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THE RHETORIC OF BLAME: A RHETORICAL FRAMING ANALYSIS OF
OTHERING AND BLAME IN HISTORICAL HEALTH CRISES

by

Colin Cameron

A Thesis
Submitted to the Graduate School,
the College of Arts and Sciences
and the School of Communication
at The University of Southern Mississippi
in Partial Fulfillment of the Requirements
for the Degree of Master of Arts

Approved by:

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ABSTRACT

The United States' response to the COVID-19 pandemic was hallmarked by blame rhetoric and fluid social and political expedience. However, the pervasiveness of othering and blame in contemporary pandemic discourse is perhaps consistent with the blame rhetoric of health crises throughout history. Using a rhetorical framing analysis approach, this study aims to explore the various elements of blame rhetoric embedded in newsprint media frames regarding historic infectious disease outbreaks. In doing so, this study investigates three case studies: the San Francisco smallpox outbreak of 1876, the Spanish Flu pandemic of 1918, and the AIDS crisis of the 1980s – 1990s. Through this investigation, I demonstrate how the elements of othering and blame in these historic health crises consistently mirror the political rhetoric surrounding the current COVID-19 pandemic. I argue that the practices of othering and blame defining the contemporary pandemic rhetoric are not a new phenomenon, but rather a continuation of an ongoing problem. Lastly, I argue that it is not the intention of this study to establish an origin for these practices. Rather, the purpose of this study is to use these historic case studies to showcase how the past occupies the present and better illuminate the consequences of medical scapegoating as they occur in our current moment.

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DEDICATION

This project is dedicated to Bobbie White, my grandmother, who loved me unconditionally. She would have probably not been interested in this study, but she would have told everyone she knew about it.

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LIST OF ABBREVIATIONS

<i>CDC</i>	Center for Disease Control and Prevention
<i>AIDS</i>	Acquired Immune Deficiency Syndrome
<i>PWA</i>	Persons with AIDS

CHAPTER I – INTRODUCTION, REVIEW OF LITERATURE, OVERVIEW OF FOUR CASE STUDIES

While the United States and the rest of the world continues to grapple with sustainable solutions to the ongoing pandemic, the U.S.’s response to the health crisis over the course of the last 24 months has remained a subject of critical investigation. At the fundamental level, this response was ultimately hallmarked by misinformation, inconsistency, and problematic rhetoric – creating a crisis information pipeline rife with contradictions between the scientific community and former president Donald Trump (and his administration). In general, this is perhaps why the public satisfaction with the U.S national government’s response to the COVID-19 pandemic in the U.S. peaked at only 47% in April, 2020 (Statista, 2021). However, elements of contemporary pandemic discourse are notably consistent with elements of pandemic and health crisis rhetoric throughout history. Starting as early as the 14th century bubonic plague, a central aspect of historical pandemic and health crisis rhetoric often involves society leaders and social majorities aiming to fabricate an “other,” or an out-group that becomes an object of blame.

Othering is both a practice through which one seeks to name groups or individuals as different from themselves (or mark them as *the other*) and a process through which people form their own identities in relation to said other(s) (Weis, 1995, p.17) Consequently, this process of marking others as different from oneself or from hegemonic ideals can oftentimes serve to “reinforce and reproduce positions of domination and subordination” (Johnson et al., 2004, p. 253). Additionally, *the other* is often subject to marginalization, discrimination, exclusion, and even violence (Johnson et

al., 2004). Blatant, wildly apparent, examples of pandemic othering in contemporary national and global discourse include Donald Trump's labeling the outbreak the "China Virus" (also "Chinese Virus" and "Wuhan Virus") – which directly attributes blame on China for the virus's reported origination in Wuhan, China. While such explicit examples of othering are certainly not uncommon in both historical and contemporary pandemic rhetoric, additional, more subtle, instances of blame/othering can be identified in both contexts as well.

While othering occurs in general public discourse and political discourse during periods of 'normalcy,' health crises can often exacerbate such practices. According to Crawford (1994) the uncertainty and insecurity associated with health crises can "intensify the social boundaries between identity groups, with people trying to distance themselves and the identity groups with which they identify from those perceived to be unhealthy through stereotyping already stigmatized groups" (Dionne & Turkmen, 2020, p. 214). In part, this increased practice is essentially an aspect of the blaming process that occurs in these situations. For one, the ability to place blame on an entity during a health crisis as means of disciplining them, especially in crises involving infectious disease outbreaks, offers a sort of means for making the uncertainty of the situation appear manageable (Nelkin & Gilman, 1988). Furthermore, this uncertainty and general lack of medical knowledge results in a redistribution of blame which furthers existing patterns of othering and discrimination (Dionne & Turkmen, 2020; Flowers, 2001).

Through rhetorical criticism and rhetorical framing analysis of political and public discourse and print news media, this project aims to highlight the pervasiveness of othering and blame in health crisis rhetoric throughout history. In doing so, the project

argues that this phenomenon of othering at the expense of marginalized groups is not unique or exclusive to the current COVID-19 pandemic discourse, but rather it is merely a continuation of a problematic rhetoric that has been occurring for centuries.

Specifically, this project examines the rhetoric of four health crisis situations as personified through political discourse and print news media: (1) the 1876 Smallpox outbreak in San Francisco, (2) the 1918 Spanish Flu epidemic, (3) the AIDS crisis epidemic in the 1980's and 1990's, and (4) the 2003 SARS epidemic. Taking into account the confluence of media, political rhetoric, and agenda-setting, this project considers these elements as a window into public opinion that is understood in both historical and contemporary contexts (McCombs & Ghanem; 2001).

Literature Review

Othering and Health Crisis Discourse

Originally developed through de Beauvoir's (1952) work in feminist theory, subsequent scholarship has since expanded upon the concept of othering as a means of examining unequal societal relationships (Johnson et al, 2004; see Griffin, 1981).

Unsurprisingly, existing survey data reveals negative attitudes toward those discursively associated with the COVID-19 pandemic, according to Dionne and Turkmen (2020). This data shows that, after the virus had spread across the globe and its mode of transmission had been identified, there still existed considerably high support for quarantining Chinese travelers (Dionne & Turkmen, 2020). In brief, such practices not only serve to exacerbate existing xenophobic attitudes and behaviors, but they also affect political action/inaction (especially in the context of public health crises). Regarding political inaction specifically, scholars argue that "when leaders and their publics associate an infectious

disease with marginalized groups, it can keep them from pursuing meaningful responses to the disease in ways that protect their communities and states” (Dionne & Turkmen, 2020, p. 223; Cohen, 1999; Lieberman, 2009). The following examples are certainly not exhaustive, but they include a brief review of a few key instances of othering and blame in pandemic discourse throughout history to be further discussed within this project. For, it is important to highlight examples of these practices to demonstrate that many of the discursive and rhetorical strategies in the COVID-19 pandemic are not necessarily isolated or unique to contemporary discourse.

Health Crises Othering and Blame Throughout History; A Brief Overview

Starting with the smallpox outbreaks in the United States in the 1870’s, Chinese migrants were subjected to the implications of medical scapegoating after the California Department of Health began documenting the morbidity and mortality rates in the state’s urban areas (Dionne & Turkmen, 2020). At the time, communicable diseases such as smallpox were the primary cause for 20 percent of all deaths, with 50 percent of those deaths being ‘foreign-born’ residents – with the Chinese making up about five to ten percent of the total deaths (Dionne & Turkmen, 2020, p. 216; Klee, 1983). Even after theories regarding a link between smallpox outbreaks and San Francisco’s Chinatown were dismissed, residents labeled the neighborhood “a laboratory of infection,” and Chinese residents were labeled “unscrupulous, lying and treacherous Chinamen” and subjected to discriminatory practices (Trauner, 1978). Shortly after, during the third bubonic plague (1894 – 1950), global discourse heavily reflected racialized rhetoric on immigration and class (Echenberg, 2010; White, 2018).

Discrimination as a result of the othering of foreigners continued again during the influenza pandemic of 1918-1919 (Spanish Flu) when Portuguese and Spanish workers and soldiers traveling home from France received drastically different treatment from Spanish officials (Dionne and Turkmen, 2020). More recently, The SARS pandemic of 2003 put Chinese people back on the receiving end of pandemic othering. SARS, which originally emerged in China, was thought to originate from Chinese agricultural practices (Eichelberger, 2007). The resurgence of pandemic othering and blame at the expense of Chinese people (as well as people of Asian descent) in a manner that is, again, remarkably consistent with both the smallpox outbreak of 1876 and contemporary pandemic discourse surrounding COVID-19. For context, SARS first appeared in China's southern province, Guangdong, in November 2002 (CDC, 2003). Eight months later, in July 2003, SARS had spread to over 30 countries, surmounting approximately 8,427 total probable cases and 916 deaths worldwide. Meanwhile, there were 418 total cases reported in the U.S., with only 74 officially classified as probable SARS, and there were no reported deaths (CDC, 2003).

Despite the marginally low threat in the U.S. and the relatively little information known about the disease in its early stages, Western media routinely emphasized information about the “deadly” nature of the disease, often comparing the potential ramifications of SARS to those the health crises included in this project such as the 1918 flu epidemic and the AIDS crisis. For example, the British Broadcasting Corporation published, “concern is mounting over the continuing spread of the deadly SARS virus. Some experts say it could have a similar impact to the 1918 flu epidemic that killed 50 million – or the current world HIV crisis” (BBC, 2003; Person et al., 2004). Emphasis of

threat, coupled with the everchanging statistics and recommended protocols associated with a new disease outbreak, served to exacerbate fears and anxieties about the disease. At the same time, rising fear put those of Chinese descent at greater risk for stigmatization and discrimination as a result (Person et al., 2004). In an unfortunately familiar sense, the SARS virus was labeled the “Chinese disease,” and public discourse, once again, reflected the racialized attitudes and behaviors toward people Chinese and Asian descent. As a result, Chinatowns in U.S. cities were again associated with ‘contagion and risk’ and generally avoided (Keil & Ali, 2006; Eichelberger, 2007). Furthermore, the SARS virus became a focal point for anti-immigrant/refugee campaigns in the United Kingdom (Wallis & Nerlich, 2005).

Ideology and Framing: Enaction Through Political Discourse

In the most basic sense, ideologies are often referred to as socially shared beliefs, belief systems, and/or ideas of sorts (Fairclough, 1995; van Dijk, 2006). Furthermore, van Dijk (2011) asserts that these belief systems are not necessarily individual beliefs, but rather social beliefs “shared by members of social groups” (p. 382). Therefore, according to van Dijk (2011), ideologies are “a form of *social cognition*, that is, beliefs shared by and distributed over (the minds of) group members” (p. 382). Given this, it is necessary to approach discussions of ideology critically, according to Fairclough (1995) – in that, “no use of language is considered truly neutral, objective and value free” (Simpson, 1993, p. 6; Amoussou & Aguessy, 2020). From this critical perspective, Amoussou and Aguessy (2020) state that there are three different approaches, or point of views, from which to consider ideology: the discourse-historical, the socio-cognitive, and the socio-

cultural approaches. While each approach is distinct from one another, they are often complimentary (Amoussou & Aguessy, 2020).

One approach in particular, the discourse-historical approach (DHA), considers the interrelationship between ideology and discourse in that ideologies serve as a way of “establishing and maintaining unequal power relations through discourse,” which is achieved through “establishing hegemonic identity narratives or by controlling access to specific discourses or public spheres (“gate-keeping”)” (Wodak, 2015, p. 4). Through this point of view, ideology is oftentimes considered to be a one-sided perspective of related mental representations, attitudes, and opinions shared by members of a particular social group (Wodak, 2015). In the same vein, Reisigl (2017) argues that ideologies can essentially serve to justify social inequalities and hegemonic interests while maintaining the presentation of common public interest. Regarding the intersectionality of ideology and political discourse, van Dijk (2001) states that it is through political discourse that politicians’ multiple ideologies are enacted (Amoussou & Aguessy, 2020). Through which, according to Fairclough’s (1989) assertion, “ideology is the prime means of manufacturing consent” (p. 4).

Furthermore, Melucci (1996) explicates on the intersectionality of framing activity, ideology, and collective action, in which frames are the “discursive representation of collective action” relative to the position of the actor in the field (Melucci, 1996, p. 348). Framing activity itself is a relational process related to the actor’s position within the social field, carrying with it the partiality, plurality, and tensions associated with that position (Melucci, 1996). Whereas ideology is “a set of symbolic frames which collective actors use to represent their own actions to themselves

and to others within a system of social relationships” (Melucci, 1999, p. 349). Melucci’s contention regarding ideology and framing activity is perhaps a fundamental aspect of discursive practices such as othering (a particular practice frequently employed in political discourse and in both historical and contemporary pandemic discourse), in which it creates a foundation for such practices to be enacted.

