictions on Sierra Leone, Guinea, and Liberia to address and manage the 2014-2016 Ebola outbreak in West Africa. As stated, the implementation of these measures is an exemplification of border control as a pandemic management strategy. According to Mimi Sheller (2011), mobilities research places an emphasis on power as interrelated with movement and stillness. Both immobility and mobility have representations, ideologies, and meanings attached (Sheller, 2011). Applying a postcolonial research worldview to this study's critical discourse analysis based on Edward Said's (1978) conceptualization of *Orientalism* provides an approach to examine the representations, ideologies, and meanings that are produced and maintained through Canadian restrictions on West African individuals traveling to Canada during the 2014 Ebola outbreak in West Africa. A particular focus was placed on how the

analyzed political discourse constructs the West African identity in the context of the Ebola outbreak. Similar to Sheller (2011), Said (1978) places an emphasis on power, and views power as embedded into understandings about culture different from Western culture.

According to Michael Meyer and Ruth Wodak (2001), CDA places a focus on the role of discourse in the production of power and social injustice. A unique element of CDA is the emphasis on the context surrounding the text itself, “the concept of power, the concept of history, and the concept of ideology” (Meyer and Wodak, 2001, p.3). In order to study discourse, Norman Fairclough (2013) argues the researcher must take into account the process of production, the process of interpretation and the way in which they both are socially determined. Fairclough’s (1989, 1992, 1995) three-dimensional framework to a critical discourse analysis provides a method to examine how discourse enforces already existing power relations and understandings of the world. Additionally, Fairclough’s three-dimensional framework provides a comprehensive research design to examine the production of meanings and representations of infectious diseases due to the implementation of border measures.

Norman Fairclough’s Three-Dimensional Model of Discourse

The methodological approach selected to conduct a close reading of text is critical discourse analysis with the research tools of Norman Fairclough’s (1989, 1992, 1995) three-dimensional model of discourse. Fairclough views “language as a form of social practice” and focuses on the ways social and political domination are reproduced by “text and talk” (Fairclough, 1989, p. 20). Fairclough’s three-dimensional method of discourse analysis incorporates

linguistic description of the language text, interpretation of the relationship between the (productive and interpretative) discursive processes and the text, and explanation of the

relationship between the discursive processes and the social processes. (Fairclough, 1995, p. 97)

According to Fairclough (1989, 1992, 1995), this model incorporates three interrelated stages of discourse:

1. The object of analysis (including verbal, visual or verbal and visual texts)
2. The process by which the object is produced and received by human subjects
3. The socio-historical conditions that govern processes

To explain discourse, Fairclough (1995) proposes that each of these dimensions requires a different step of analysis: “description, interpretation and explanation” (p. 97). Similar to how the three dimensions of discourse are interrelated with each other, the three stages of discourse analysis also have close interconnection. According to Fairclough (1992), the three-dimensional approach to discourse is distinctive because it argues that “the link between socio-cultural practice and text is mediated by discursive practice” (p.9). As Fairclough (1992) argues, description is not as separate from interpretation as it is often assumed to be. As an analyst and as an ordinary text interpreter, one is inevitably interpreting all the time, and there is no phase of analysis which is pure description. (p.199)

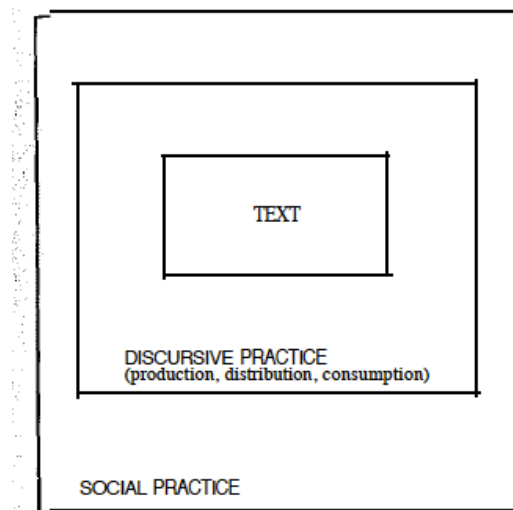


Figure 2: Fairclough's Three-Dimensional Model of Discourse (Fairclough, 1992, p. 73)

According to Figure 2, the description stage is the first step of analysis. This stage involves the analysis of linguistic features as well as discursive practices (Fairclough, 1992). As Fairclough (1989) argues, "description is the stage which is concerned with formal properties of text" (p. 26). Linguistic features of the text are to be explored in the descriptive stage. Fairclough (1992) organizes linguistic features under four categories: vocabulary, grammar, cohesion, and text structure. *Vocabulary* examines the use of individual words; *grammar* involves the combination of words into clauses and sentences; *cohesion* is how clauses and sentences are linked together; and *text structure* deals with the organizational properties of the texts (Fairclough, 1992, p. 75). Table 3 demonstrates Fairclough's (1992) conceptualization of the four categories of linguistic features. The table summarizes Fairclough's (1992) description of the linguistic feature, an example of the linguistic feature, and how to analyze the linguistic feature within text.

Table 3: Four Categories of Linguistic Features (Fairclough, 1992, pp. 75-78)

Linguistic Feature	Description	Example	Analysis
Vocabulary	Vocabulary corresponds to different domains, institutions, practices, values, and perspectives. The terms 'wording', 'lexicalization' and 'signification are aspects of vocabulary. The focus should be on wording and their political and ideological significance.	The rewording of 'terrorists' to 'freedom fighters.'	Certain domains are more intensively worded than others as part of social and political structures. There is a relationship between the meaning of a word and forms of hegemony.
Grammar	The main unit of grammar is the clause, or 'simple sentence.' The main elements of clauses are called 'groups' or 'phrases.' People make choices about the design and structure of their clauses which construct and signify social identities, social relationships, and knowledge and belief.	Newspaper headline: "Gorbachev Rolls Back the Red Army."	The clauses are declarative (as opposed to interrogative or imperative) and in present tense which is categorically authoritative. The text signifies an individual acting physically. Gorbachev is the topic or theme of the clause. The article is about him and his doings. If the clause were passive, it would be the "The Red Army is Rolled Backed (by Gorbachev)."
Cohesion	The examination of how clauses are linked together into sentences, and how sentences are linked together to form larger units of text. Attention should be drawn to repeating words, demonstratives, conjunctive words, and pronouns.	Foucault (1972) refers to various rhetorical schemata according to which groups of statements may be combined (how description, deductions, definitions, who's successions characterizes the architecture of a text are linked together).	The exploration of different modes of rationality and how evidence produces different modes of rationality.
Text structure	Text structure is also concerned with the 'architecture' of text: what elements or episodes are combined in what ways to constitute a piece of writing such as a crime report in a newspaper, or a job interview?	The structure of monologue and dialogue involves turn-taking systems and conventions for organizing the exchange of speaker turns, as well as conventions for opening and closing interviews or conversations.	The analysis of structuring provides insight into the systems of knowledge and belief and the assumptions about social relationships and social identities that are built into the conventions of text types.

The second step is interpretation. Fairclough (1989) states, "interpretation is concerned with the relationship between text and interaction with seeing the text as the product of a process of production, and as recourse in the process of interpretation" (p.26). In the interpretation stage, the relationship between discourse and its production and its consumption should be interpreted. Discourse is not only regarded as text but also a discursive practice in this stage, which means apart from analyzing linguistic features and text structure, attention should be drawn to intertextuality (Fairclough, 1989). Intertextuality is defined as the recognition that texts do not exist independently from each other. Intertextuality is a literary device that creates a relationship between textual features and generates a combined understanding relating separate works. It is the shaping of text's meaning by another text such as a quotation, allusion, or referencing. In other words, it is "the presence of a text in another text" (Genette, 1983, p. 40-41). The incorporation of prior texts into a newly composed text appeals to the readers' or consumers prior knowledge and understanding. Therefore, the examination of the relationship between hegemony and intertextuality provides insight into the ways prior texts are articulated in text production, and also existing social and power relations.

Furthermore, discursive practice is the relationship between texts and social practice. Discursive practice is the *production, distribution, and consumption* of text in which text is shaped by social practice. Regarding production, Fairclough (1992) defines the "text producer" as a set of positions occupied by different people and different institutions (p. 78). For example, Fairclough argues that texts are produced by political leaders and distributed across a range of different institutional domains. Producers from government departments produce texts in ways to anticipate their distribution, transformation, and consumption, and have multiple audiences to address through language. An example of distribution includes how governments...

anticipate not only ‘addressees’ (those directly addressed), but also ‘hearers’ (those not addressed directly, but assumed to be part of the audience), and the over hearers (those who do not constitute part of the ‘official audience’ but are known to be a de facto consumer... (Fairclough, 1992, p. 80)

The third and final step is the explanation stage. According to Fairclough (1989), "explanation is concerned with the relationship between interaction and social context with the social determination of the process of production and interpretation, and their social effects" (p. 26). Texts are consumed and interpreted differently according to the social context. The consumption of text involves examining how context affects the interpretation of text. In a wider sense, the consumption and interpretation of text is embedded within existing social and power relations. In this third stage of analysis, Fairclough discusses discourse in relation to ideology and power, placing discourse within a relationship where power is viewed as hegemony, and the evolution of power is a hegemonic struggle. Fairclough (1989) views ideologies “to be significations/constructions of reality (the physical world, social relations, social identities), which are built into various dimensions of the forms/meanings of discursive practices, and which contribute to the production, reproduction or transformations of relations of domination” (p. 87). Ideology is understood through a hegemonic framework where aspects of production and interpretation within discourse are formed by power relations. In this sense, certain ideologies then become naturalized (Fairclough, 1989).

During the third and final step of discourse analysis, I incorporate the research tools of Edward Said (1978) as a theoretical frame to examine historical, social, and cultural contexts of ‘Othering’ of non-Western populations within Canadian political discourse of the Ebola visa ban. Said’s research tools provide a methodology to analyze how ‘Others’ are represented by

dominating frameworks such as political discourse and policy decisions. Said (1978) argues that *Orientalism* is a construct for understanding the West's hegemony over the East. Orientalism can be understood as a Western style for dominating, restructuring, and having authority over the Orient. The West discursively produces the East as the inferior "Orient" (Said, 1978, p. 2). Said discusses discourse as a mechanism of power to explain how Orientalism is a construct that is molded and created by the West. Said argues that knowledge is a form of power which can produce representations of truth. The West controls what is said about the Orient, thus creating a "one-way exchange" of discourse (Said, 1978, p. 160). The distinction between the identities of the East and West is formed through stereotypes which have been historically found in novels, poetry, academic writing, film, political language, and so on.

Said (1978) argues that his principal methodological devices for studying Western authority or superiority over the Orient are (a) strategic location and (b) strategic formation. Strategic location is explained as a way of "describing the author's position in a text with regards to the Orient material he writes about" (Said, 1978, p. 20). The person that writes about the Orient associates themselves with either the Orient or the West, and therefore creates certain connotations and themes, or symbolic meanings, about the Orient within the text. Strategic formation, the second device, is explained as "a way of analyzing the relationship between texts and the way in which groups of texts, types of texts, even textual genres, acquire mass, density, and referential power among themselves and thereafter in the culture at large" (Said, 1978, p. 20). A person who speaks or writes about the Orient creates a basis for whatever argument or position they assume. One who speaks or writes about the Orient places themselves in a relationship with the Orient which creates a narrative, a structure, images, themes, and motifs that create representations of the Orient. In the case of my research, the Orient is defined as an

identity that is recognized as different from and inferior to the Canadian identity. I define this as ‘Othering’, a term I use to describe the processes and structures that convey human differences based on religion, sex, race, citizenship, sexual orientation, etc. In my research, I examine Othering with the research tools of Edward Said in the context of infectious diseases.

Said’s methodology provides insight into how different intellectual standpoints gain credibility and acceptance and create representations of truth. Utilizing Said’s work on Orientalism as a theoretical contribution, this thesis performs a critical discourse analysis using Fairclough’s three-dimensional research method to examine political discourse that addresses the Canadian Ebola visa ban. The ultimate aim of this project is to provide insight into the symbolic meanings and representations produced from the implementation of the Ebola visa ban.

CHAPTER FOUR: FINDINGS

Summary of Research Design

Fairclough's three-dimensional method for critical discourse analysis is the guiding model for this study. Figure 3 describes the methodology employed by this study. Three dimensions of discourse are analyzed: description, interpretation, and explanation. Under these three dimensions, the text itself, the processes of production, distribution, and consumption, and sociocultural context of the discourse are analyzed respectively. In the last stage of analysis, I employed Edward Said's (1978) work on Orientalism as a theoretical approach to examine the social and cultural structures that produce symbolic meanings and representations within the political discourse.

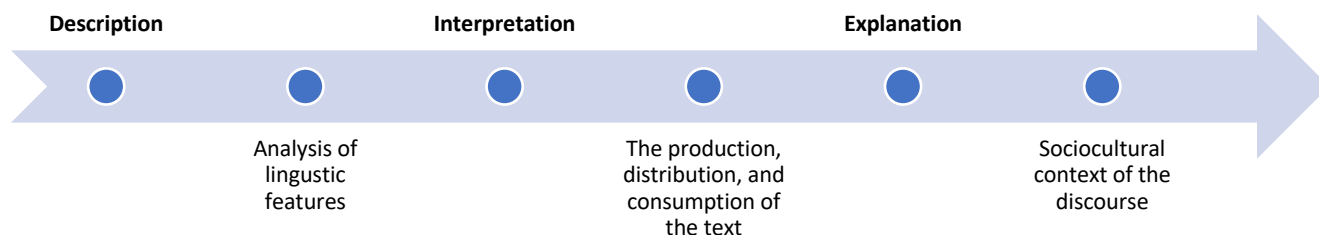


Figure 3: Summary of Research Design

First Dimension: Description

As discussed in the previous chapter, the first stage—the description stage— involves an analysis of linguistic features in the textual artifacts. Four linguistic features of the text are explored in the description stage: *vocabulary*, *grammar*, *cohesion*, and *text structure* (Fairclough, 1992). At this stage, I examined these four linguistic features of the discourse as well as the meanings and representations expressed by the linguistic features.

Analysis of Linguistic Features

Analyzing the vocabulary level of the textual artifacts, three descriptions were routinely used in the textual artifacts to describe the purpose of the measures: *foreign nationals*, *protecting the health and safety of Canadians*, and *precautionary measures*. Firstly, the description *foreign nationals* is used to define who is affected by the border measures. Examples are provided below:

1. *Any categories for which Instructions are not specifically issued, including visa-exempt **foreign nationals** and applicants who have not travelled to Ebola affected countries, shall continue to be processed in the usual manner* (Ministerial Instructions, 2014, p. 2).
2. *CIC will not process new visa applications nor continue to process pending visa applications from **foreign nationals** who are intending to travel to an Ebola affected country* (Ministerial Instructions, 2014, p. 2).
3. ***Foreign nationals** with new visa applications or pending visa applications for temporary residence who do not qualify for processing shall be informed that their application will not be processed and their processing fees shall be returned* (Ministerial Instructions, 2014, p. 2).
4. ***Foreign nationals** with new visa applications for permanent residence who do not qualify for processing shall be informed that their application will not be processed and their processing fees shall be returned* (Ministerial Instructions, 2014, p. 3)
5. *Effective immediately, Canadian visa officers have temporarily paused the processing of visa applications from **foreign nationals** who have been physically present in a country designated by the World Health Organization (WHO) as having widespread and intense transmission of the Ebola virus* (Protecting Health and Safety, 2014, p. 1).
6. *Canadian citizens, permanent residents, **foreign nationals** currently in possession of a visa and foreign nationals who do not require visas will continue to be screened at ports of entry in Canada and will be subject to appropriate health screening and other measures under the Quarantine Act* (Protecting Health and Safety, 2014, p. 1).
7. *The MIs only apply to **foreign nationals** who require a visa* (OB-593, 2014, p. 1)
8. *The MIs apply to all TRV applications whether they are made by a **foreign national** in Canada or overseas* (OB-593-A, 2014, p. 3)

The use of the term *foreign nationals* in the political discourse contributes to a symbolic difference from the ‘norm.’ The term *foreign nationals* focuses on the citizenship of a person. The term does not imply a person who has moved across borders, been born elsewhere, or is coming to a country to seek permanent status. The term alternatively implies that an individual is perceived to be different from ‘normal’ citizenship. Further, the term *foreign national* as used in the analyzed political discourse, differentiates citizens of Guinea, Sierra Leone, and Liberia as being non-members of Canadian citizenship and identity.

Secondly, as demonstrated in examples 9-14, the intended purpose of the border measures is described in the textual artifacts as *protecting the health and safety of Canadians*:

9. *Noting that the IRPA objectives as laid out in section 3 of the Act provide that one of the objectives with respect to immigration is to **protect the health and safety of Canadians*** (Ministerial Instructions, 2014, p. 1).
10. *Canada’s Citizenship and Immigration Minister Chris Alexander today announced new **precautionary measures to protect the health and safety of Canadian*** (Protecting Health and Safety, 2014, p. 1)
11. *Canada has been a leader in the international efforts to respond to the Ebola outbreak in West Africa. **The precautionary measures** announced today build on actions we have taken to **protect the health and safety of Canadians here at home*** (Alexander as cited in Protecting Health and Safety, 2014, p.1).
12. *That is why we announced new precautionary measures to make sure that **we keep Canadians healthy and safe** during this time of increased risk* (Alexander as cited in Debate 137, 2014, p. 11)
13. *Mr. Speaker, as the Minister of Health and all of us on this side have been saying, we will do whatever is required to protect public health in our country, **and to protect the health and safety of Canadians**. That is why many months ago we began discouraging Canadians from travelling to Ebola infected countries, because of the potential risk to them and to Canada* (Alexander as cited in Debate 139, 2014, p. 11).
14. *We are discouraging new travelers from coming from Ebola infected countries, and we will continue to take these **precautionary measures to ensure the safety and health of Canadians*** (Alexander as cited in Debate 139, p. 11).