In reference to social movements in particular, Touraine (1977) states that, at the most basic level, the ideology of movements always includes three common elements: the actor, the adversary, and the indication of ends, goals, and objectives. Melucci (1996) argues that ideology maintains relationships among these elements “which serve on the one hand to legitimize the actor, and on the other to negate any social identity of the opponent” (p. 349). With that being said, it is also important to consider the tenants of Griffin’s (1952) work regarding social movement theory as it relates to the intersect of rhetoric, social movements, and collective action or knowledge, and the understood stages social movement development. Griffin (1952) first explained the contributing events that led to movements and articulated the stages of movement development using historical methods (Jensen, 2006). Griffin (1952) asserted that there are essentially two emerging dialectic groups within historical social movements: pro- and anti-movements. In which, pro-movements are the “rhetorical attempt to arouse public opinion to the creation or acceptance of an institution or idea” (Griffin, 1952, p. 185) Conversely, anti-movements seek to “arouse public opinion to the destruction or rejection of an existing institution or idea” (Griffin, 1952, p. 185). Within each, there exist “aggressor orators” and “defendant rhetoricians,” both serving different purposes (creating acceptance, resisting reform, or defending the status quo).

Griffin (1952) outlined a three-stage model articulating the three identifiable stages of social movements. In the first stage, known as “the period of inception,” social movements emerge into “public notice” from collective concern (p. 186). The second stage, known as “the period of rhetorical crisis,” is when opposing rhetoricians succeed in “irrevocably disturbing that balance between groups which had existed in the mind of the collective audience” (p. 186). The final stage, known as the “consummation period,” is when the group of aggressor orators exits the movement either because they were successful in achieving their intended goals or deemed their goals unachievable (p. 187). In the four health crisis case studies outlined in this project, there are notable consistencies regarding these stages and the identifiable rhetorical frames that emerge in both political discourse and media coverage during these periods. Moving forward, scholars have since extended upon and debated this framework as the rhetoric of the 1960’s deviated from the expected rhetorical norms (Jensen, 2006). However, more recent literature still highlights this general life course for movements. As scholars’ understanding of social movements evolved and developed, so did the factors that shape them (Minkoff, 1997).

Rhetorical Framing Analysis

Whether the origin of research is quantitative and qualitative, framing theory can be effectively used to guide rhetorical criticism (Kuypers, 2010). While perspectives of rhetoric and criticism may vary, scholars argue that rhetoric, being the strategic use of communication to achieve specific goals, is, by nature, intentional – in that, it purposefully uses language to influence the collective knowledge and behaviors of an audience (Bitzer, 1968; Kuypers, 2010). According to Bitzer (1968),

Rhetoric is a mode of altering reality, not by the direct application of energy to objects, but by the creation of discourse which changes reality through the mediation of thought and action. The rhetor alters reality by bringing into existence a discourse of such a character that the audience, in thought and action, is so engaged that it becomes a mediator of change. In this sense rhetoric is always persuasive (p. 4).

Furthermore, Hauser (2002) explicates on rhetoric's active and passive persuasive elements at both the personal and public level, stating, "it is not communication for communication's sake; rhetorical communication, at least implicitly and often explicitly, attempts to coordinate social action" (pp. 2-3). However, Burke (1951) calls for deeper consideration of rhetoric's unintentional, or unconscious, persuasive effects, essentially arguing that rhetoric does not have to be deliberately intentional to be persuasive. He states, "the key term for the 'new' rhetoric would be 'identification,' which can include a partially 'unconscious' factor in appeal" (p. 203). This model of passive persuasion through identification pertains to how a rhetor may use symbols to construct associations and meaning, or frames, when an audience is exposed to them without necessarily being aware of it (Burke, 1950; 1959). Before delving into the analysis in this project, it is perhaps important to consider these frameworks for understanding the avenues, whether active or passive, rhetors undertake in the process of shaping public opinion and behaviors.

The method of rhetorical framing analysis operates in several forms, but a central framework shared and developed by prior scholars emphasizes the role of frames in shaping/constructing meaning while highlighting ways frames might be identified

(Kuypers, 2010). Regarding this project, a primary reason for using this method, as well as for analyzing historical print news media as rhetorical artifacts, derives from Gamson's (1989) definition of frames, in that a "frame is a central organizing idea for making sense of relevant events and suggesting what is at issue" (p. 157). With that in mind, *framing* "is the process whereby communicators act – consciously or not – to construct a particular point of view that encourages the facts of a given situation to be viewed in a particular manner, with some facts made more noticeable than others" (Kuypers, 2010, p. 300).

As a method, rhetorical framing analysis is essentially rooted in this assumption – frames work to subject audiences to certain interpretations of truth and encourage them to adopt specific understandings of reality based on the motives of the communicator. Furthermore, the analysis and identification of such frames reveal elements of underlying ideologies of social actors. The process of identifying frames and analyzing framing activity is, by nature, rhetorical – in which, the process involves critically reviewing specific characteristics of narratives and language for elements such as key words, metaphors, concepts, symbols, visual images, and labels associated with people, ideas, and actions (Entman, 1991; Kuypers, 2010).

Overview of Case Studies

San Francisco Smallpox Outbreak 1876

The 1876 smallpox outbreak in San Francisco is an interesting case study into the intersect of pre-existing anti-immigration attitudes/behaviors, social arrangements, and medical care. Specifically, this particular example highlights the manner in which the perceived threat of ethnic immigrants, combined with the perceived threat of the negative

impact on the social organization of health/medical care, manifests through racist rhetoric and blame when a health crisis occurs (Klee, 1983). The increase in Chinese immigrants in San Francisco in the 1800s was merely one aspect of the 19th century's vast population movements – which saw dramatic influx of residents relocating from rural to urban areas across the country. As a result of any rapid urbanization, these population movements often resulted in new and/or exacerbated health issues stemming from overcrowding, pollution, and poor sanitation.

It is important to first note that groundwork for placing blame on Chinese immigrants for the 1876 smallpox outbreak started long before the health crisis itself. Stories published in San Francisco news publications often depicted the Chinese as immoral, thieves, and criminals, often emphasizing Chinese wrongdoing while praising the heroism of San Francisco law enforcement and White bystanders. Additional references to Chinese immigrants included narratives about how Chinese laborers were incapable of performing at the same level as their White counterparts, and others offered discriminatory descriptions of Chinese residences and neighborhoods (for example, “a den of thieves”). Such depictions of Chinese immigrants continued after 1876, yet a large sect of public discourse shifted from immorality to portraying the Chinese as “filthy” and “disease breeders,” specifically emphasizing the issues regarding rapid urbanization in the city's Chinatown neighborhood as the primary source and cause for the outbreak.

The shift in association regarding anti-Chinese attitudes essentially began when the California State Board of Health started documenting the state's morbidity and mortality rates in the early 1870s. In doing so, the Board reported that the Chinese accounted for anywhere between 5.7 to 11.7 percent of the total deaths in San Francisco throughout the

1870s (Trauner, 1976). Though the statistics were more indicative of the fact that the conditions brought about by rapid urbanization led to the majority of communicable diseases, public health officials and physicians were of the first to condemn the Chinese from a health perspective. From there, the sentiment that the Chinese were solely responsible for the smallpox outbreak of 1876 extended into the broader public.

For this case study, I examine the printed publications from the *San Francisco Daily Bulletin* from 1870 -1885 using rhetorical criticism and rhetorical framing analysis. Additionally, I include elements of public discourse alongside the printed news media such as public statements from the California Board of Public Health and official and proposed legislation. In sum, this case study includes a corpus of 30 print news articles (n = 30), with ten articles published prior to 1870, ten published from 1876 – 1879, and ten published from 1880 and after.

The 1918 Spanish Flu Pandemic

The framing of 1918 Spanish Flu in U.S. news publications is an example of a fluid, ever-changing pursuit of a scapegoat – in which the evolution of narrative discourse surrounding the disease appears to conveniently correspond to the social context at hand. Despite the fact that disease was misappropriately titled in the first place, the *New York Times* first framed the disease as a “queer epidemic,” then as the “German sickness” in an attempt to emphasize the idea that the disease was already internationally known (Blakely, 2003). Contextually, it is important to note here that the first wave of the pandemic initially began as World War I was coming to an end. With that in mind, the first reported stories on the origin of the disease attributed the cause for its spread with the Germans and with the poor war conditions brought on by WWI (Blakely, 2003). As

the disease began to spread beyond the German armies, discourse and news stories pointed to the German's "poor diet" and the country's cold climate as primary causes for increased infection and spread. On the other hand, the media framed American soldiers as contrastingly healthy ("dough boys"), and it was not until the disease began to infect U.S. soldiers that the discourse surrounding the disease began to shift the blame toward medical and government authorities (Blakely, 2003). In this event, it is important to pause and consider how such discursive practices of othering health officials and shifting blame toward physicians and government authorities when the dominant majority report infections is, again, remarkably consistent with contemporary discourse surrounding the COVID-19 pandemic.

In part, much of the reason why this discourse shifted so rapidly toward othering health officials and physicians is due to the untimely reporting of death statistics. As a result, this inconsistency gave agency to rhetorics of blame depicting health officials as inadequate, unqualified, and not in control (Blakely, 2003). Not only were reported statistics untimely, but they were also often coupled with "anxious reactions by health authorities to the scourge of the disease (Blakely, 2003, p. 889). As the rate of infection continued to spread, patterns of blame between major officials were cyclical. For example, when blame was initially directed toward the U.S Surgeon General for mishandling the response to the disease, he redirected the blame back toward local officials. Nevertheless, this pattern was perhaps best mediated (and publicly documented) through print newspapers and published editorials, which collectively served to illustrate the constantly shifting narratives through the framing of the disease.

Keeping with the consistent nature between media frames regarding the disease and corresponding social contexts, public health frames began to shift to health behavior as the disease continued to worsen. Stories and editorials published in the *New York Times* featured the recommendations of public health officials – which generally emphasized the importance of living healthy lives (Blakely, 2003).

Overall, there are essentially two reasons for exploring this particular case study in this project. The first is that the example highlights patterns of blame that work in tandem with dominant narratives and the social construction of public opinion relative to the current social context of the situation. The second is that this case study is an example of the relationship between othering/blame and rhetors' desire for positive-self-preservation – even when positive-self-preservation occurs at the expense of those in a domestic context. For this case study, I investigate a corpus of 30 *New York Times*' articles/editorials (n = 30) and analyze these narratives and frames as they were perpetuated in published media between 1918-1920.

The AIDS Crisis

The AIDS crisis of the 1980's and 1990's remains as one of the most prolific and illustrious eras of a greater epidemic that has claimed the lives of over 700,000 Americans since the first reported cases in 1981 (Kaiser Family Foundation, 2019). The AIDS crisis has been, from the very beginning, an era hallmarked by political apathy, rampant bigotry, marginalization, misinformation, anger, death, and grief. In 1981, before AIDS had acquired its name from the Center for Disease Control (CDC), five otherwise healthy gay men in Los Angeles shared a common diagnosis of a considerably rare lung infection – *Pneumocystis carinii pneumonia* (Avert, 2019). Meanwhile, groups of men in

both California and New York were diagnosed with “an unusually aggressive cancer named *Kaposi’s Sarcoma*” (Avert, 2019, pp. 3). By the end of 1981, 121 gay men had died of “severe immune deficiency,” and there were 270 similar reported cases (Avert, 2019, pp. 5). By 1989, there were 100,000 reported cases in the United States and an estimated 400,000 cases worldwide, according to the World Health Organization (Avert, 2019).

While gay men and certain minority ethnic groups faced the impending physiological threat at hand, the emerging and pervasive social stigma that accompanied the disease posed an additional threat and set of challenges to the situation (Rand, 2008). Messages of AIDS activists during the AIDS crisis era often centered on a common issue: passivity among those able to institute change and health policy reform. In his 1983 essay, “1,112 and Counting,” AIDS Coalition to Unleash Power (ACT UP) co-founder Larry Kramer addressed this passivity as it manifested in the public’s reframing of the issue to further stigmatize persons with AIDS:

Little of what I’ve written about here is likely to be rectified with the speed necessary to help the growing number of victims. But something worse will happen, and is already happening. Increasingly, we are being blamed for AIDS, for this epidemic; we are being called its perpetrators, through our blood, through our ‘promiscuity,’ through just being the gay men so much of the rest of the world has learned to hate. (Kramer, 1983)

Furthermore, this came at a point in the AIDS crisis when response to this new disease, was generally optimistic likely due how little was known about the disease (Wright, 2013). As the AIDS crisis began to come to fruition in the early 1980’s, a

heterogeneous set of medical, social, and political issues emerged that ultimately shaped the overarching exigency of the rhetorical situation. Members of the LGBTQ+ communities were disproportionately affected (often fatally) by AIDS. Meanwhile, the widespread stigma toward queer people dominated the social landscape and permeated into political institutions as well, for this hegemony was reflected (in the general sense) in the pervasive political silence that followed. Subjects of analysis for this study include a corpus of 30 published articles (n=30) from three major print news publications between 1980 and 1994: the *Baltimore Sun*, the *New York Times*, and *Washington Post*.

Furthermore, I include an additional 20 published articles and letters to the editor from smaller, regional publications from across the U.S. to explore how the elements of blame and the portrayal of AIDS as a “gay disease” vs. a “human disease” contrasted between local publications and major, national publications. Additionally, this chapter will explore the published writings, public media statements, and public demonstrations from AIDS activists such as Larry Kramer and Cleve Jones and will discuss how these efforts were reflected in the characterization of media frames.