As the title of the news release, *Protecting Health and Safety* (2014) and examples 9-14 demonstrate, the measures are framed as a means to protect individuals from harm. References to *health and safety* explicitly identify one nationality — Canadians — as being protected through the implementation of the measures. Health and safety is only accessible to Canadians through the border measures.

Thirdly, as examples 9-14 demonstrate, the *health and safety* of Canadians is correlated to *precautionary measures*. Precautionary measures are preventive measures against an external threat, which in the context of this study, can be linked to the management and regulation of cross-border movement. As Minister of Citizenship and Immigration Chris Alexander states in Example 12, “That is why we announced new precautionary measures to make sure that we keep Canadians healthy and safe during this time of increased risk.” It is explained in this example that management and regulation of external threats (i.e., ‘foreign nationals’) at the border is crucial to protect the health and safety of Canadians. Undoubtedly, health and safety are important to the Canadian public, and they feel vulnerable when their health and safety is at risk. It is declared in the textual artifacts that Canadians’ health and safety will be secured with border measures.

The analysis of linguistic features also demonstrates that the vocabulary used in the textual artifacts constructs a positive, leadership image of Canada as an important international actor managing the 2014-2016 Ebola outbreak in West Africa. For example, Canada is referred to as a *leader* and *world leader*. These terms are referenced four times in the textual artifacts:

15. ***Canada has been a leader*** in the international efforts to respond to the Ebola outbreak in West Africa (Alexander as cited in *Protecting Health and Safety*, 2014, p. 1).
16. ***Canada has been a world leader*** in fighting the Ebola virus disease outbreak in West Africa, containing its spread and treating patients (*Protecting Health and Safety*, 2014, p. 1).

17. *Mr. Speaker, I can tell the member that **Canada is actually a world leader** when it comes to assisting the West African nations that are facing Ebola* (Adams as cited in Debate 137, 2014, p. 11).
18. ***Canada has been a world leader** in responding to the crisis and continues to monitor the situation in the West Africa region to ensure humanitarian, health and security needs are met* (Protecting the Health and Safety of Canadians, 2014, p. 1).

The use of the word *forefront* also describes Canada as having an essential leadership role in managing the 2014-2016 Ebola outbreak. The word *forefront* is referenced twice by Minister Chris Alexander and Minister Eve Adams, Parliamentary Secretary to the Minister of Health:

19. ***Canada remains at the forefront** of the international response to the Ebola outbreak* (Adam as cited in Debate 137, 2014, p. 47).
20. ***We have been at the forefront of the international effort** to respond to the Ebola outbreak, but we are also being prudent in advising our nationals not to travel to Ebola-affected countries and in discouraging nationals from those countries from **coming here to Canada*** (Alexander as cited in Debate 140, 2014, p. 41).

Canada is described as being at the *forefront* of the international effort and response to the Ebola outbreak which establishes Canadian leadership as responsive to the threat of the spread of Ebola. The discourse conveys that Canada has monitored and anticipated the threat of Ebola before the outbreak. The use of grammar in phrases such as “Canada has been” (Examples 16; 17) and “Canada remains” (Example 19) signifies that Canada has taken action previously to address the Ebola outbreak as well as in present time.

Example 21 is an occurrence where the generosity of Canada’s international efforts is referenced. It is another example of the Canadian government’s existing and continuing actions to address the Ebola outbreak:

21. ***Canada has been very generous** in assisting the international relief efforts* (Adams as cited in Debate 137, 2014, p. 11).

The grammar of the discourse connects Canada's action in the past with the present, which suggests that the border measures are an appropriate response to the context because Canada has and continues to actively manage and monitor the Ebola outbreak in West Africa. Conveying to the public that the border measures were implemented through a manner which is appropriately and effectively responsive to the context builds support and trust in the government's ability to handle a threat. These examples demonstrate that discursive processes can be an influence on building trust in government actions.

Analysis of the textual artifacts also shows that Canadian leadership is used to validate and justify border practices that could garner public or political criticism. In the textual artifacts that address the Ebola visa ban, the text structure is organized to demonstrate the Canadian government's wider role in the international relief addressing and managing the Ebola outbreak in West Africa. Although the measures were implemented for the purposes protecting the health and safety of Canadians, the discourse expands the context of the measures to include Canada's global role in addressing the Ebola outbreak in the West African region. For example, in Debate 137 (2014), Minister Libby Davies of the New Democratic Party asks Minister Alexander, "Why would the Conservatives implement such a ban when it is not backed by expert scientific evidence?" (p. 11). Minister Alexander responds:

22. Mr. Speaker, Canada, like many of its partners, a huge number of partners in the international community, is absolutely committed to the international effort to contain the Ebola outbreak. That is why we announced new precautionary measures to make sure that we keep Canadians healthy and safe during this time of increased risk (Alexander as cited in Debate 137, 2014, p.11)

Mr. Alexander does not directly answer the question, but instead explains that Canadian government leadership in the international effort to manage the Ebola outbreak will further secure the health and safety of Canadians. The inclusion of discourse that speaks to Canada's

global role presents a positive image of the Canadian government to the Canadian people. The discourse frames Canada as assuming two roles in the context of the Ebola outbreak: (1) protecting the health and safety of Canadians (2) leading the global effort to manage the Ebola outbreak in West Africa. However, it is stated that the latter will support the former. This is further affirmed through a distinction between the Canadian people and the people of West Africa, specifically through the use of pronouns.

In examining the textual cohesion of the political discourse, the possessive pronoun *our* and the personal pronoun *we* are used to describe the actions of the Conservative Party and also the Government of Canada. Naturally, when a political party is elected into power, they assume the role as representing the Canadian Government. While the border measures were implemented by the Government of Canada, the Conservative Party of Canada is the leader of the government and determines legislation and actions to implement. Therefore, the decision to implement the border measures was a decision made by the Conservative Party, but the border measures become representative of a decision by the Canadian government. The pronouns are used by Minister of Citizenship and Immigration Chris Alexander and Minister of Health Rona Ambrose in Examples 23-28 to exemplify that the border measures provide the best government leadership and management mechanisms to protect the Canadian people in a time of risk:

23. ***Our number one priority is to protect Canadians*** (Ambrose as cited in Protecting Health and Safety, 2014, p. 2).
24. *The precautionary measures announced today build on actions **we have taken to protect the health and safety of Canadians here at home. Our government continues to monitor the situation in West Africa very closely and will continue to act in the best interests of Canadians*** (Alexander as cited in Protecting Health and Safety, 2014, p.1).
25. ***We have been at the forefront of the international effort to respond to the Ebola outbreak, but we are also being prudent in advising our nationals not to travel to Ebola-affected countries and in discouraging nationals from those countries from coming here to Canada*** (Alexander as cited in Debate 140, 2014, p. 41).

26. ***We continue to work** with domestic and international partners to aid efforts to respond to the outbreak in West Africa, while strengthening our domestic **preparedness here at home*** (Alexander as cited in Protecting the Health and Safety, 2014, p. 1).
27. ***The precautionary measures announced today build on actions we have taken to protect the health and safety of Canadians here at home.** Our government continues to monitor the situation in West Africa very closely and will continue to act in the best interests of Canadians* (Alexander as cited in Protecting the Health and Safety, 2014, p. 1).
28. *Canada has been very clear for many months in **discouraging travel by our own citizens, by our own nationals, to Ebola-affected countries**, and we are now being consistent* (Alexander, 2014C, p. 41 as cited in Debate 140).

The pronouns also provide insight into who the speaker has jurisdiction and responsibility for. The speakers refer to Canadians as “our nationals” (Example 25) and “our own citizens, by our own nationals” (Example 28). The speakers, Minister Ambrose and Minister Alexander, establish a togetherness and unity of the Canadian people. As a result, the use of pronouns in the textual artifacts also establish a difference between Canada and West Africa. The language of the discourse invokes a sense of collectivity and construct Canada as an entity. By defining the Canadian identity, the otherness of the African identity is also defined.