Contemporary Consequences and Statistics

Again, othering and blame in pandemic discourse are not a new phenomenon by any means, and it is not exclusive to North American discourse either. For, such discursive practices occurred as far back as the Black Death in 14th century Europe (Crohn, 2018). However as mentioned, the consequences of these practices are often personified through discrimination, harassment, or violence towards the discursively identified *other* (Johnson et al., 2004). At the fundamental level, critical reflection and exploration of blame throughout history is necessary for better understanding the

ongoing, consistent, process in which hegemonic narratives are constructed to scapegoat the identified other and fabricate a sense of certainty in uncertain health crises. Each comprising a separate chapter, this project offers an in-depth critical analysis of the four case studies outlined above with intent to provide a lens of immediacy for which we can evaluate and better understand the consequences of these practices as they are happening now.

Through highlighting the consequences of these discursive practices and situating contemporary pandemic discourse in a historical context with the discourse of past health crises across the globe, I intend to demonstrate that these implications are not isolated, localized, or a new phenomenon. Rather, contemporary health-crisis discourse and rhetoric is merely the continuation of an ongoing problematic issue. Furthermore, it is perhaps a larger, overarching goal of this analysis for it to serve as further support for the existence of the relationship between health crises, problematic discursive practices, and patterns of discrimination.

CHAPTER II – SAN FRANCISCO SMALLPOX OUTBREAK 1876

During the premodern era of U.S. urban development, 1790 -1830, U.S cities contained roughly five percent or less of any given area's population. However, in the period between 1830 and 1930, cities across the U.S. experienced urban population movements and expansion historically unparalleled compared to centuries prior (Monkkonen, 1990). The generally ubiquitous urban population movements in conjunction with factors such as increasing westward expansion and the gold rush made San Francisco an exceptionally fast-growing U.S. city during the 19th century. Meanwhile, the mid-1800's also saw the drastic influx of Chinese immigrants to major cities throughout the world, with roughly 25,000 arriving in the U.S. in the 1850's (Kanazawa, 2005). Both San Francisco's geographic location on the West Coast and the prospect of jobs working in mines during the peak of the California Gold Rush made the city a prominent destination for Chinese immigrants seeking economic opportunity. While the influx of Chinese immigrants led to the development of Chinatowns in major cities worldwide, the rapid Chinese immigration to San Francisco resulted in the city's Chinatown neighborhood being the largest Chinese settlement outside of Asia.

The initial influx of Chinese immigrants to San Francisco in the 1850's for mining opportunities is perhaps a starting point for examining how the early groundwork for medical scapegoating began to develop. Throughout the course of the 1850's, there were essentially two stages of the mining organizational process, the first was largely entrepreneurial and the second was primarily industrial given the development of hydraulic mining technology. While entrepreneurial-oriented mining dominated the early years of the gold rush, all miners and mining companies, foreign or not, were in direct

competition with one another and were considered competitive threats. As a result, foreign miners such as the Chinese were initially subjected to antagonistic discrimination and local exclusion attempts throughout the state of California because discrimination and exclusion at their expense was easier to rationalize (Kanazawa, 2005).

Rationalization of Chinese opposition can be identified in language found in various state legislative reports, in which Chinese workers were framed as indicted to “foreign masters and foreign capitalists” (see California, Legislature, *Report of the Committee on Mines*, p. 831. See also California, Legislature, *Majority and Minority Reports*, pp. 13, 15.).

Furthermore, the mining industry as a whole in this stage typically maintained a labor-management group model where miners were either self-employed or incorporated into joint stock companies. Later, as the organizational model of mining transitioned from entrepreneurial to industrial, the mining industry shifted to a model centered on wage labor instead. Because Chinese immigrants were oftentimes willing to work for considerably low wages and thus contributed to local and state tax revenue, opposition to Chinese exclusion began to increase during this stage (Kanazawa, 2005; Sucheng, 1986). However, prior scholarship has noted that support for Chinese opposition would later increase again as the formerly adverse fiscal conditions of the state began to improve (Friedberg & Hunt, 1995; Kanazawa, 2005).

Audience

The San Francisco *Daily Evening Bulletin* was originally formed as a “radical reform paper,” though shifted its focus to general news columns following the murder of its founder, James King of William, in 1856 (Carter, 1942, p. 303). The publication would soon become a prominent news source given its development of complex news-

gathering systems that allowed it to include reporting on issues throughout much of the world, though publications such as *Alta California* and the *Sacramento Daily Union* were close rivals in that regard (Carter, 1942). While specific demographic and psychographic information pertaining to these publications' readership remains unclear, an image of a broader audience can be constructed through examining the early emerging frames, indicators, and rhetorical consistencies found in various municipal and state reports and published articles and situating them within the contextual exigency at hand.

In that regard, the fluidity of sentiments toward Chinese immigrants in the 1850's, which were mirrored in the fluidity of frames within various mining-related bylaws and reporting, perhaps illuminates the overall shift in exigency that would exacerbate the development of an audience predisposed to attitudes favoring Chinese opposition and exclusion. Again, this shift to a predominately negative framing practice at the expense of the Chinese would further construct the groundwork for medical scapegoating that would begin nearly a decade later. By the 1860's and throughout the 1870's, prior frames highlighting an admiration of the Chinese for their frugality and industrial contribution devolved and were replaced with an overall master narrative that ultimately considered the Chinese as racially "inferior" and a corrupted people (See figure 1; U.S. Congress, *Reports of the Senate*, 1911, p. 68; Trauner, 1978). Furthermore, this master narrative would continue to devolve at the expense of the Chinese from more nativist, economic arguments into broader social and moral ones, and is perhaps an indication of the hegemonic influence of a dominant anti-Chinese social reality and a necessary prerequisite for othering and scapegoatism regarding smallpox (*see Figure 1*). The nature of the culturally embedded frames prior to the outbreak and onward provide

valuable insight into both the dominant negative social attributions toward the Chinese and the function of these frames in reinforcing them. First, such frames and framing practices “possess an outspoken defining capacity,” in which through situating reported events in these definitively established molds “constructive insights can be introduced into social life (Van Gorp, 2010, p. 87). Second, Gramson and Modigliani (1989) posit that frames embodying prevalent cultural themes are perhaps more easily disseminated and accessed by audience members of a particular culture or society because they appeal to and encompass general ideas the audience is already familiar with (Van Gorp, 2010).



Figure 1. *The Equal of Persons (?) of Gibson and Loomis*

Note: By Nast, T. 1876, 1876, political cartoon published in *The Wasp*, located in the Thomas Nast digital archive,

<https://thomasnastcartoons.com/tag/the-wasp/>

Pre-1876 Framing, Narratives, and Public Discussion

While smallpox outbreaks in San Francisco occurred in 1868, 1876, and 1887, the scope of this project focuses primarily on the 1876 outbreak. Emerging frames in *The*

Bulletin prior to the outbreak in 1876 highlight the important socially advancing arguments against the Chinese regarding the groundwork construction for smallpox blaming practices. One of the initial overarching themes first sought to dismantle prior positive frames about the Chinese's industrial contributions in the mining industry by framing Chinese workers as incapable compared to their European counterparts. Additionally, like many of the emerging frames to follow both prior to and after the smallpox outbreak, this practice frequently employed a narrative discursive strategy generally structured to inoculate readers against the positive understandings of the Chinese and funnel into more definitive arguments. Furthermore, these framing practices often used explicit, contextually charged language consistent with that used in discussions of slave ownership to further reinforce the disparagement of the Chinese and further establish the native/other binary. For example:

Their bosses had spoken well of these Chinamen, and had told the mine-owners what the Celestials could and would outwork any white men, in any sort of ground, above or below the surface. A gang of them was put into deep diggings and they were given months to prove themselves deserving the praise their former owners had bestowed upon them. The Chinamen could not come to time. They did not fill the bill. We believe they can never be competent underground miners. ("Chinamen as Miners", 1870)

Moreover, such framing practices not only sought to dismantle and delegitimize the Chinese on the basis of workmanship, rather they served as leverage for broader arguments against Chinese culture – arguments which portrayed the Chinese race as inferior. While the general narrative describing the incapability of Chinese miners and

repetitive use of the racist epithet, “Chinamen,” is explicit in its message and argument, the above excerpt is also a common instance of the employment of tropes to reinforce the negative frame. For example, following the distinction that a “gang” of Chinese workers, implying an apt number of workers given the expected job, “could not come to time” and “did not fit the bill” further constructs the notion that this incapability is an inherent trait (“Chinamen as Miners”, 1870). With that, I refer to this frame as the **industry to culture** frame. For example, consider the following excerpt from the same article referenced above:

They are not miners, when mining is a trade or profession, and they never can be. Their old civilization, which stopped hundreds of years ago when our European ancestors were naked savages; a civilization which, on account of its belonging to Chinamen, has never improved within the memory of man, cannot be an attachment of a people who [obscured] the rocks with the giant force which science and invention give. (“Chinamen as Miners”, 1870)

This intertwining of narratives refuting past positive representations of Chinese miners with the advancement of specific arguments against the Chinese as a race was a practice frequently employed in print media representations. With regard to hegemonic power structures in this particular exigency, the metalinguistic signals in this framing practice would play a significant role in reinforcing and maintaining the notion of the Chinese as the *other* that would soon extend into the health crisis context.

Chinese as the Villain

Among the most frequent framing practices was the perpetuation of Chinese immigrants as criminals, or more generally stated – *villains*, in this pre-outbreak era.

Concerning how the repeated use of similarly structured narratives function to continue to reinforce the us vs. them binary, there is a consistency in the manner crime involving Chinese individuals similar to that of the industry to culture frame throughout the corpus of articles published prior to the outbreak in 1876. Where, crime-related reporting in *The Bulletin* served as an effective avenue for developing culturally embedded stereotypes through dramatized narratives with explicit archetypes and principle actors. Consider this excerpt from an 1870 *Bulletin* “Special to the Bulletin” article:

Between 1 and 2 o’clock this morning special officer Jackson, near the corner of I and 7th streets, detected two Chinamen making off with sacks of charcoal. Failing to halt when called upon, the officer fired several shots in the air for the purpose of intimidating them, but without success. The Chinamen separated, and the officer following one, was led into a den of thieves on I street between 3rd and 4th. There he was set upon and terribly beaten by a gang of Mongolians. (“Chinese Burglars Overhauled – An Officer Beaten”, 1870)

A primary example of a rather common practice, such dramatized narratives are repetitiously interwoven with easily distinguishable and distinctive archetypes – the Chinese as villains. At the same time, crime-related narratives in the pre-outbreak era are deliberate in including contrasting archetypes which represent law enforcement actors as either the victim, hero, or tragic hero. For instance, the above excerpt continues with a typical resolve:

The officer had but one shot left in his revolver, and that he did not use. The weapon was, however, admirably exercised over the heads of the fugitive Chinese thieves, whose injuries are much more severe than those of the officer. Jackson

succeeded in getting his man and taking to the Station-house. On the person of the Chinaman was found a number of burglars tools, and there remains, no doubt that the recent daring burglaries in this city have been perpetuated by adron and desperate Chinese thieves. They prowl about at night and have their dens and places for concealment under sidewalks and all sorts of out-of-the-way places.

(“Chinese Burglars Overhauled – An Officer Beaten”, 1870)

Considering Van Gorp’s (2010) perspective on framing analysis, it is important to note how the deliberate, consistent use of these archetypes functionally work to construct the basis of the frame while also perpetuating and reinforcing notions of cultural significance and symbolic attributions of meaning tied to the Chinese. For according to Van Gorp (2010), “values are reproduced in myths and embodied by archetypes” (p. 85). If we examine the above excerpt through this lens, we can ultimately begin to better identify the important connection between pre-outbreak framing and smallpox-related othering practices. For San Francisco residents, the cultural significance of these frames forms an accepted, transparent connection between frame and issue (Benford & Snow, 2000; Schudson, 1989). In this case, the issue (the influx of Chinese immigrants to San Francisco) is connected to the frame – which perpetuates the Chinese as an identifiable *villain* through repeated archetypes that establish dominant values and attributions. Moreover, this association is often reinforced through language and statements like those in the included excerpt such as “they prowl at night and have their dens and places for concealment under sidewalks and all sorts of out-of-the-way places,” which furthers notions that the Chinese are to be feared and avoided due to their inherent characteristics.

(“Chinese Burglars Overhauled – An Officer Beaten”, 1870)

Similar versions of this framing practice work to further establish a spatial connection between the inherent “bad” of the Chinese and the inherent danger and immorality associated with San Francisco’s Chinatown. For example, an 1876 *Bulletin* reported reads:

As a class, they don’t seem to realize that there is such thing as sanctity about an oath. About 50 per cent of persons arrested are convicted. In cases where Chinamen are on trial for murdering their countrymen, there is so much infernal lying that the jury cannot decide who is telling the truth, and the prisoner is often let go on that account. It is a very rare exception to have a chinamen brought before the Court on a charge of drunkenness. I have sent small boys, about 15 or 16 years of age, to the Industrial School who were suffering from diseases contracted from Chinese wom[en]. This is one reason of the existence of so many hoodlums, because they get initiation in vice in the Chinese quarter. (“Chinese Disregard for an Oath”, 1876)

Given that culturally embedded frames work to “form universally understood codes that implicitly influence the receiver’s message interpretation, which lends meaning, coherence, and ready explanation for complex issues,” the shift in framing practices to constructing a medical scapegoat is rather easy to anticipate (Van Gorp, 2010, p. 87-88). For, the functions of these frames, and the general reasoning for why othering occurs, are fundamentally the same – in which, attributing blame, particularly in health crises involving infectious disease outbreaks, is often employed as a means of fabricating a sense of certainty in uncertain situations (Nelkin & Gilman, 1988).

The Outbreak of 1876

Social Expedience and Theories of Disease

In addition to the overarching negative master narratives perpetuated prior to the outbreak, it is important to note the intersect of certain contextual issues regarding public health also helped facilitate patterns of blame and medical scapegoating. Despite 24.4 percent of California's Chinese population being concentrated in San Francisco (five percent of the city's total population) by 1870, only a select few were granted access to municipal health facilities (McKenzie, 1928; Trauner, 1978). Meanwhile, the San Francisco Board of Health underwent a systematic reorganization in 1870 as well, where it was officially recognized as its own "distinct political unit with considerable power within the city" (Trauner, 1978, p. 73). Composing this new politically recognized unit was the mayor, four physicians (appointed by the city hospital, jail, correctional school and quarantine system administrations), the mayor, and a physician appointed as a city health officer (Trauner, 1978; Read & Mathes, 1958). Though these officials were supposedly the most qualified figures for such a position, the board was often faced with a range of municipal issues and challenges exceeding the scope of their medical expertise. As a result, board actions were primarily impelled by political influence and social expedience over science (Trauner, 1978).

Additionally, the 1876 smallpox outbreak occurred prior to the widespread popularization of the germ theory, which states that microorganisms such as bacteria and viruses can cause infectious diseases. Instead, understandings of disease in the 1870s were largely influenced by tenets of the miasmatic theory of disease, which largely suggested that infectious disease outbreaks were the result of contaminated vapors in the

atmosphere stemming from poor sanitary conditions. Moreover, these miasmatic understandings were arguably integrated with, or at least influenced to some degree, by medical notions of antiquity – namely, that the root of epidemics were likely the result of immorality or evil present within a society. Unsurprisingly, the identified source of the disease outbreak was incorrectly attributed to San Francisco’s Chinatown neighborhood, in which the neighborhood was accused of being principally responsible for the city’s atmospheric pollution (see figure 2).

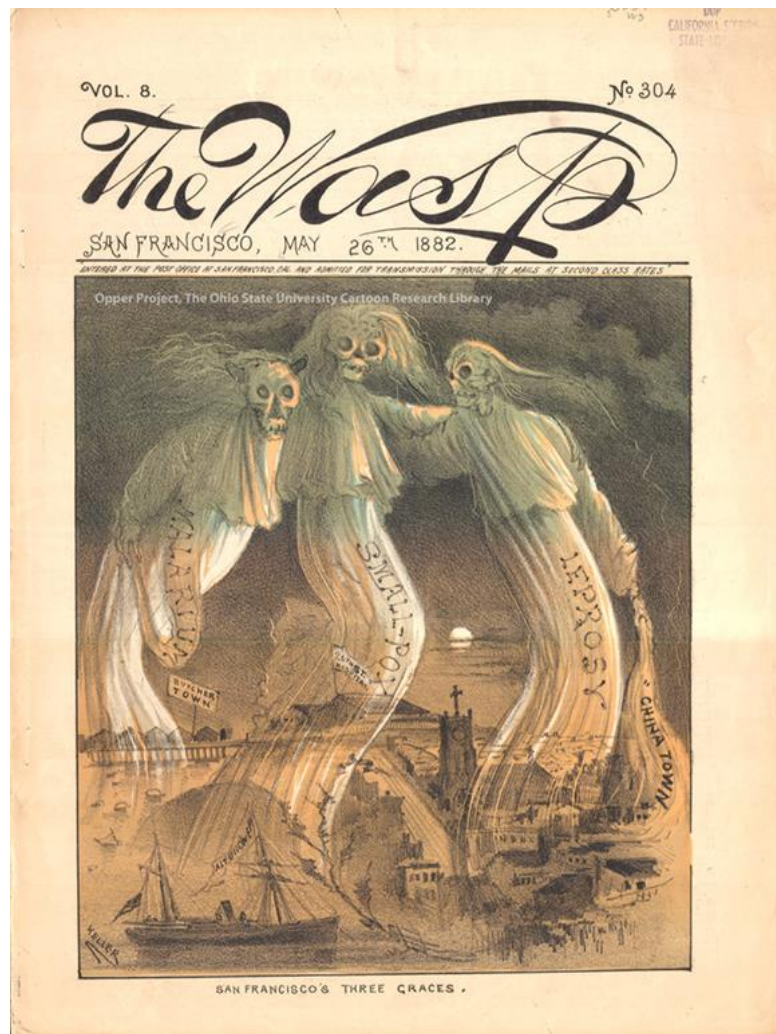


Figure 2. The Wasp (San Francisco, 1882) depicting San Francisco's "Three Graces."

Note: Keller, G. F. 1882, political cartoon published in *The Wasp*, located at the Billy Ireland Cartoon Library & Museum at Ohio State University in Columbus, Ohio, United States.

For example, California Board of Health Secretary Thomas M. Logan wrote in the *First Biennial Report of the State Board of Health* in 1871:

The "germ" theory of disease is now an acknowledged fact in the science of medicine... This theory teaches us that material like cloth, tobacco, food, if exposed to the atmosphere charged with those germs, is infected by them, and thus detrimental to the health of the wearer or consumer of such merchandise. The dangerous result of such evil, we hold, is practically proven by the ravages of diseases like diphtheria, etc., in this city, irrespective of time, season or places. The physician who tries to trace the source of the infection is mostly always unable to do so, and we believe that the existing evils in Chinatown are the proper source. (p. 48)

False accusations leveraged at Chinese individuals (and Chinatown as a whole) can be better understood by revisiting the systemic conditions and chronological factors leading to the outbreak that ultimately compose the overarching contextual exigency. First, conditions in San Francisco's Chinatown neighborhood *were* unfavorable due to overcrowding brought on by rapid urbanization. As addressed in the beginning of this chapter, a large portion of the Chinese population migrated to San Francisco decades prior to the outbreak in response to the California Gold Rush, where labor demands exceeded the supply of laborers (Shumsky, 1972; Issel & Cherny, 1986; Craddock, 1999). Tensions between Chinese and white industrial workers in the gold mines originally centered on labor issues, although they soon extended into the social realm

where they would continue to intensify leading up to the outbreak of 1876 (Saxton, 1971; Craddock, 1999). Furthermore, both tensions and the subsequent poor conditions in San Francisco's Chinatown neighborhood were exacerbated due to an economic recession from 1870-1871, which led to a significant uptick in the city's unemployment. Later, the great depression of 1875-1877 would exacerbate these issues even more, with unemployment rates reaching as high as 20% (approximately 15,000 workers) and an overall decline in wages throughout the state (Cross, 1935; Craddock, 1999). It is again important to consider the fact that labor-related issues were intensifying simultaneously alongside nationwide anti-immigration movements as part of a "broader-based national ideology reconstituting American cities as white, English-speaking, and racially unified" (Craddock, 1999, p. 355; Takaki, 1989).

Chinese Spaces, Chinese Bodies, and the Third Imagination

Consequently, official board of health pronouncements at the time of the outbreak mirrored the same rhetorical anatomy as pre-outbreak framing - perpetuating the Chinese as the villainous archetype solely responsible for the outbreak due to their inherent malicious nature and their immoral predisposition to lie or conceal their disease. For instance, San Francisco health officer, J.L. Meares, stated in an 1877 municipal report, "I unhesitatingly declare my belief that the cause is the presence in our midst of 30,000 (as a class) of unscrupulous, lying and treacherous Chinamen, who have disregarded our sanitary laws, concealed and are concealing their cases of smallpox" (*Municipal Reports*, p. 394). Interestingly, examples of Meares using this exact language also appear in an 1876 *Bulletin* article titled, "THE CHINESE DECLARED RESPONSIBLE FOR THE EPIDEMIC" (1876). Additionally, board officials and health authorities responded by

issuing a variety of citations to Chinatown residents for offenses that violated these “sanitary laws,” and went as far as to order every home be fumigated (Trauner, 1978).

To first supplement notions suggesting San Francisco’s Chinatown neighborhood existed as a defunct area that necessitates a logical apprehension and further rationalize arguments linking Chinatown as the source for the disease, media framing practices near the early stages of the 1876 outbreak often implemented two common approaches. In both practices, there are identifiable characteristics that essentially work in conjunction with one another to advance arguments simultaneously linking the conditions in Chinatown, and the biology and pathology of the Chinese race, with master narratives suggesting these factors were the root of the outbreak. The first involved the repetitious reporting on issues of physical safety in Chinatown. For instance, *The Bulletin* commonly published reports such as the following:

Yesterday afternoon Fire Marshal John Durkee testified that the Chinese Quarter was the principal part of the town before the Mongolians compelled the Caucasians to leave it. More fires occur in that quarter, proportionate to the area covered, than in any other part of the city. The Chinese are careless about handling fire. Their houses do not conform to the fire ordinances. The Fire Department is being constantly harassed by their carelessness. (“Oriental Immigrants”, 1876)

Much like prior framing practices, intentional structuring of lexemes reinforces the us vs. them binary in an explicit manner. The framing of Chinatown fires in this case is used to construct the narrative that the geographic location of San Francisco’s was of minimal hazard before the Chinese occupied it, which “compelled the Caucasians to leave it.”

Such sentiments strategically mirrored the overarching apprehensions regarding immigration writ large as well – reflecting an audience value system predicated on a growing opposition toward immigration nationwide.

Naturally, framing such instances as natural physical hazard were used advantageously to advance parallel medical arguments, in which they included both references to Chinese peoples' inherent careless nature juxtaposed against specific language such as “filthy.” For example, the same *Bulletin* article reports:

He thought there were more fires in Chinatown than any other portion of the city. He stated that a house was being built in Chinatown recently that did not comport with the fire ordinance, and when he endeavored to stop proceedings the Rev. Otis H. Gibson procured a permit from the Supervisors and the work went on. Mr. Donovan asked him if he knew of a filthy establishment on Jackson Street leased to the Chinese by Mr. Gibson, in which there was a steam engine. (“Oriental Immigrants”, 1876)

In such examples, the consistent presumption that the Chinese are a careless group in manners of physical safety perhaps contributes to the overarching rationalization that this same carelessness is one justification for blaming them for the smallpox outbreak.

Moreover, consistently integrating language cues such as “filthy,” though not an integral part of the fire outbreaks, contributes to the salience of Chinatown's infrastructural and hygiene-related issues – giving leverage to subsequent medical arguments against the Chinese. Thus, the framing logic that suggests the Chinese constitute a space of physical hazard due to their “carelessness” and lack of adherence to fire ordinance is then naturally applied to the medical context. In which, the Chinese's inherent disposition to

disregard sanitary laws constitutes a Chinese space which facilitates the breeding of disease.

Another prominent framing practice in the period near the onset of the outbreak often involved peculiar narrative observations of life in Chinatown. One such example published in *The Bulletin* in 1876 titled, “SCENES IN CHINATOWN,” recounts a “stroll through the Quarter after dark” and provides an experiential description of Chinese homes, restaurants, gambling rooms, and opium dens. While these narratives were written to introduce a semblance of objectivity in lieu of subjective claims about Chinese immigrants and the conditions in Chinatown, the strategic language and selective subjects point to underlying ideologies that further a connection between subhuman portrayals and Chinese and their inherent immorality compared to the Caucasian majority. On the latter, narratives focused on Chinatown often consistently point to a high concentration of Chinese prostitutes, while also pointing out a lack of Christianity among the Chinese population. Altogether, the ideological connection often culminated into language such as:

The Chinaman sleeps like a rat in his hole. In the most of the rooms on the lower level are found the poorer class of Chinamen. About every twenty-five or thirty feet along each of the three passages is a small, square piece of brick work, on which the tenants do their cooking. The smoke from the fire, after traversing the ramifications of the cellar, escapes at the entrance. All the wood-work in the different levels is blackened by smoke. The depth of the lower compartment is below the level of the street sewer, and it consequently has no drainage. The stench is intolerable, except to Chinese nostrils. (“Scenes in Chinatown”, 1876)

While implicitly supporting pre-existing Sinophobic attitudes about the Chinese, framing practices within experiential narratives would ultimately serve as a confirming visual representation of the link between Chinatown's unfavorable conditions and both cultural and moral decay (Zhang, 2021). Collectively, these imaginations and frames would solidify the framework for developing arguments against Chinese spaces and Chinese bodies - associating the Chinese as "disease breeders" and Chinatown as the disease's breeding grounds and corroborating tenets of the miasmatic theory of disease.