Examples 23-27 state the purpose of the measures is to prevent Ebola from coming *here to Canada* and *here at home*. ‘Here’ and ‘home’ represent the familiarity of Canada to the Canadian people. Identity is defined by ‘place,’ where practices, customs, and the general quality of life are comfortable, safe, and secure. Countries where the practices, customs, and quality of life are different may seem unusual in comparison to ‘home.’ This contrast is not natural, it is constructed. The opposition between ‘Us’ and ‘Other’ is established and maintained by the division of geography – Canada and West Africa – which constructs distance that reinforce Canadian identity as different from the West African identity. In the context of the Ebola outbreak in West Africa, the unfamiliarity and differences of the West African identity represent

a threat to disrupting Canadians' sense of comfort, safety, and security. Sentiments of 'feeling at home' in Canada will be protected through the border measure. In the textual artifacts, political discourse constructs Canada as a realm that requires protection from an external threat. Although West Africa is dealing with the Ebola outbreak, Canada is identified as the area that requires protection and pandemic management measures.

In conclusion to the first dimension of analysis, findings show that during the 2014-2016 Ebola outbreak in West Africa, Canadian leadership is framed as an important and effective response in the international effort to manage the Ebola outbreak. The construction of a positive leadership image of the Canadian government builds trust and support for government actions. Additionally, the political discourse conveys a differentiation between the West African identity and the Canadian identity. While the outbreak is in West Africa, the discourse constructs the Canadian geography and the Canadian people that requires protection. Restricting the mobility of the West African individuals is framed as ensuring that the health and safety of Canadians will be protected. Consequently, the West African identity is framed as different, insinuating 'Otherness' as compared to the Canadian identity.

Second Dimension: Interpretation

The second stage of analysis examines the relationship between the text and its processes of interpretation. The processes of production, distribution, and consumption of the text are interpreted. The interpretation stage should examine text as a product and how texts are produced, and how the text can be interpreted by the consumer. Therefore, discourse is not only regarded as text but also a discursive practice in this stage of analysis. How language constructs assumptions and beliefs about the world are to be interpreted.

I undertook this stage of analysis by analyzing how the political discourse mediates the relationship between *text* and *meaning*. I examined the intertextuality in the text to assess how texts gain meaning through the inclusion of other texts, quotations, or allusions. The inclusion of intertextuality at this stage of analysis provides insight into how texts appeal to the consumer's prior knowledge and understanding.

Production, Distribution, and Consumption

Analysis of the government department that implemented the measures provides insight into the production, distribution, and consumption of the text. The federal government of Canada responded to the Ebola outbreak by implementing measures under the domain of the Department of Citizenship and Immigration. The Ministerial Instructions, the news release *Protecting the Health and Safety of Canadians*, and Operational Bulletins are documents released under the jurisdiction of the Department of Citizenship and Immigration. For example, the Ministerial Instructions and news release detail that the measures were implemented and announced by Chris Alexander, the Canadian Minister of Citizenship and Immigration, during the time frame of this study. The measures were also categorized in parliamentary proceedings as a citizenship and immigration topic of discussion. In the three parliamentary proceedings when Ebola was debated, it was discussed under the topic or subheading of 'Citizenship and Immigration' four separate times. Ebola was also discussed in routine proceedings where members of parliament have an opportunity to raise certain issues, but there was no debate or categorization of the discussion. There was one occurrence in Debate 137 (2014) where the Ebola visa ban was discussed under the topic of 'Health.'

Analysis of the textual artifacts also provide insight into the position of the opposition to the Conservative-led government in the House of Commons – the New Democratic Party – on

the implemented border measures. Minister Djaouida Sallah of the New Democratic Party (NDP) questions the Conservative Party's implementation of the Ebola visa ban:

29. *Mr. Speaker, Lyn Gilbert, an Australian expert on infectious diseases, believes that there is no reason for the visa ban proposed by the Conservative government and that this ban is not supported by scientific evidence. Rather than implementing cosmetic measures that have been rejected by the **World Health Organization**, why does the Conservative government not meet the needs of local governments who are calling for more staff and more equipment to fight the Ebola outbreak* (Sallah as cited in Debate 137, 2014, p. 11).

Additionally, NDP Ministers H el ene Laverdi ere and Libby Davies in examples 30-32 critique the implemented border measures because they go against the WHO's recommendation as well as evidence from public-health officials that travel restrictions are ineffective. Additionally, Laverdi ere references the International Health Regulations, regulations that govern the global response to pandemics.

30. *Canada's Ebola visa ban goes against **the very same regulations the Canadian government helped revise following the SARS crisis. The WHO director-general has said that no evidence exists to support the effectiveness of travel bans as a protective measure. Why is the Canadian government breaking the very rules it asked for?*** (Laverdi ere as cited in Debate 139, 2014, p. 41).

31. *Speaker, the **World Health Organization has been clear that visa bans for West African countries do not work and can actually increase the spread of the disease. Now the WHO is demanding an explanation from Canada for its misguided policy, and it has received nothing. Why is the minister sidelining the WHO during a global health crisis?*** (Laverdi ere as cited in Debate 139, 2014, p. 41).

32. *Mr. Speaker, it is not just in the field of publishing that the Conservatives seem to be ignoring scientific process. Last week, the Conservatives announced a ban on visas for travelers coming from West Africa. **The WHO and the World Bank have clearly stated that banning travel is not an effective way to protect us from Ebola.** Why would the Conservatives implement such a ban when it is not backed up by expert scientific evidence?* (Davis as cited in Debate 137, 2014, p. 11).

Although largely categorized in Parliamentary debates as a citizenship and immigration matter, examples 30-32 are critiques of the implemented measures from the New Democratic Party from a public health position. The dialogue from the NDP challenge the measures implemented by the

government through the argument that the measures are inadequate in managing the Ebola outbreak in West Africa and ignore scientific evidence.

The measures are implemented on the basis that the countries identified within the visa ban have been reported by the World Health Organization (WHO) as having widespread outbreaks. Facts as established by the WHO form the basis for why the ban should be implemented in examples 33 and 34, below:

33. *The Government of Canada continues to advise against travel to countries **designated by the WHO** as having widespread and intense transmission of the Ebola virus* (Protecting Health and Safety, 2015, p. 1).
34. *For the purpose of these Instructions, “Ebola affected country” shall refer to countries **identified by the World Health Organization** as having widespread and persistent/intense transmission of the Ebola Virus Disease* (Ministerial Instructions, 2014, p.1).

In examples 33 and 34, the travel restrictions are implemented by the Canadian government under the context that the WHO is reporting that Guinea, Sierra Leone, and Liberia are experiencing wide-spread Ebola outbreaks. However, absent in the textual artifacts are the recommendations from the WHO and the IHR that travel restrictions are not an effective method to manage infectious disease outbreaks. The Canadian government frames the decision to implement the travel restriction as fact-based decision making through the direction and coordination from the WHO but neglect to include that the WHO recommends against travel restrictions. These recommendations are based on scientific evidence and expert advice and neglecting to include this information is ignoring scientific evidence and expert advice that travel restrictions are ineffective. In other words, the strategic exclusion and inclusion of certain information misrepresents WHO public health information and actions are able to be exercised through distorted evidence.

Furthermore, although the measures were challenged in Parliament from a public health position, it is evident that Ebola was predominantly categorized as a citizenship and immigration issue in the textual artifacts. The categorization of the measures in the textual artifacts demonstrate the constructed meaning and representations of the Ebola visa ban. Analyzing the intertextuality within the textual artifacts further provides insight into how meaning and representations are shaped by text. As previously discussed, intertextuality is “the presence of a text in another text” (Genette, 1983, p. 40-41). The textual artifacts reference three government legislations. Firstly, the textual artifacts make reference to the Immigration and Refugee Protection Act (IRPA). In Canada, immigration is regulated by the IRPA. The textual artifacts state:

35. *Notice is hereby given, under subsection 87.3(6) of the **Immigration and Refugee Protection Act (IRPA)**, that the Minister of Citizenship and Immigration has made the following Ministerial Instructions that, in the opinion of the Minister, will best support the attainment of the immigration goals established by the Government of Canada (Ministerial Instructions, 2014, p.1).*
36. *Authority for these Ministerial Instructions is pursuant to **section 87.3 of the IRPA**. Instructions are directed to officers who are charged with handling and/or reviewing applications for permanent or temporary visas to enter Canada (Ministerial Instructions, 2014, p.1).*
37. ***Section 87.3** (<http://laws-lois.justice.gc.ca/eng/acts/I-2.5/section-87.3.html>) of the **Immigration and Refugee Protection Act** allows for MIs to be made that will best support the attainment of the immigration goals established by the Government of Canada (OB-593, 2014, p.1; OB-593-A, 2014, p.1).*

Examples 35-37 demonstrate that the border measures were implemented under the IRPA which constructs the border measures as a citizenship and immigration response. These examples provide a contemporary illustration of the fear of migration and the spread of disease. Travelers and immigrants from other countries become associated with infectious diseases and perceived as a risk and connected to the fear of a disease outbreak spreading across borders. Infectious

diseases no longer reside explicitly under the domain of health. In the context of the 2014 Ebola visa ban implemented by the Government of Canada, management and response measures to Ebola were implemented under the domain of citizenship and immigration which suggests that restricting cross border movement of West African individuals is crucial to avoid the spread of Ebola. Perceptions of how governments should effectively respond to the threat of infectious diseases is connected to the management and exclusion of citizens that are dealing with an infectious disease outbreak. Discursive processes participate in the construction of how to properly manage infectious disease outbreaks.