The rhetorical framing of Chinese spaces and bodies remained a key theme of the smallpox-related discourse throughout the outbreak and subsequent outbreaks after 1876. In what Zhang (2021) refers to as the "third imagination," framing practices often emphasized notions suggesting Chinese bodies were "special vectors of disease transmission," in which Chinese immigrants "were imagined as especially pathogenic because of an array of race- and class-related fears" (p. 67). While often explicitly enacted, there is evidence of ideology suggesting a general subscription to third imagination ideals in various forms of public discussion reported in *The Bulletin*.

In many cases, the third imagination served as the basis for Chinese blame, despite a lack of evidence suggesting Chinese responsibility for disease origin. The arrival of the *City of Peking* steamer vessel from Hong Kong in 1880, a vessel carrying both Chinese and White passengers, could be considered an example of this. Understood to be the cause of the 1880 outbreak, it was purported that one of the Chinese passengers had become infected with smallpox while on board, which prompted a swift action to quarantine Chinese passengers upon arrival. Though there was no evidence the outbreak began with a Chinese passenger, Chinese passengers were quarantined to the hulk of the

ship with no medical assistance, while the captain and white passengers were allowed to intermingle with spouses and relatives on shore during the quarantine period (Craddock, 1999). This was likely the actual source of the outbreak, though nevertheless, blame was ascribed to the Chinese. The ship's arrival also prompted a breadth of public discussion, with *The Bulletin* referencing Dr. Meares regarding passengers coming ashore in their reporting, stating:

I do not think that passengers should be allowed to land. It is not so much difference with the white passengers. But the Chinese passengers should be kept in quarantine. Every Chinaman in that ship who has not already had the disease or been vaccinated, will certainly have that disease now. If I had control of this matter I should object to a single passenger coming ashore. The Chinese should be removed immediately to some other ship. When the disease was in this city in 1876 it was epidemic in Chinatown before we knew a thing about it, or before a white person took it. If these Chinamen get into Chinatown, the experience will be repeated. ("The Infected Steamer", 1880)

In this case, the ideals of the third imagination were so ingrained into Meares' understanding of the disease that there was a failure to consider the actual mortality figures. Where, throughout the scope of the 1876 outbreak, only 60 of the approximately 16,000 cases could be contributed to the Chinese in comparison to their White counterparts (Craddock, 1999). Subsequent language in news frames, especially in *The Bulletin*, often also integrated pathogenic representations of Chinese bodies with pre-existing cultural attitudes and Sinophobic fears. Without proper rationalization of the low mortality rates among the Chinese in the 1876, Meares pointed to the inherent immoral

tendencies of the race as the reasoning – suggesting that the Chinese purposefully concealed approximately 300 infection-related deaths (a statistic reported without context in an 1876 *Bulletin* article) (Smallpox Epidemic, 1876).

Chapter Conclusion

The sinophobic racialization of medicine through the rhetorical frames of Chinese spaces and bodies would not only remain prevailing elements of epidemic discourse throughout the 19th and 20th centuries but would continue to surface in contemporary disease-related discourse. In summation, the case of the 1876 smallpox is an interesting historical culmination of an epidemic uncertainty predicated on growing opposition toward immigration and negative anthropologic attitudes toward the Chinese. In which, the circumstances that ultimately served to construct pre-existing master narratives at the expense capitalized on widespread anti-Chinese attitudes to fabricate a readily available “other” that would become the subject of medical scapegoating in response to a uniform shift toward a health crisis exigency.

While the discourse present in the overarching frames and framing practices during the 1876 smallpox highlight the apparent dominant sociocultural perspectives at work during an epidemic, the purpose for a critical reflection and investigation into the patterns of blame aligns with Foucault’s (1977) assertions regarding Nietzsche’s notions on genealogy. Though it may be considered initially useful to seek out an identifiable origin of such rhetorical and discursive blaming practices in response to similar contemporary situations, a pursuit of origin alone is a “search directed to ‘that which is already there,’” according to Foucault (1977, p. 142). Rather, it is the purpose of this project, and the purpose of the investigation into the 1876 smallpox outbreak, to critically

explore how these patterns of blame functioned in historical context in order to deconstruct the understood truths regarding the general presence of othering practices and illuminate how “the past actively exists in the present” (Foucault, 1977, p. 146). The following two case studies are fundamentally divergent regarding their historical and contextual exigence. However, the purpose for examining how the consistent rhetorical and discursive strategies present in dominant framing practices in each era remains the same – to illuminate how these practices work to shape dominant social attitudes, cultural ideologies, and patterns of blame in periods of health crisis.

CHAPTER III – SPANISH FLU 1918 -1919

Unlike the case of the smallpox outbreak of 1876, the 1918 Spanish Flu pandemic occurred after the relative maturing of science reporting following the historically significant breakthroughs in the science of infectious diseases in the late 19th century. In 1884, less than a decade after the 1876 smallpox outbreak, Robert Koch was the first to identify the cholera bacillus – a discovery that helped facilitate furthered popularization of germ theories (Blakely, 2003). From there, physicians accompanied by wealthy, educated citizens, developed a public health agenda centered on germ theories of disease that was ultimately aimed at addressing widespread sanitation issues (Rosenkrantz, 1974). In contrast to the nature of journalism in much of the 19th century, journalists throughout the 1890's and onward had a keen interest in the scientific, with some journalists even receiving education and training in the sciences (Schudson, 1978; Ryan & Dunwoody, 1975). Additionally, general reporting on infectious disease outbreaks is also largely a product of the magnitude of widespread public interest disease outbreaks generate.

In terms of global impact and public interest, the 1918 Spanish Flu epidemic especially warrants consideration – with upwards of an estimated 51 million associated deaths globally, though there is some debate among scholars suggesting the death toll may potentially have been closer to 100 million (Cantor, 2001; Barry, 2004). Despite the fact that the global population at the time was only 28% what is today, and the fact that the majority of deaths occurred within a sixteen-week period, the 1918-1919 Spanish Flu pandemic is considered the deadliest disease outbreak in history (Barry, 2004). Thus, it is necessary to critically examine the manner in which the media frames disease-related

reporting with respect to the social and cultural influence these frames carry, especially in times of crisis. Furthermore, the Spanish Flu pandemic is a conspicuous example of how various framing practices work collectively to preserve a positive-self representation, where objects of blame are constituted in line with social and political exigencies.

Implications of Origin

It is believed the pathogen responsible for the 1918 Spanish Flu epidemic was first identified as early as 1892 after Berlin pathologist, Richard Pfeiffer, isolated a specific bacterium he believed to cause influenza (Blakely, 2003). To preface, it is perhaps important to note that the Spanish Flu pandemic outbreak emerged in the latter half of World War I (WWI), shortly after the United States entered the war. It is not definitively clear where the Spanish Flu originated. However, according to Barry's (2003) meta-analysis of both medical and lay literature, epidemiological evidence suggests that the disease most likely originated in Haskell County, Kansas at Camp Funston (now Fort Riley). While several other hypotheses have been presented over the last century, these alternative theories have notable discrepancies that threaten their validity. In 1927, the American Medical Association (AMA) sponsored and published a comprehensive review of evidence regarding the disease's origin conducted by Dr. Edwin Jordan (editor, *The Journal of Infectious Disease*).

Jordan's first proposal suggested Asia might have been the original source of origin, however there was no evidence that supported that hypothesis following epidemiologists' theories regarding pulmonary disease outbreaks in China around 1918 (Barry, 2003). This proposal was not entirely illogical, given that a number documented past influenza outbreaks could be traced to Asia. Additionally, there was evidence of

Influenza present in China in 1918, and speculations suggested the disease spread due to either Chinese or Vietnamese laborers traveling to the U.S. and France (Barry, 2003). However, those outbreaks were considered minor and confirmed as endemic and not associated with the Spanish Flu pandemic (Jordan, 1927). Another hypothesis, developed from Oxford's theory, suggested that the disease originated between 1916 and 1917 in British Army Camps where a severe form of bronchitis was documented. Again, Jordan dismissed this hypothesis because, while a documented uptick in cases was confirmed, infections did not spread beyond the bases and the outbreak quickly dissipated (Jordan, 1927). In 1934, a subsequent comprehensive review conducted by British researchers confirmed Jordan's (1927) statements – finding no evidence of origin in Asia or British Army Camps (Thomson & Thomson, 1934). Similarly, additional hypotheses developed in 1918 that considered France and India as potential sources of origin. However, Jordan (1927) noted a lack of substantial evidence to validate those claims as well.

Contrastingly, evidence for a U.S. origin is considerably more substantial. Documented cases at Camp Funston showed evidence of the presence of Pfeiffer's previously identified bacterium (Blakely, 2003). In his comprehensive review, Jordan (1927) outlined the logical explanation for the disease's spread – postulating that the disease likely spread between camps and then into U.S. cities. From there, it was likely that that the disease spread to Europe when U.S. troops were mobilized for WWI (Jordan, 1927). Jordan's conclusions were congruent with additional researchers' claims soon after. Thomson and Thomson's review (1934) also concluded that the disease likely originated in the U.S., where it later spread to Europe. Furthermore, Australian scientific researcher, MacFarlane Burnet, also supported suggestions regarding a U.S. origin,

stating the disease likely spread to Europe following U.S. troops' arrival in France (Burnet, 1934). Again, the specific origin of the pandemic has never been definitively concluded. However, assuming the disease did originate in the U.S. given the collective evidence in support of that idea, this warrants the necessity for discussion regarding to the framing practices that facilitated the public discussion and understandings of the disease that would follow. For, as discussed further in the following sections, the initial framing practices revolving around the disease outbreak would initially serve to construct patterns of blame consistent with domestic attitudes regarding the U.S.'s involvement in WWI. Where, these initial patterns of blame would develop through operationalized frames to scapegoat the Germans as agents of disease, and later frames would operate either parallel or in response to public policy.

Uncertainty on Two Fronts

Important distinctions regarding the broader audience can perhaps be better understood through a consideration of the *New York Times*' agency as a leading journalistic source and its significant influence on the social realities of its readers both nationally and internationally, and a reflection on the broader contextual exigency of the time. On the former, the *Times* is, and has long been, a historically significant institution in affecting the broader public agenda. According to McCombs and Reynolds (2002), "the *New York Times* frequently plays the role of primary intermedia agenda-setter because an appearance on the front page of the *Times* can legitimize a topic as newsworthy" (p. 13). Because of the *Times*' level of influence on broader agenda, story subjects consistently published in the *Times* often determine the subsequent subjects published in other outlets across the U.S., which ultimately facilitates the focus of

broader public discussion as a result (Logan, 1991). Regarding the 1918 Spanish Flu pandemic, it is also important to consider that the *Times*' location in New York City put the outlet at the center of the nation's largest city at the time, which incidentally was also an area with considerably high infection rates with respect to the rest of the country.

With that, due to the certain contextual circumstances surrounding the outbreak period, the period surrounding the Spanish Flu outbreak was already one of generalized uncertainty. Moreover, the publics constituting the broader audience of *Times* consumers were essentially faced with uncertainty on multiple fronts. On one hand, the world was four years into WWI by the time of the outbreak, with the U.S. officially declaring war on Germany in April of 1917. Up until this period, the U.S.'s stance on the war was ultimately grounded in neutrality – a position reflected in dominant public opinion toward the war. Uncertainty stemming from U.S. involvement after a three-year premise of neutrality was perhaps reflected in the fact that polling data indicating public support for the war is generally non-existent. While public opinion surrounding the war would eventually shift, the U.S.'s divergent involvement would create a rift in public interest and, thus, heighten uncertainty. Furthermore, the rapid intensification of the Spanish Flu outbreak the following year would continue to heighten levels of public uncertainty. The collective exigence, born out of contextual circumstances, therefore included an audience predisposed to uncertainty of information and urgency – the general hallmarks that accompany infectious disease outbreaks.

The German Sickness

Despite the evidence suggesting the disease's potential U.S. origin, early Spanish Flu rhetoric and framing helped to construct a public understanding of the disease as

foreign. In the corpus of articles selected for this analysis, the general template for these framing practices operated in two primary ways. First, the *Times*' frequently reported global disease-related statistics, which suggested that U.S. citizens were geographically removed from the potential threat of the outbreak. Second, the *Times*' consistently included reports from health officials with language explicitly stating that the disease was of no threat to the U.S. population. In line with Jordan's (1927) first inquiry into an Asian origin, the *Times*' published reports on a "queer epidemic" ("Queer Epidemic Sweeps North China", 1918). At this time, reports on Chinese outbreaks did not specifically delineate them as related to what would later be labeled as the Spanish Flu. However, they still established the similarities between the outbreaks and influenza and reinforced messages regarding the disease's minimal risk. For example, one *Times* article reported, "a curious epidemic is sweeping over North China," and concluded with, "Fortunately, the sickness is not fatal, and it runs its course in four days" ("Queer Epidemic Sweeps North China", 1918). Statements emphasizing the lack of risk would become a recurring theme in reporting and health official statements in the early stages of the pandemic.