Not only do discursive practices construct how infectious diseases should be managed, legislation also discursively permits government action, and informs and prepares the implementation of infectious disease management measures. For example, examples 35-37 exemplify that the border measures were implemented under the IRPA, which received assent in 2001. These examples demonstrate that prior legislation establishes a framework from which the government can enact future orders and regulations. The IRPA is incorporated into the discourse that addresses the 2014 Ebola visa ban to reinforce the legislative powers of the government.

The Quarantine Act (2005) which is “an act to prevent the introduction and spread of communicable diseases” (Department of Justice, 2005, p. 1), is also referenced in the textual artifacts:

38. *Canadian citizens, permanent residents, foreign nationals currently in possession of a visa and foreign nationals who do not require visas will continue to be screened at ports of entry in Canada and will be subject to appropriate health screening and other measures **under the Quarantine Act*** (Protecting the Health and Safety, 2014, p. 1)

Example 38 describes the procedures for people who do not need a visa to gain entry into Canada. Canadian citizens, permanent residents, foreign nationals that currently have a visa, and foreign nationals from countries that do not require a visa to gain entry into Canada are not

subjected to the measures implemented. The restrictions on visa applications only apply to West Africans. A Canadian issued visa is required by West African nationals to gain entry into Canada (Department of Citizenship and Immigration, 2018). The ban does not restrict Canadians from visiting West Africa and returning back to Canada, as if Canadian citizenship is invulnerable to Ebola.

Lastly, the Ministerial Instructions reference the Canadian Charter of Rights and Freedoms:

39. *The Instructions are consistent with the IRPA objectives as laid out in section 3 of the Act and are compliant with the **Canadian Charter of Rights and Freedoms** (Ministerial Instructions, 2014, p. 1)*

Example 39 outlines that rights of individuals will be respected with these measures. While the documents do not outline specific rights as identified in the Charter, section 6. (1) of the Charter states, “Every citizen of Canada has the right to enter, remain in and leave Canada” (Canadian Charter, 1982, s 6(1)). Considering the context of these measures to restrict entry of certain individuals into Canada, the Charter is referenced to give assurance that the measures will not affect the mobility of Canadian citizens or violate the rights and freedoms of Canadians.

In addition to government legislation referenced in the textual artifacts, two quotes are referenced in the news release, *Protecting the Health and Safety*. Firstly, the document provides a quote from Chris Alexander, Canada’s Citizenship and Immigration Minister:

40. *Canada has been a leader in the international efforts to respond to the Ebola outbreak in West Africa. The precautionary measures announced today build on actions we have taken to protect the health and safety of Canadians here at home. Our government continues to monitor the situation in West Africa very closely and will continue **to act in the best interests of Canadians** (Protecting the Health and Safety, 2014, p. 1)*

Apparent in example 40 is the explicit influence of the political context and its appearance in the discourse. The phrase "to act in the best interests of Canadians" indicates an effort to deliver a

message to voters. The political discourse insinuates that Canadian health and safety will be put first. The political discourse positions the government as a leader that exists to protect the health and safety of its citizens. The action of the travel restriction is thus explained in the textual artifacts as an action that will protect the Canadian people during an infectious disease outbreak. The action and the associated discourse may appeal to voters' or audiences' sense of trust in the government to protect them from a threat and arouse favorable feelings towards how the government is addressing the threat. Likely, the Canadian public will be the consumers of this political discourse and the government is conveying to the Canadian public that the border measures are the most effective means of protecting their public health and safety. This type of discourse expands both the type of 'power' held by politicians and the level of politicians' expertise within the context. Public confidence in the government's ability in managing an infectious disease threat plays an important role in building public support and trust for government actions, and ultimately reducing public and political disapproval of the actions.

Secondly, the news release contains a quote from Rona Ambrose, Canada's Minister of Health:

41. *All levels of government and the health sector are working together to ensure that Canadians are safe and prepared in the event of a case of Ebola in Canada. Our number one priority is to protect Canadians. We continue to work with domestic and international partners to aid efforts to respond to the outbreak in West Africa, while strengthening our domestic preparedness here at home* (Protecting Health and Safety, 2014, p. 2).

Example 41 demonstrates how politicians act in a particular role, which is embedded in wider power relations. Political contexts that pertain to risk and safety are constructed and managed by politicians, or 'experts,' with reputable credentials (e.g., Health Minister) and extensive resources such as "domestic and international partners" (Example 41). Politicians are credited as

having certified knowledge and expertise for managing the safety of their citizens, and ability to implement policies to protect safety and address risk.

Intertextuality plays a role in articulating leadership, competence, and responsibility of the Government of Canada in managing the Ebola outbreak. The Canadian government's action to implement measures to restrict the mobility of individuals from Guinea, Sierra Leone, and Liberia will ensure the health and safety of the Canadian people. Additionally, the intertextual components of the text shape the meaning of the 2014 Ebola outbreak. Strengthening prevention and control of infectious diseases is represented in the textual artifacts as most effectively implemented through border control measures to address and manage the threat of infectious diseases.

Findings from the second stage of analysis show that the Ebola outbreak was addressed by the Canadian government as an immigration and citizenship issue. The restriction on West African nationals traveling to Canada, but lack of travel restriction on Canadians traveling to West Africa exemplifies the unevenness of mobilities. Additionally, the unevenness of mobilities reinforces the construction of identities implying that the West African identity is more likely to spread Ebola than the Canadian identity. The implementation of the visa ban under the domain of citizenship and immigration constructs a context that frames how infectious diseases should be managed by the Canadian government. The visa ban was implemented under the IRPA, suggesting that restricting cross-border movements of West African citizens is how to effectively manage infectious disease outbreaks. Alternately, members of the NDP, the Parliamentary opposition during the timeframe of the textual artifacts, argue that the government is ignoring scientific process and expert advice that travel bans are ineffective.

Third-Dimension: Explanation

The third and final stage of Fairclough's three-dimensional analysis is the explanation stage which examines the sociocultural context of the discourse. At this stage of analysis, the relationship between the processes of production, interpretation, and consumption, and their social effects are analyzed. Edward Said's (1978) methodology provides insight into Western authority or superiority over the Orient as a social practice. The aim of the analysis at this stage is to analyze the relationship between a social event and the social and cultural structures. At this stage, I employ Said's methodology as a theoretical framework to examine historical, social, and cultural contexts of *Othering* of the West African people in the context of the 2014-2016 Ebola outbreak.

Sociocultural Context of the Discourse

Firstly, according to Said (1978), *strategic location* is a way to analyze the text's position in relation to the Orient. The distributor of the text either associates themselves with the Orient or the West, which produces certain representations and meanings about the Orient (Said, 1978). Led by this theoretical frame, the notion of 'location' or 'place' as described in the textual artifacts will be explored.

The textual artifacts frequently state that individuals who have "resided, travelled or transited" through an Ebola affected country (EAC) countries in the last three months are restricted from applying for Canadian visas:

42. *CIC will not process new visa applications nor continue to process pending visa applications for temporary residence in the worker, student or visitor class of foreign nationals who have been in an Ebola affected country (which includes having resided, travelled or transited), within three months prior to the date the application is received by CIC (Ministerial Instructions, 2014, p. 2).*

43. *This Operational Bulletin (OB) provides officers with operational instructions in regard to Ministerial Instructions (MIs) affecting applications from individuals who have resided*

in, travelled to, or transited through Ebola affected countries (EAC) during the last three months (OB-593, 2014, p.1; OB-593-A, 2014, p.1).

44. *If the applicant has resided in, travelled to, or transited through an EAC within the three months prior to making the final decision, they are described in the MIs and the application must be put on hold* (OB-593, 2014, p. 4).

Examples 42-44 are three of twenty-two occurrences where the actions *residing, traveling, transiting* are referenced in the textual artifacts. The actions of residing, traveling or transiting through an EAC (Sierra Leone, Guinea, and Liberia) encompass a wide range of mobilities and living circumstances of an individual. This includes traveling through an EAC to reach another destination, visiting an EAC for a short or extended period of time, or working or living in an EAC. In the textual artifacts, the actions or activities one performs while in a Sierra Leone, Guinea, or Liberia are irrelevant and not a deterrent if an individual is considered at risk of contracting and spreading Ebola. Additionally, the specifics of where in each country are experiencing an Ebola outbreak is not included in the political discourse. Moreover, the entire geography of the three countries is represented as ‘infected’ with Ebola. In essence, geography is a basis for the exclusion of individuals under the Ebola visa ban. The border assumes an important role to restrict individuals from a certain geographical area for the purposes of the health and safety of Canadian citizens.

Border practices are configured in ways that are embedded in power relations that produce representations and associated meanings of people from unfamiliar countries. Border measures, such as the Ebola visa ban, determine who can and cannot gain entry into a country which enables a division between ‘Us’ and ‘Them.’ Consequently, the construction of ‘Them’ produces the separation of nationalities and identities. Border measures implemented in times of risk emphasize notions of difference, and migrants become representative of risk. The fear of Ebola spreading outside of Africa into Western countries is coupled with mobilities. The West

does not fear an infectious disease outbreak, it fears the *spread* of the infectious disease outbreak outside the East. The West African national becomes symbolic of the fear of the spread of Ebola. The infectious disease is personified and to successfully manage the infectious disease, the person needs to be managed. Similar to representations associated with the geographical areas that are experiencing Ebola outbreaks, the personhood of the West African national is reduced to a being 'infected' with a dangerous infectious disease, a being whose movement poses a risk to Western society. Such narratives are established and sustained through the implementation of travel measures by governments that restrict movement of certain individuals during an infectious disease outbreak.

Secondly, *strategic formation* is a theoretical frame to analyze the basis of the relationship between the West and Orient (Said, 1978). In other words, how the text constructs representations of the Orient are analyzed. Through this theoretical lens, the construction of who or what poses a risk to health and safety is examined.

As previously discussed in the first dimension of analysis, Canada is constructed as a leader in managing the 2014-2016 Ebola outbreak in West Africa. Discourse constructs perceptions and knowledge about risk, and the relationship between constructed perceptions and knowledge influences public support for government actions. Government leadership is framed as imperative to manage eliminate the uncertainty and unpredictability of the threat of Ebola. Within the construction of a threat in the context of an infectious disease outbreak, the image of who carries infectious disease and who needs to be protected from infectious disease is constructed and maintained by political discourse that addresses border measures. The implementation of the measures is a government action that is inherently symbolic of power. The

ability to decide who and what poses a threat of spreading Ebola and what actions to take in the name of security demonstrates the power of the government to construct notions of risk.

As the discourse shows, risk is framed within a context that is embedded in power relations. OB-593 (2014) outlines that in some cases, travel to Canada is necessary and some individuals may be issued a visa despite the visa ban:

45. High profile cases from applicants described in the MIs

There are cases where Canada may have an interest in issuing a travel document to an individual who is described in the MIs. These could include the following persons:

- *Foreign representatives such as diplomats, consular officers, and officials of international organizations such as ICAO;*
- *Senior foreign government officials; or*
- *Other notable world leaders such as senior religious leaders (p. 4)*

The discourse demonstrates that power governs mobility. Access to mobility is at the discretion of government. The government has the power to limit mobility and also enable mobility. In other words, inclusion and exclusion practices at the border are institutionalized. Therefore, a conceptual understanding of mobility requires an understanding of how border measures are embedded in power relations that produce social inequalities. As in the circumstances of this study, although the border measures were implemented under the justification that migrants from three West African countries could spread Ebola into Canada if granted entry into the country, certain individuals were exempted from the travel restriction due to their positions of power. This exemption not only demonstrates that individuals in positions of power are able to move across borders with ease and freedom, power is an inherent characteristic of mobility because inclusion and exclusion practices at the border are implemented through power relations.

This is reiterated and expanded upon in the revised version of the document, OB-593-A (2014):

46. *There are cases where travel is essential to the applicant and Canada may have an interest in issuing a travel document to them even though they are described in the MIs. These could include the following persons:*
Heads and deputy heads of state;
Chief justices;
Parliamentary and senate speakers;
Ministers and deputy ministers; secretaries of state;
Parliamentary secretaries;
Lieutenant governors;
Provincial and territorial leaders and ministers;
Federal parliamentarians;
Assistant Deputy Minister-level senior federal, provincial and territorial officials;
Foreign Representatives such as Diplomats, Consular Officers, and Individuals covered by an Order in Council under the Foreign Missions and International Organizations Act (FMIOA), for example officials of ICAO; or Other individuals identified by the IPM who may be considered a VIP (senior business people equivalent to the government positions mentioned above, internationally acclaimed artists, etc.) (p. 4-5).

As outlined in example 45 and 46, individuals in a place of authority and power such as government officials or religious leaders are exempt from the visa ban. This exemption demonstrates that border mobility is socially unequal, favoring citizens in positions of power. The polarization between who is granted mobility rights and who face barriers to mobility is embedded in power relations.

In conclusion, the analyzed political discourse constructs the region of West Africa as synonymous with Ebola and West African nationals as carriers and transmitters of Ebola. In the context of the Ebola visa ban, border measures were implemented under the notion that action needs to be taken before Ebola spreads from West Africa to Canada. Additionally, the analyzed political discourse exemplifies the uneven nature of power relations. Although the analyzed discourse highlights the risk of Ebola spreading due to West African nationals moving across borders, the same risk was not associated with authority figures. Border practices of inclusion and exclusion to secure health and safety of the Canadian people exempted certain identities

which highlights how risk is symbolically constructed by political discourse in the context of the Ebola outbreak.

Data Analysis

This research analyzed Canadian political discourse that addresses the 2014-2016 Ebola visa ban to explore how Ebola was managed and addressed by the Government of Canada. As previously discussed in Chapter Three, three research questions were developed to lead the analysis: (R1) How did Canadian political discourse represent Africa and the African people during the 2014 Ebola visa ban? (R2) What are the effects of border control as a pandemic management strategy on the construction of representations and meanings of a pandemic? (R3) What is the nature of the symbolic meanings and representations associated with the 2014 Canadian Ebola visa ban legislation? Through a critical discourse analysis, the three research questions were addressed and provided insight into the phenomenon of border measures as a pandemic management strategy. Below, I provide a summary of the research questions guiding this study and introduce their corresponding answers.

(R1) How did Canadian political discourse represent Africa and the African people during the 2014 Ebola visa ban?

This first question was addressed by an analysis of political discourse addressing the 2014 Ebola visa ban and previous academic literature. The analysis of political discourse shows that West Africa and West African nationals are discussed as synonymous with Ebola. Sierra Leone, Guinea, and Liberia are defined as places that are Ebola-ridden. Consequently, the West African identity is constructed as an embodiment of the unpredictability and risk of Ebola being transmitted from West Africa to Canada. Restricting the mobility of West African nationals is framed as eliminating the risk of Ebola spreading from ‘over there’ to ‘here.’ The lack of restrictions on Canadian nationals traveling to West African countries and returning to Canada

further demonstrates the symbolism associated with the West African national as a risk to Canadians. Findings of the analysis are concurrent with existing research on discourses of infectious disease and the extension of ‘place’ to the population of the country experiencing an infectious disease outbreak (Briggs and Nitcher, 2009; Mason, 2015; Washer, 2014).

(R2) What are the effects of border control as a pandemic management strategy on the construction of representations and meanings of a pandemic?

This question provided an examination of how political discourse framed Ebola in relation to the implemented border measures of the 2014 Ebola visa ban. In the analyzed discourse, the situation in West Africa was strongly centralized around the fear that the outbreak in West Africa could be transported into Canada. The discourse constructs infectious disease management as an issue that is managed through restricting mobilities of nationals from regions experiencing an infectious disease outbreak. The purpose of the measures is not to address and manage the Ebola outbreak; rather, the measures are intended to manage and address the *spread* of Ebola. Restricting the movement of West African nationals is constructed as an effective and essential action to control the spread of Ebola. The findings indicate that political discourse framed the visa ban as a pandemic management strategy that will protect the health and safety of Canadians. In the context of the Ebola outbreak, the measures represent an action that is a symbolic separation between healthy and safe Canada, and infected and risky West Africa. These findings largely support Abeyasinghe’s (2016) argument that contemporary discourse highlights Ebola as a problem to the West rather than a problem of affected West African communities.

(R3) What is the nature of the symbolic meanings and representations associated with the 2014 Canadian Ebola visa ban legislation?

The third question addressed who has the right to mobility in the context of the 2014 Ebola visa ban and who has the power to manage mobility in the context of an infectious disease

outbreak. A key insight drawn from this analysis was the border measures were implemented under the Canadian Department of Citizenship and Immigration. The textual artifacts reference the Immigration and Refugee Protection Act (IRPA) as the basis for the implemented measures, bringing infectious diseases into the realm of non-medical management and responses. Through the implementation of the measures, the analyzed political discourse symbolically constructed a relationship between mobilities and the spread of infectious diseases. Findings from the analysis show that political discourse constructed restricting the movement of West African nationals as the most effective method to protect Canadian citizens' health and safety from the threat of Ebola.