Given the conditions surrounding WWI and the growing oppositional sentiment toward Axis powers following the deployment of U.S. troops, Germany was implicated as an explanation for the disease's spread. Spanish Flu rhetoric in this vein again served two overarching purposes: to implicate Germany, intertwining parallel war-related discourse serving to reinforce a clear negative-other presentation. Discourse reinforcing a negative-other presentation pointed to the country's cold climate and war-torn conditions as an explanation for the exacerbated spread of the disease among its military ("Germans With Fever Drop in their tracks", 1918, p.7). However, as the disease began to spread

outside the confines of Germany's military and infect the civilian population, newspapers focused their attention on the German diet as the cause. (Blakely, 2003). Blame evolved further to imply the root of infection was due to poor German nutrition as a consequence of war. Under the headline, "GERMAN HUNGER SPREADS DISEASE," an article published June 21, 1918 reads:

'The mysterious disease now prevalent in Spain comes from Germany and will doubtless soon reach other countries,' said a Dutch tailor who recently returned from Germany. 'Conditions among the civil population of Germany are terrible. Workmen die at their work from lack of nourishment. If a workman cuts or wounds himself he rarely recovers, as the wound gets inflamed and swells to an enormous size. Water accumulates and then spreads all over the body until he dies. This water is supposed to be due to under-nourishment and to come from the enormous quantity of turnips now eaten by the Germans of all classes.' ("German Hunger Spreads Disease", 1918)

In another example, a *Times* article published June 27, 1918 reads, "in the German cities the disease has been very hard to deal with owing to the shortage of doctors and the conditions of undernutrition among the city populations" ("German Hunger Spreads Disease", 1918, para. 5). Consistent with pandemic rhetoric throughout much of history, news publications' and rhetorical agents' efforts to attribute disease to a foreign other manifest racist naming and labeled umbrella terms, in which the disease was first perpetuated as the "German Sickness." Of course, the term "Spanish Flu" is also misleading, as there is no evidence of the disease originating there either.

Conflicting Narratives and Conflicting Statistics

As word began spread about the presence of Spanish Flu cases on U.S. soil, health officials maintained their stance that the disease posed no threat to the U.S. One *Times* article reported:

Only twenty-three cases of influenza had been reported to the Health Department here, Commissioner Copeland said, and all had been isolated so that there was no danger of the disease spreading from them. All the cases were sailors from the American Navy, who contracted the illness on ships as the result of the heavy colds, Dr. Copeland said, and all were mild except two that had developed pneumonia. (“To Fight Spanish Grip”, 1918)

However, these statements perhaps had an inverse effect – inspiring doubt in the public and threatening the credibility of health officials that would characterize a frenzied shift in narratives and frames as new objects of blame emerged. For one, the fact the disease had spread to U.S. armed forces contrasted earlier frames suggesting the disease flourished because of German malnutrition. For, it ultimately violated the premise of the American doughboy – the mythologized image of the American World War soldier and the rhetorical symbol of American health, prosperity, and democracy compared to the Axis powers (Sandels, 1983). In an effort to preserve a positive national self-image and further justify the claims suggesting the U.S. should not worry about the disease, Copeland would explicitly violate this prior rhetoric even more shortly before news about infections among the American doughboys spread. In a *Times* article published August 16, 1918, Copeland stressed his reassurance to public, saying, “the public has no reason for alarm, since, through the protection afforded by our most efficient Quarantine Station

and the constant vigilance of the city's health authorities, all the projection that sanitary science can give is assured" ("Spanish Influenza", 1918, para. 2). Copeland continued by saying, "You haven't heard of our doughboys getting it, have you? You bet you haven't, and you won't" ("Spanish Influenza", 1918, para. 2).

Dwindling certainty regarding health officials' credibility was reflected in the confluence of competing narratives embedded in overarching framing practices to follow as patterns of blame shifted to the domestic front. In fact, the same article quoting Copeland in the above example was purposefully structured to point out the logical flaws and dissenting trust in health officials' vehement reassurance rhetoric. The August 16, *Times* article went on to express:

The theory is that few but persons badly nourished, of low vitality, are attacked by this virulent form of influenza. Naturally, the weakest are the best customers of disease. But the British and French Soldiers in France, some or many of whom are said to have had this influenza, are well fed. The people of England, where it has raged considerably, are well fed. The people of both Spain and Cuba are enjoying remarkable prosperity, and presumably their diet is in proportion if always soberer and more frugal than ours. There is no necessity for alarm and nobody is going to be alarmed; but perhaps the health authorities of the port and the city have been a little too eager to reassure the public, which prefers the truth to official demulcents. ("Spanish Influenza", 1918)

General discursive patterns reflected in the *Times*' pandemic reporting portrayed a disorganized domestic disease response, with blame revolving around an ill-equipped

U.S. health system. As the outbreak reached a critical phase of its first wave, blame embedded in the *Times*' reporting rhetoric took aim at domestic health authorities:

It has been estimated that the war caused the death of 20,000,000 persons in four and a half years. Thus, the correspondent points out, Influenza has proved itself five times deadlier than the war, because in the same period, at its epidemic rate, Influenza would have killed 100,000,000. Never since the Black Death has such a plague ever swept over the world, he says, adding that the need of a new survey of public health measures has never been more forcibly illustrated. ("3,000,000 Died of Influenza", 1918)

As infection rates continued to surmount, patterns of blame widened their threshold, encompassing, U.S. governmental agencies in addition to health and medical authorities. Editorials published in the *Times* demonstrated an increasing public anxiety toward the disease, often including language centered on feeling deceived by those in charge. With every story regarding the outbreak, the *Times* included weekly death statistics. Dissenting public opinion was exacerbated by the general inconsistencies and discrepancies in reported statistics from hospital and mortuaries versus those reported from public health authorities. Oftentimes, health authorities would report statistics indicating a decrease in influenza-related deaths, while hospitals and mortuaries' statistics reported the following day often indicated an increase in influenza related deaths.

Chapter Conclusion

The case study of the 1918 Spanish Flu outbreak is a historical example of how patterns of blame embedded in pandemic rhetoric help constitute the frames through

which an outbreak is positioned. More importantly, it is necessary to review these patterns of blame with respect to Tuchman's (1978) position that media frames operate as a window into the nuances of public opinion and a public's social realities – considering the magnitude of the *New York Times*' agency in dictating the specificities of that window as an elite publication. While the rhetorical situation surrounding the 1918 Spanish Flu pandemic is composed of multiple actors with divergent goals and agendas, the broader corpus of both public and political discourse reflect a process of blame attribution consistent with social and political expedience, dominant narratives, and the general theoretical framework of othering.

In sum, the rhetorical and discursive elements of blame present in the timeline of media framing practices during the Spanish Flu pandemic are in many ways relevant to contemporary pandemic rhetoric. Despite the significant evidence pointing to a domestic pandemic origin at the brink of the United States' entry into the first World War, public health and political rhetoric implied the existence of a foreign other as the source of blame. Subsequently, this rhetoric was reflected in the *Times*' reporting agenda and, as a result, a factor in the public's understanding and perception of the disease. Where, prior to the pandemic receiving the erroneous "Spanish Flu" label, framing practices mirrored the rhetorical efforts surrounding the U.S.'s WWI involvement, establishing the pandemic as the "German Sickness." In the early stages of the pandemic, the establishment of a foreign other, coupled with the repetitive reporting on global statistics and circumstances regarding the disease helped to develop the framework for advancing arguments aimed at preserving the U.S.'s positive self-presentations and reinforcing domestic agency. Simultaneously, frames oriented toward the ailments of the foreign

other constructed the framework for advancing arguments aimed at fostering a negative-other presentation consistent with the country's war-rhetoric. However, in response to inconsistent statistic, a characterizing disorganization in institutional response, and violations of tenets of American war rhetoric, blame (from both the public audience and institutional actors) shifted to the domestic front.

CHAPTER IV – THE AIDS CRISIS

The AIDS crisis of the 1980's and 1990's is a multi-dimensional, enormously complex, era of American history, interweaving salient sociocultural, biomedical, ethical, and political issues of epic proportions. The complexity of the AIDS crisis era perhaps warrants a multitude of books in addition to the wealth of literature already in existence to begin adequately cover each aspect of the period with the focus it requires. A significantly arduous period of an ongoing epidemic throughout much of the world, the AIDS crisis era was one characterized by oppressive hegemonic narratives, bigotry, and blame, each of which were elements of a larger framework of pervasive political silence that resulted in over 700,000 deaths since 1981 (Kaiser Family Foundation, 2019). A disease that disproportionally affects gay and bisexual men, AIDS implanted itself into focus during an era of dominant social opposition to homosexuality in the United States, which manifested as a fundamental point of contention in the broader public discussion surrounding the disease and, subsequently, was a hallmark of the media's rhetoric and framing practices.

The overarching goal of this case study is to investigate how media and newsprint framing both were indicative of, and contributed to, a broader master narrative that perpetuated and reinforced victim-blaming practices. In brief, this master narrative served to blame persons with AIDS (PWA) by advancing arguments that, whether explicitly or implicitly, alleged their infections were the result of promiscuous behavior. Such notions rationalized the label, "gay plague," in reference to the disease – favoring a perception of the disease as strictly a "gay disease" rather than a human disease. While it is a primary goal of this chapter to examine the present victim-blaming rhetoric in media frames, this

discussion would be fundamentally insufficient if it failed to acknowledge the poignant, remarkable voice of the *other* – the compelling efforts of AIDS activists across the nation, and their contribution to altering the broader public discussion surrounding the disease. Thus, a section of this chapter is dedicated to examining how symbolic AIDS activism, such as the AIDS memorial quilt, served as catalyst for reorienting the focus of public discourse to human disease rather than a “gay plague.”

Framing in the AIDS Press Coverage

“Don’t Write About Queers”: Silence and Early Voices

It is perhaps important to note that coverage of the AIDS crisis prior to 1985 was markedly minimal – a reality, unfortunately, consistent with political leaders’ general lack of discussion about the disease. For context, before the Center for Disease Control (CDC) had assigned a name to the disease, U.S. health officials were first made aware of AIDS in 1981 when five otherwise healthy gay men in Los Angeles were diagnosed with a rare lung infection – *Pneumocystis carinii pneumonia* (Avert, 2019). At the same time, groups of men in New York and California were diagnosed with an unusual cancer named *Kaposi’s Sarcoma*, and by the end of the year 270 gay men were reportedly diagnosed with similar complications and 121 had died from severe immune deficiency, according to health officials (Avert, 2019).

It was not until September 1982 that the CDC first used the term ‘AIDS’ to describe the disease in a published report (referring to ‘acquired immune deficiency syndrome’), describing it as “a disease at least moderately predictive of a defect in cell mediated immunity, occurring in a person with no known case for diminished resistance to that disease” (CDC, 1982).

The New York Times first reported on AIDS in July 1981 before much was known about the disease, writing:

The cause of the outbreak is unknown, and there is as yet no evidence of contagion. But the doctors who have made the diagnoses, mostly in New York City and the San Francisco Bay area, are alerting other physicians who treat large numbers of homosexual men to the problem in an effort to help identify more cases and to reduce the delay in offering chemotherapy treatment. (Altman, 1981, A20)

While this initial reporting still makes explicit reference to the fact that AIDS predominantly affected gay and bisexual men (assumedly because that aspect was one of the few identified consistencies about the mysterious disease), it generally contrasts the character of the AIDS reporting that would dominate the future broader coverage – in that, it explicates on the disease’s specific “medical” aspects. However, there would be a near two-year gap before any sort of mention of AIDS would occupy front-page space in *The New York Times*, despite the fact that the number of reported cases had grown to 1,450 with 558 reported deaths (Soller, 2018) “Are you kidding,” AIDS activist, writer, and AIDS Coalition to Unleash Power founder, Larry Kramer, emailed in frustration toward *The New York Times*. “The front page of *The New York Times* is the most important real estate in the world for getting any issue out. As the *Times* goes, so will every other news outlet all over the globe” (Kramer, in Soller, 2018).

Of course, this time disparity certainly warrants the question of “why?” In a recent article regarding *The New York Times*’ coverage of AIDS during the early 1980s published in *The New York Times Style Magazine*, former *Times* staffer/reporter, David

W. Dunlap, recalled, “There were strong messages that you got that were not written on any whiteboard. You avoid it. It was a self-reinforcing edict: Don’t write about queers” (Dunlap, in Soller, 2018).

“Gay Plague” and a Confluence of Narratives

The overarching lack of discussion about AIDS in the early years gave way for other unapologetically problematic voices to dominate the initial conversation instead, allowing them to set the precedent for the character of AIDS framing practices in the media. For example, the first documented reference to AIDS by any member of the Reagan administration occurred on October 15, 1982 in an exchange between press secretary, Larry Speakes, and reporter Lester Kinsolving – in which the disease was discussed jokingly and with the utmost apathy (see figure 3). Consider this excerpt from the exchange:

Lester Kinsolving: Does the president have any reaction to the announcement by the Centers for Disease Control in Atlanta that AIDS is now an epidemic in over 600 cases?

Larry Speakes: AIDS? I haven't got anything on it.

Lester Kinsolving: Over a third of them have died. It's known as "gay plague."
[Press pool laughter.] No, it is. It's a pretty serious thing. One in every three people that get this have died. And I wonder if the president was aware of this.

Larry Speakes: I don't have it. [Press pool laughter.] Do you?

Lester Kinsolving: You don't have it? Well, I'm relieved to hear that, Larry! [Press pool laughter.]



Figure 3. Press Briefing by Larry Speakes, 1982

Note: Published in *The Washington Post*, October, 15, 1982.