Implications drawn from this analysis highlight political constructions of risk through the hierarchical nature of language and decision-making. Politicians possess a governing platform where risk is formulated and communicated to the public, producing public perceptions of disease and what actions will protect citizens from an outbreak. This type of discourse influences support for the enactment of measures that restrict mobility of certain individuals for the purposes of protecting health and safety. Additionally, exemption of religious leaders and authority figures in the travel restrictions demonstrates that those in positions of power are able to exercise mobility across borders despite barriers to other individuals. Findings of the analysis, particularly in the third dimension of analysis, show that power is a fundamental characteristic of mobilities because inclusion and exclusion practices are implemented through established power relations. These findings contribute to mobilities research, which places an emphasis on power as interrelated with movement and stillness (Sheller, 2011). As discussed in Chapter Two, governmental practices that selectively filter entry and exit across the border is defined by Sheller (2015) as "uneven mobilities" (p. 17). Furthermore, the measures implemented by the

Canadian government during the 2014 Ebola outbreak in West Africa is an example of a context that produced uneven mobilities.

CHAPTER FIVE: DISCUSSION

In order to understand the ways in which individuals understand infectious diseases, it is crucial to examine the implementation of measures to manage an infectious disease outbreak and associated political discourse. Political discourse establishes a relationship between power and knowledge and constructs representations of government policies and actions. What is counted as 'true' is always implicated in the relationship between knowledge and power (Foucault, 1977). According to van Dijk (2002), political representations symbolize how people understand specific political events, the political world, and how people make sense of political communication. Political discourse can construct a topic in a certain way and also limit the other ways the topic can be constructed (Hall, 2006). For example, the findings of this research show that the Canadian government portrayed the travel restrictions on individuals from Guinea, Sierra Leone, and Liberia as ensuring that Canadians' health and safety will be protected. As will be discussed further in this chapter, their decision and associated discourse disregards scientific evidence and expert consensus that travel restrictions are ineffective and detrimental to global strategies to manage an infectious disease outbreak (Pattani, 2015). Political discourse is comprised of selectively chosen information and arguments that justify decisions in an effort to shape public opinion and attitudes to support their decision. Governments address the public's anxieties and fears about infectious disease outbreaks by conveying to the public that political institutions have a high level of expertise for implementing measures that will protect public health and safety (Dunmire, 2005). Furthermore, when a government implements an action to address an issue of public concern, such as an infectious disease outbreak, it is widely accepted by the public that these actions are effective and appropriate to the context.

It is worth noting that the measures implemented by the Canadian government were not in response to a reported case of Ebola in Canada. The United States was the only North American country to detect a case of Ebola during the 2014-2016 outbreak in West Africa. According to the Centres for Disease Control and Prevention (CDC) (2017), on September 30, 2014, a month before Canada implemented the travel restrictions, a man who traveled from West Africa to Dallas, Texas was diagnosed with Ebola. The man died on October 8, 2014, and two healthcare workers at a Texas hospital that were treating him tested positive for Ebola. Both of the healthcare workers fully recovered. On October 23, 2014, a medical aid worker who had been volunteering in Guinea was hospitalized in New York with a suspected case of Ebola. The diagnosis was confirmed the next day, and the patient fully recovered. Seven other people were treated for Ebola in the United States after becoming ill while in West Africa. They were transported from West Africa to hospitals in the United States by chartered aircraft. A majority of them were medical workers. Six of them recovered and one died. Furthermore, a majority of Ebola cases in the United States during the 2014-2016 outbreak were healthcare workers that were directly exposed to Ebola in West Africa or in a healthcare setting (CDC, 2017).

The border measures were implemented by the Canadian government under the justification that restricting the mobility of individuals from Sierra Leone, Guinea, and Liberia will protect Canadian public health and safety. As a result, the political discourse symbolically constructed an association between the fear of Ebola spreading and the mobility of West Africans. The measures do not directly address the Ebola outbreak. Alternatively, the measures address the *spread* of the Ebola outbreak. The experiences of the West African people facing the Ebola outbreak are diminished and the fear the disease will spread outside Africa into Canada takes precedence. The West African identity is symbolically constructed as a threat to Canadians

and restricting West African individuals' movements is represented as managing the Ebola outbreak.

Offering a contribution to mobilities research, findings of this research demonstrate that an examination of mobilities in the context of an infectious disease outbreak highlights the representations, ideologies, and meanings attached to mobility (Sheller, 2011). The symbolic construction of West African mobility as a threat to spreading Ebola into Canada demonstrates the biopolitical nature of mobilities. In contemporary times, populations are separated by biopolitical borders — the separation of populations — and not geographical borders (Vaughan-Williams 2009a, 2009b). In other words, there is a dichotomy between Canada and West Africa that is established and maintained with 2014 Canadian Ebola visa ban. Travel restrictions that are implemented to address a threat by restricting the movement of a specific nationality symbolically construct that nationality as 'Others.' When the Canadian government implemented the visa ban, the action and the associated political discourse extended the threat of Ebola to the West African nationality. The measures represent a symbolic separation between healthy and safe Canadians, and infected and risky West Africans. Moreover, actions to reduce risk through limiting mobility subsequently establishes an 'Us' and 'Them' discourse that construct dominant representations of West African individuals from Guinea, Sierra Leone, and Liberia as risks to the Canadian people.

However, the question remains whether travel restrictions are an effective response to address the spread of infectious disease during an outbreak. The intended purpose of border control measures in the context of an infectious disease outbreak is to decrease or eliminate travel to and from areas that are experiencing an outbreak to avoid the spread of the infectious disease

Although border measures can provide a sense of security for the public during an infectious disease outbreak, they are not supported by expert consensus or evidence (Pattani, 2015). A study conducted by Bajardi et al. (2011) on travel restrictions after the emergence of H1N1 influenza in 2009 found that travel air traffic to and from Mexico declined about 40%. However, no comprehensive containment of H1N1 was achieved and the virus was able to reach pandemic proportions in a short timeframe. Additionally, Gomes et al. (2014) evaluated the effectiveness of travel bans in the context of the Ebola outbreak in West Africa and found that even if the restrictions were 80% effective, there would only be a delay of a few weeks in the spread of the disease. Similar results were found in a study following the United States September 11, 2001 attacks. Researchers examined the influence of a reduction in air travel on the spread of that season's flu outbreak in the United States. Findings of the study indicate that reduced travel across the country did not stop the season's flu outbreak, but there was a delay by one month (Germann et al., 2016). Therefore, findings provide little evidence that travel restrictions are effective measures to reduce the spread of infectious diseases.

Additionally, Canada's adoption of the border measures to manage the spread of Ebola was contrary to scientific evidence on the spread of infectious diseases. Dr. Isabelle Nuttall, Director of Global Capacities, Alert and Response at the WHO argues that travel bans are "detrimental and infective" (Nuttall, 2014, para.1). Dr. Nuttall (2014) states:

In reality, it is impossible to stop the movement of people motivated to see loved ones or seek a better life for their children. Every day there are millions of people crossing the planet, not only by airplane but traversing uncontrolled land borders in remote areas, or as crew on the thousands of ships trading goods up and down the world's coastlines.
(para. 2)

Travel restrictions can force individuals to find new methods of travel, and the monitoring of infectious diseases across borders becomes challenging. Additionally, when barriers are implemented to restrict movement of migrants fleeing their home country, new methods of travel for migrants are often more dangerous. This is apparent in the ongoing European refugee crisis, where migrants from countries such as Iraq, Afghanistan and Syria that are affected by conflict and political instability are attempting to gain entry into Europe through Turkey from Greece. However, following the European Union-Turkey deal to reduce the number of refugee crossings, a 2016 report from the International Organization for Migration (IOM) found that the refugees located longer and more dangerous routes. As a consequence, the likelihood of refugees dying at sea increased (D'Amato, 2017).

As previously discussed, the measures were implemented through the justification that the WHO reported that Guinea, Sierra Leone, and Liberia are experiencing widespread outbreaks of Ebola. The disregard of scientific evidence and expert advice from public health officials is overshadowed by political discourse that suggests there is impending threat of an infectious disease spreading to Canada. Voters expect their incumbents to make the best decisions on important issues, and the visa ban was presented as the best action to address the Ebola outbreak in West Africa. If voters are not aware of scientific evidence that advises against visa bans, this may seem like an appropriate action to take to protect Canadians' health and safety and garner public support from Canadian publics. An analysis of the Canadian public's reception of the ban would provide insight into how public support for government actions that respond to infectious disease outbreaks is influenced by the effects of framing. However, those elements were beyond the scope of this study.