This specific dialogue aimed at downplaying the severity of the disease by teasing its association with homosexual infection and stigmatization would ultimately be the only mention of AIDS from anyone with political agency for roughly the next three years. President Ronald Reagan finally mentioned AIDS for the first time publicly in September of 1985, however his discussion was rife with defensive language against the rise in criticism suggesting the AIDS research funding was inadequate. In summation, such instances (as the above example concerning Press Secretary Larry Speakes) of public discussion surrounding AIDS were reflected, at least partly, in both the lack of media conversation and the character of AIDS coverage that would later follow.

The general representation of AIDS discussion reflected a confluence of complex narratives which occupied a unique space in the overarching exigency – each of which played at least some role in fabricating a broader conversation that reinforced the notion of AIDS as a “gay disease” or a “gay plague.” In fact, in many instances, what might be considered legitimate reporting on the disease often liberally used these terms to describe AIDS – further developing the association between the disease and homosexuality to a public likely already in opposition to it. For example, Patricia McCormack, a writer for the *The Daily News* (Lebanon, Pennsylvania) published a 1982 article that explicitly used the term “gay plague” seven times (once in the headline) to describe the disease, in one instance writing, “the mystery sickness gets the name ‘gay plague’ because 75 percent of the victims are homosexuals. The other 25% are either bisexual or heterosexual” (McCormack, 1982). McCormack continues, “the greater the number of chance sex contacts, the greater the likelihood of coming down with the illness,” said Sam Knox, National Program Director at the American Social Health Association in Palo Alto, Calif.” (McCormack, 1982).

This character of AIDS framing is not unique to this article alone. Respectively, it is important to note how the rhetorical structuring of the above excerpt works in tandem with the repetition of phrases such as “gay plague” and “gay disease.” In that, the included quote first emphasizes the idea(s) that (1) the disease disproportionately affects the queer individuals and the risk of infection increases through “chance sex contacts,” and (2) implies that queer individuals are more likely, by nature, to engage in “chance sex contacts.” This, again, reinforces the association between “promiscuous behavior” and infection – serving to contribute to the construction of the framework for victim blaming

that would characterize the greater AIDS discussion. Secondly, this organizational structure, whether strategically constructed or not, implies an emphasis on the validity of such statements by including a specific quote from an individual whose title reinforces their credibility as a health official.

Again, the practice of ascribing agency to notions of “gay plague” was not abnormal by any means, especially in the early stages of the AIDS crisis. Where, repetition of this association was common in public discourse, which was then mirrored in newsprint discourse. For example, another article published in *The Miami Herald* (Miami, FL) used the term “gay plague” five consecutive times to describe the disease, stating, for example:

The study recruited volunteers who were not victims of Gay Plague and found those who were more promiscuous also tended to have more severe immune deficiencies. The researchers speculated this may have been due to greater exposure to sexually transmitted viruses. (“Blood-cell Defect in Gays Affects Immunity Systems,” 1982, p. 4B)

Such frequent instances not only reinforced this practice of victim blaming, but they also intertwined the association of “gay plague” and “promiscuous behavior” that with legitimate medical reports from the CDC and from St. Luke’s Roosevelt Medical Center on the nature of AIDS.

“Campaigns against AIDS”

As the rate of infection continued to increase in the U.S., the public discussion surrounding AIDS became increasingly ubiquitous. However, both implicitly and explicitly, early AIDS coverage was perhaps the personification of widespread public

opinion toward homosexuality, in which the underlying theses of discussions about the disease tended to emphasize the promiscuity of gay lifestyles. This emphasis ultimately shadowed legitimate discussion about the risk and fatality of AIDS, masking coverage of “risk” with an underlying exposé on the risky and troublesome behaviors of gay people – ultimately furthering and condoning the stigmatizing victim blaming attitudes/behaviors of the public.

In that regard, a 1985 *Newsday* (Long Island, NY) article fabricates a discussion about the cities’ “campaign against AIDS” as a public health initiative, however it orients its focus primarily on the promiscuity of the bar, using that as rhetorical agency to justify the city shutting it down. For example:

The city acted against the club under a regulation approved Oct. 25 by state health officials. It permits the closing of business that allow patrons to engage in anal intercourse and fellatio. Many doctors believe that such practices, which can include the exchange of semen permit easy transfer of the virus that causes acquired immune deficiency syndrome. (Ellis, 1985)

Oftentimes, these articles included narratives which, whether they were even credible or not, served to reinforce the underlying goal of portraying AIDS as a direct result of the promiscuity of gay behavior. For example, the same *Newsday* article goes on to say:

‘There were two extremely large males who sat by the doorway who seemed to be monitoring the flow of patrons into this back area,’ he wrote. ‘I chose not to attempt to enter this are for reasons of personal safety... I heard the sound of whipping and slapping emanating from the room.’

According to the inspector' reports, many of the patrons were dressed in leather outfits, some outfitted with sado-masochistic straps. Various patrons had reportedly paired off at the bar and at tables for sexual encounters. (Ellis, 1985)

Other examples of AIDS coverage are less explicit in nature, but (regardless of intent) still maintain elements of the underlying victim-blaming ideology dominating the overarching public sphere. The above examples are perhaps few of many instances where campaigns to fight AIDS were constructed and discussed, both publicly and in the media, as a means of furthering the distinction between the idea of AIDS as a gay disease, or "gay plague" rather than a human epidemic. Where, framing AIDS as a direct result of risky behavior serves efforts to actually resolve the health crisis very little. Instead, it served to reinforce existing and developing stigmas toward gay individuals, using the health crisis as agency to do so.

Rhetoric of the Other and a Shifting of Frames

In the early stages of the AIDS crisis, individuals living with AIDS that spoke publicly on the issue generally avoided fatalism in their messages (Wright, 2013). Rather, initial optimism regarding the new disease was reflected in largely deterministic language from early AIDS activists. In the later stages of the AIDS Crisis however, the optimism in determinism had largely been replaced in lieu of urgency and realism. For example, the AIDS Coalition to Unleash Power (ACT UP), an AIDS activist group spearheaded by Larry Kramer, maintained a rhetorical persona that mirrored the effects of marginalization through inattentiveness and demonization, which is largely apparent in the group's thematic use of mortality signifiers. In the context of ACT UP's 1992 Ashes Action demonstration, this rhetorical persona is strikingly apparent in the abundance of

messages both during and leading up to the event through frequent terministic screens (Burke, 1966) such as “funeral,” “genocidal,” and “grief” (see figure 4).

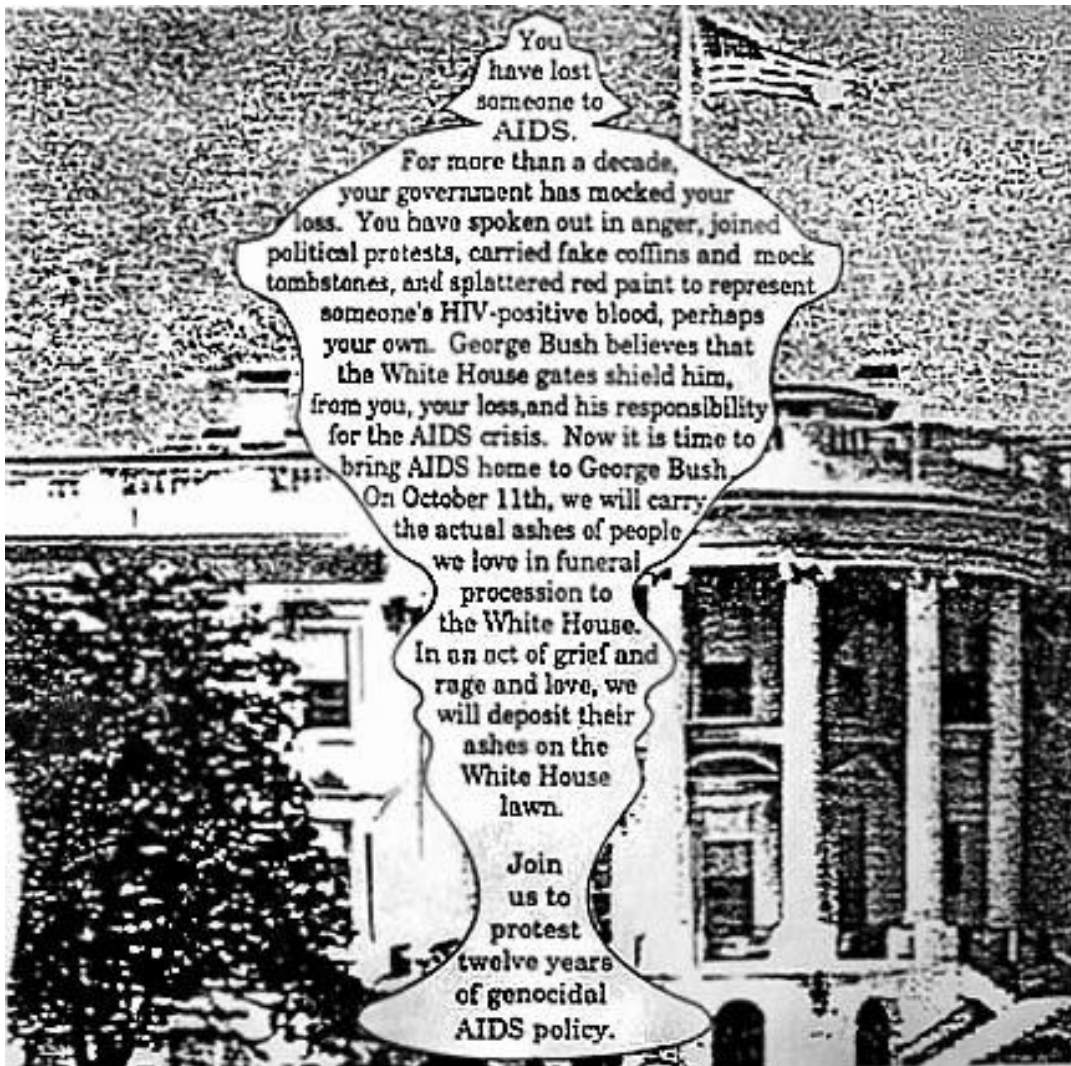


Figure 4. Flyer announcing the 1992 Ashes Action

Note: ACT UP NY, 1992, Flyer announcing the 1992 Ashes Action, located in the ACT UP NY digital archive, actupny.org

AIDS activist groups were essentially tasked with appealing to two distinct audiences: the public and the governmental administrations. However, which audiences were considered real and implied varied between groups. Again, it is important to consider the nature of both the real and implied audiences as it relates to the contextual

exigency at hand. As stated, the AIDS crisis took place in an era where stigmatization of the queer community remained a widespread, dominant ideology. At the same time, the disease disproportionately affected the queer community on a much larger scale. That being said, elected government officials were certainly not exempt from this dominant ideology. Whether elected officials personally held this particular ideology or not, they were, at the very least, still not exempt from being influenced by it. Therefore, this meant that groups' messages collectively had to appeal oppositional audiences – assuming that, for both groups, the real and implied audiences were generally unreceptive by nature.

Other AIDS activist groups, such as The NAMES Project, employed divergent rhetorical strategies to address a common exigency born from public othering, blame, and silence. First unfurled in 1987, the NAMES Project's AIDS Memorial Quilt is a uniquely symbolic facet of public commemoration (Fee, 2006). I focus on this uniqueness partly because, in terms of rhetorical function, one could argue the Quilt deviates from the traditional understanding of the purpose of/for public commemoration. Whereas, it is the tendency of public commemoration to orchestrate and/or construct subjects for public memory. Additionally, it is the tendency for this functionality to play a role in deliberately clarifying present debates through commemorating the past. To preface, at the time of the Quilt's first unveiling, it did commemorate the past - if one considers the *past* lives of those who died from AIDS. However, if one situates this symbolic act among other acts of public commemoration, the AIDS Quilt very much occupied the present. The second persona was perhaps both the general public and the culture of social stigmatization. As a discourse in general, there existed this tendency among the public to maintain an us/them binary – shifting away from actual disease signifiers and toward the

reduction of “risky behaviors” to “risky identities” (Himley, 1999, p. 123). By avoiding this general cultural milieu and the language surrounding it, the Quilt served to shift focus away from “risky identity” to “human identity.” Overall, the Quilt served to communicate the emotion of death, which united a more conservative audience on this common theme. In the effort of combating the continued consequences of blame and othering, symbolic acts such as the AIDS Memorial Quilt served as a powerful voice of the other that, in general, sparked a noticeable shift in how news publications framed the disease.