Furthermore, this study raises the question: if actions that impede the mobility of a specific population are not a scientifically effective response, what actions can be taken to address the spread of infectious diseases? Bogoch et al. (2014) evaluated flight travel out of Guinea, Liberia, and Sierra Leone to assess the potential for Ebola to spread across borders through air travel. Findings show that exit screening of travelers in Guinea, Liberia, and Sierra Leone airports would be the most effective method to assess the health of travelers. Bogoch et al. recommend that the effectiveness of this method would depend on global cooperation. Nuzzo, Cicero, Waldhorn, and Inglesby (2014) also argue that the most effective way to eliminate the spread of Ebola is to stop the disease in West Africa. Nuzzo et al. also support exit screening from countries affected by infectious disease outbreaks as a more effective than travel screening or bans.

The current understanding of infectious disease transmission is that it cannot be stopped at the border. This evidence is reflected by the IHR (see Chapter Two) and by the WHO, which advocate for fewer control measures at borders and more detection and response mechanisms at the source of the outbreak (Kosner, 2014). The intent of the IHR and WHO is to develop a global surveillance network. Countries that implement measures that are independent from the global surveillance network not only undermine scientific consensus and evidence, but also disrupt the development of a global, unified strategy to effectively manage the global spread of infectious diseases. The argument that travel restrictions will protect public health from the spread of infectious diseases is challenged and refuted by significant evidence.

In addition to not being supported by scientific evidence, as this study shows, travel restrictions reinforce and maintain existing stereotypes of certain nationalities. For example, media accounts during the Ebola outbreak focused on cultural practices of West Africans, such

as funeral rituals that require the touching and bathing of bodies, and the consumption of ‘bushmeat’ (Wallace, 2014). Knowledge of other cultures and identities is a result of constructed perceptions and understandings. The history, language, and experience of cultures and identities is often overshadowed by a narrow perception that is often meaningless, untrue, or irrelevant to the context. Rather than creating a dichotomy between different cultures and identities, an understanding of the world as a unified place where cultures are integrated, borrow from each other, and live together is needed (Said, 2003). The implementation of policies, such as the travel restriction implemented by the Canadian government during the 2014-2016 Ebola outbreak in West Africa, exacerbates an ongoing discourse that emphasizes differences between cultures and identities.

Limitations of the Study

Statements made by politicians to the media regarding the 2014 Ebola visa ban were not included in the analysis of political discourse. Therefore, a central limitation of this study is the analysis of political discourse is limited to parliamentary debates and official government documents relating to the Ebola visa ban. Van dijk (1997) argues the study of political discourse is the “text and talk of professional politicians or political institutions” (p. 12). However, in order to avoid an extension of political discourse into a domain that is so large that we are unable to distinguish political discourse from public discourse, van Dijk argues that the scope of the analysis should be delimited to focusing on political discourse as activities or practices accomplished by political discourse (van Dijk, 1997). The inclusion of a media discourse analysis would provide a more complete understanding of how the 2014 Ebola visa ban was conveyed to the public. However, to narrow the scope of the analysis, this study is limited to an analysis of political discourse during the specified time frame.

CHAPTER SIX: CONCLUSION

In response to 2014 Ebola outbreak in West Africa, on October 31, 2014, the Government of Canada implemented a travel ban on three West African countries – Guinea, Liberia, and Sierra Leone. The implementation of the border measures is concurrent with current debates on how to effectively manage infectious diseases, which often emphasize the importance of border measures due to the ever-increasing movement of people and pathogens across borders (Hooker and Ali, 2009). This study examines a context where border measures were implemented to address and manage an infectious disease outbreak.

This study, *Mobilities and Infectious Disease: 'Othering' in Canadian Political Discourse of Ebola*, represents the first known study to analyze Canadian political discourse of the 2014 Ebola visa ban. Contributing to mobilities research, this study explores the Canadian Ebola visa ban as a pandemic management strategy and the symbolic construction of infectious disease outbreaks.

A review of literature demonstrates that policies, government actions, and associated political discourse produce constructions of knowledge and understandings about the world (Foucault, 1977; 1980; Hall, 2006, van Dijk, 2002). Discourses associated with infectious disease outbreaks highlight the importance of 'place' (Bell, Warren, Budd, 2012; Washer, 2014). Consequently, fear and anxiety of infectious diseases are extended from the country or region experiencing the outbreak to the population (Joffe, 2011, Murdocca, 2013; Sparke and Anguelov, 2012). Further, heightened fear and anxiety during an infectious outbreak, in addition to constructed knowledge of infectious disease threats, influence the enactment of practices that focus on certain nationalities (e.g., Mexican, Chinese, or African) in the name of biosecurity (Briggs and Nichter, 2009; Mason, 2015). During the 2014-2016 Ebola outbreak in West Africa,

multiple governments implemented border measures to address and manage the outbreak (Abeysinghe, 2016). Border measures that limit the mobility of certain individuals, commonly originating from undeveloped or developing countries, produce representations that divide the world into healthy and unhealthy; risky or safe; legitimate or non-legitimate spaces; modern and undeveloped (Topak, 2014; Vukov and Sheller, 2013). These negative representations produce ‘uneven mobilities’ where some people can obtain the right to movement and others cannot (Gilles et al., 2013; Sheller, 2015).

Examining seven textual artifacts dated between Friday, October 31, 2014 and Friday, November 7, 2014, this analysis was conducted to understand how the visa ban and the associated political discourse addressed the threat of the 2014-2016 Ebola outbreak in West Africa. Additionally, this study also examined how the political discourse presented the Ebola outbreak and the border measures to the Canadian public. A postcolonial perspective informs the research worldview of this study to examine how cultural representations are symbolically constructed through the implementation of government policies and actions. A postcolonial research worldview, based on Edward Said’s (1978) foundational and influential contribution to postcolonial theory in his text *Orientalism*, provides an approach to understand how Western discourses influence differentiations between Eastern and Western cultures. In the case of this analysis, postcolonial theory is incorporated into the analysis of seven textual artifacts that address the 2014 Canadian Ebola visa ban to examine the symbolic construction of infectious disease outbreaks and perceptions of West African culture and identity.

The methodological approach selected to conduct a close reading of text was critical discourse analysis with the research tools of Norman Fairclough’s (1989, 1992, 1995) three-dimensional model of discourse. To analyze discourse, Fairclough (1989, 1992, 1995) argues

three elements of discourse must be analyzed: the object of analysis, the processes by which the object is produced and received by human subjects, and the socio-historical conditions that govern processes. As discussed in Chapter Three, to conduct a discourse analysis, three dimensions of analysis must be analyzed: description, interpretation, and explanation (Fairclough, 1995). Although each stage of analysis is closely interconnected, each has different dimension of analysis. The first dimension examines the linguistic features of the text; the second stage examines the production, consumption, and distribution of discourse; and the third and final stage of analysis examines the social practice of the text (Fairclough, 1989, 1992, 1995). In the third stage of analysis, I incorporate Edward Said's (1978) research tools to analyze the relationship between representations of cultures (or social groups) and power structures, which is not explicitly discussed in Fairclough's three-dimensional approach to critical discourse analysis. Said's approach to studying discourse allows an examination of the way discourse represents the "East" and the "Orient" (or the "Other").

Findings from the qualitative analysis address the three research questions and provide three central insights. Firstly, political discourse framed West Africa as synonymous with Ebola, and the West African individual is constructed as an emblem of the risk of Ebola being transmitted into Canada. The West African identity is constructed as an embodiment of the unpredictability and risk of Ebola being transmitted from West Africa to Canada. Secondly, political discourse framed the travel restrictions on West African individuals as a pandemic management strategy that would protect the health and safety of Canadians. Restricting the mobility of West African nationals is constructed as an effective and essential action to control the spread of Ebola. The discourse was strongly centralized around the fear that the outbreak in West Africa could be transported into Canada. Moreover, the purpose of the measures was not to

address and manage the Ebola outbreak — the measures are intended to manage and address the *spread* of Ebola. Thirdly, the analyzed political discourse demonstrates that power relations are a fundamental determinant of exclusion and inclusion at the border during an infectious disease outbreak. Findings in the third stage of analysis demonstrate that political constructions of risk are formulated through the hierarchical nature of language and decision-making.

Conclusions drawn from this analysis are that the implemented measures ignored scientific evidence and expert advice that travel restrictions are ineffective. The implementation of border measures to restrict the mobility of individuals from Guinea, Sierra Leone, and Liberia produced a symbolic construction of risk and a differentiation between West African and Canadian identities. Within the analyzed political discourse, restricting the movement of West African individuals to prevent and manage the spread of Ebola are represented as ensuring the Canadian people's health and safety will be protected.

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