At this particular time in the AIDS crisis was still, at least relatively, chronologically removed from genuine concrete change or effort toward resolution in the broader context of the epidemic. AIDS research had all but stalled out, and there was a growing frustration toward the Bush Administration’s silence regarding the disease. This silence would characterize the general scope of the political conversation about AIDS until 1992 – “Forty million people is a fucking plague, and nobody acts as it is” (Kramer, Archived Recording). Despite this, the significance of the Quilt’s emotional evocation garnered massive media attention and coverage from the time of its first unveiling, which, collectively, played an integral role in both the shift of the media coverage of the AIDS epidemic writ large and the character of general public opinion and discussion (Blair, 2007). Much of the media coverage regarding the Quilt’s unveiling replaced detailed narratives about promiscuity and sado-masochistic gay sex with deeply emotional, personal narratives on a shared basis of grief and meaning. For example:

Sue Caves hugged a weeping stranger standing beside her as they gazed at the cloth panel that Caves and three of her children made, her contribution to an

enormous quilt in memory of those who, like her 35-year-old son, have died of AIDS. (Boodman, 1987, p. C1)

This increased media attention surrounding the Quilt's unveiling was not limited to major national publications, with stories including unique personal narratives extending to local and regional publications across the country. The following *Associated Press* article (published in the *Fort Worth Star-Telegram*; Cassata, 1987) published the day after the Quilt's unveiling is a generally characterizing example of the broader coverage of the Quilt's first display. In some form or fashion, general framing of the AIDS Quilt often contained four emergent themes in content, each a categorically divergent characteristic in comparison to AIDS coverage a few years prior: (1) The event itself and the meaning behind the Quilt/demonstration, (2) the catastrophic impact of the disease, (3) narratives supporting criticism of the Reagan administration for remaining silent about AIDS, and (4) a call to recognize AIDS for its impact (*not who it impacts*). For example, the following examples correspond to the themes mentioned above:

- (1) Activists began their day yesterday at sunrise on the mall, with the unfurling of a 7,000-pound quilt bearing the names, personal effects and, in some cases, the ashes of victims of AIDS. The quilt bears 1,920 panels made by companions or relatives of people who have died from the disease. Among the panels on the quilt were familiar names: actor Rock Hudson, fashion designer Willi Smith, lawyer Roy Cohn, choreographer Michael Bennett and entertainer Liberace...
- (2) "Activists say the AIDS crisis, which has hit the homosexual community in the United States especially hard, has spurred an increase in violence and discrimination against the nation's lesbians and homosexual men, who they estimate number 25 million... Acquired immune deficiency syndrome is a contagious viral infection for which no cure has been found. It ravages the body's immune system and leaves its victims prey to fatal infections and cancers.

- (3) Organizers were hoping to use the march and rally yesterday and a planned non-violent protest in front of the Supreme Court building tomorrow to dramatize their calls for more federal assistance. ‘The Reagan administration is allowing millions to die,’ said one of the marchers, Jim Merriam, an AIDS victim from Miami. Its ‘response has been an ineffective, insincere commission on AIDS.’

- (4) Suzanne Phillips of Brooklyn, N.Y., a medical student who works with AIDS victims, carried a bumper sticker reading ‘Fight AIDS, not people with AIDS.’ ‘I can’t do anything for the patients but watch them die. I can’t stand it anymore. (Cassata, 1987, p. 3)

A contextual review of the character of coverage surrounding the Quilt unveiling in *Newsday’s* reporting juxtaposed against examples of earlier reporting cited in the previous section further demonstrate this shift. Again, *Newsday’s* coverage of AIDS in 1985 focused much of its attention on explicit details and narratives about gay establishments in association with infection risk – reporting, “‘On November 3, 1985, anal intercourse was observed being engaged in by six patrons of the Mine Shaft view of other patrons,’ the city’s legal papers said” (Ellis, 1985). It is important to note that, besides the fact that these narratives functioned as a mode of furthering notions of blame for infection, *Newsday’s* early reporting failed to include AIDS victims, members of the gay community, or anyone directly (or indirectly, really) affected by the disease. However, *Newsday’s* reporting on the AIDS Quilt’s initial unfurling in 1987 had a different tone – with the majority of sources including individuals directly involved with the demonstration in Washington. For example, *Newsday’s* 1987 coverage of the event reported, “At the rally, many spoke of the strong emotions of the day. [Eleanor] Smeal told the crowd: ‘Feel the political power of the moment. Spread love and fight hate’” (Mandell, 1987, p. 5). Journalist Jonathan Mandell (*Newsday*) went on to report, “‘The

Reagan administration is allowing millions to die,' said one of the marchers, Jim Merriam, an AIDS victim from Miami. He said the administrations 'response has been an ineffective, insincere commission on AIDS'" Mandell, 1987, p. 5). With this, it is also important to note, similar to the cited example from *The Fort Worth Star – Telegram, Newsday's* reporting, which originally emphasized promiscuity, frequently included the perspectives of gay and lesbian individuals criticizing the Reagan administrations political silence in response to the disease.

Of course, American democracy is not void of public criticism and perceived shortcomings. This is especially true in a fundamentally polarized social landscape. However, consider the tenants of democracy through an idealist lens. Officials are elected by the majority to reflect the majority. Given the dominant ideology, we can start to identify how this manifested in the Bush Administration's inaction. For example - at one point, Bush was quoted in the *Los Angeles Times* saying:

I'm in favor of behavioral change. Here's a disease where you can control its spread by your own personal behavior. You can't do that with cancer – well, to some degree you some might argue in heart disease if you run and stay fit.
(Wielawski, 1991, para. 3)

The Quilt provided the rare opportunity to perhaps reverse the dominant public opinion surrounding AIDS and reframe the gay behavior vs. medical consequence narrative. To clarify, subsequent political action was not entirely lacking. The Bush administration allocated \$2 billion through the Ryan White Act in response. Although, this allocation was perhaps only implemented to aid hospitals and public health systems

with the burden of this consistently increasing influx of AIDS patients – not to focus on ending the epidemic itself.

Chapter Conclusion

AIDS has long been a fundament of social and biomedical discourse, and the AIDS crisis era existed within a myriad of social frameworks each constituting an element of a complex rhetorical situation. That is, it is situated within an exigency compounded by dominant social stigma and the interweaving of public health with hegemonic narratives. Throughout the course of the AIDS crisis, media framing practices both reflected and reinforced a master narrative that scapegoated the infected – reducing the complexity of medical crisis down to an issue of personal liability. Moreover, it has been the goal of this case study to identify how the rhetoric embedded in these framing practices contributed to the overarching exigence of the AIDS crisis and exacerbated the era’s victim-blaming tendencies.

Both dominant stigmatization of AIDS and the general lack of AIDS discourse near the beginning of the epidemic constructed an environment which facilitated and “gay plague” narrative, which would quickly become a foundation of the cultural ideology surrounding the disease. The pervasive political and media silence characterizing the early years of the crisis gave agency to problematic rhetoric from those with power, while ultimately silencing those without and diminishing the disease’s salience as a legitimate medical issue. As the AIDS infection rate continued to grow, so did its prevalence in public discourse. However, in lieu of furthering scientific and political efforts toward a legitimate epidemic conclusion, news publications implemented rhetorical strategies that further reinforced the promiscuity frame. Outlets reporting on

cities' "campaigns against AIDS" operationalized shocking narratives to direct public attention to the heinous promiscuity of gay lifestyle. Additionally, rather than facilitate legitimate progression toward a resolution, these narratives served to rationalize city policies involving the mandated closing of gay bars and clubs – in turn, framing these policies as the epidemic solution while simultaneously further marginalizing homosexuals and PWAs. Largely, an overview of the rhetoric within AIDS frames gives merit to the theoretical principles of othering, in which the constructed *other* is typically occupies a marginalized social group. Whereas, the constructed *other* is oftentimes a marginalized ethnic group, the AIDS crisis gives merit to an extension of this principle to include the socially marginalized as well. On the other hand, the AIDS crisis era demonstrates the power of symbolic action and public commemoration to shift principles of an oppressive master narrative. Whereas, in the midst of a complex, polarizing, and utterly symbolic epidemic whose reality was often dismissed or ignored, The NAMES Project's AIDS Memorial Quilt united a uniquely oppositional audience on the shared basis of grief – helping foster a better collective understanding of the disease itself. Whereas, despite being the largest community art display in the world, scholars have noted how it was (and is) impossible to behold the Quilt without ignoring how it starkly represents death, and thus – the very nature of the epidemic at hand (Capozzola, 2002).

In the broader context of the greater AIDS epidemic, there are competing discussions about the resulting shift in coverage potentially deviating from the Quilt's overall intentions given the climate of political absence. The change in news coverage and public discussion about AIDS highlighted in this project showcase a shift of issues from privacy to public – a shift fundamentally constructed around emotion. The point of

contention is represented in headlines such as this from the *St. Petersburg Times*, “Powerful Images: Quilt Softens Pain of AIDS Deaths” (Lewis, 1989, p. 1D). Arguably, the legacy of the Quilt is distinctly the opposite of the sentiment of this headline – in which it intensified painful emotions on a shared basis, not softened them. On this, Alan Zarembo wrote, “in the 25 years of the epidemic, no symbol has managed to capture the sense of rage and loss like the quilt” (Zarembo, 2006, p. A1). Perhaps more importantly however, the legacy of the Quilt can essentially be characterized by tracking the model of public discussion perpetuated through the window of press coverage, demonstrating the shift away from “gay-disease,” to “human disease,” and bringing awareness to the reality of the epidemic in a way that appealed to a primarily oppositional public.

CHAPTER V – THE PAST IN THE PRESENT & FINAL DISCUSSION

The three case studies included in this project (chapter 2, 3, and 4) demonstrate three fundamentally different historical contexts where othering and medical scapegoating emerged in response to a health crisis situation. In this final chapter, I will review the blaming patterns embedded in each case study and then provide a brief overview of how these blaming practices can be situated contextually within contemporary pandemic rhetoric. With respect to the theoretical and methodological principles of rhetorical framing analysis, comparisons between historical and contemporary othering practices are established in response to a critical analysis of the frames embedded in former president Donald Trump’s pandemic rhetoric. In order to best situate the past instances of othering practices identified in historical media frames, artifacts for the contemporary critical analysis first included a selection of 248 of Trump’s archived tweets from the “@realdonaldtrump” Twitter user account posted between January 1, 2020, and January 7, 2021. Trump’s Twitter account was permanently banned from the platform on January 8, 2021. These tweets were selected using the keywords “virus,” “covid/covid-19/corona,” and “mask” (also #VIRUS, #COVID, #MASK). Second, data for the present study included a selection of 12 texts from January 1, 2020 through January 6, 2021 – of which included the official transcripts of a variety of Trump’s speeches, press conferences, campaign rallies, interviews, and public comments.

Medical Scapegoats and the Fabricated Villain

In the case of the San Francisco smallpox outbreak of 1876, I discuss how the contextual circumstances surrounding rapid urban expansion and issues with Chinese miners exacerbated the construction of a framework for medical scapegoating predicated on existing apprehensions toward foreign immigrants. In the period prior to the outbreak, these contextual circumstances facilitated rhetoric which served to identify Chinese immigrants as a social and cultural villain, in which the framing practices employed in *The San Francisco Daily Evening Bulletin* constructed narratives portraying them as inferior and immoral. Rhetorical structuring of frequent crime-related narratives reinforced the villainous archetype and served to maintain the construction of an us vs. them binary. In the event of the outbreak, these same arguments were operationalized and extended to the medical discussion. Rhetoric embedded in news frames leveraged accusations against Chinese spaces and bodies, claiming that San Francisco's Chinatown neighborhood was an ideal breeding ground for the disease due to the Chinese's inherent immorality and lack of regard for the safety others. Chinese individuals were portrayed as natural vectors of disease and were accused of spreading and concealing the virus for similar reasons.

In many ways, the identified patterns of blame during the smallpox outbreak were mirrored in the overarching political rhetoric surrounding COVID-19. Generally stated, one recurring central theme of Trump's discourse regarding China perpetuates the idea that China is solely responsible for the current state of the world health crisis, in which the virus was able to spread because of China's incompetence and/or alleged intentional malfeasance in the early stages of the COVID-19 pandemic. For example, let us consider

this example from Trump’s address at the 75th United Nations General Assembly on September 22, 2020 from a critical perspective. For context, Trump begins his opening statements by referencing the pandemic as “a great global struggle” and naming the virus “the invisible enemy – The China Virus – which has claimed countless lives in 188 countries” (Trump, 2020, pp. 1). Then, he goes on to say:

In the United States, we launched the most aggressive mobilization, since the Second World War. We rapidly produced a record supply of ventilators creating a surplus that allowed us to share them with friends and partners all around the globe. We pioneered lifesaving treatments, reducing our fatality rate 85% since April. Thanks to our efforts, three vaccines are in the final stage of clinical trials. We are mass producing them in advance so they can be delivered immediately upon arrival...

As we pursue this bright future, we must hold accountable the nation which unleashed this plague onto the world: China. In the earliest days of the virus, China locked down travel domestically while allowing flights to leave China – and infect the world (Trump, 2020, pp. 2-4).

In this example, the explicit blaming of China is apparent – that is, the reason the virus spread throughout the world, according to Trump, was because China allowed air travel out of the country (while restricting travel into the country). The reference to China’s “lock down” of travel into the country implies that China’s actions were both selfishly motivated and incompetent – in which, China’s primary concern was to protect its own citizens while disregarding the consequences of allowing outward travel to the rest of the world. However, from a semiotic approach, Trump’s choice of language in this example

highlights an interesting interrelationship between ideology and motive. Specifically, “*unleashed the plague*” is a particular set of terms that demonstrate this ideological attribution. For which, “*unleashed,*” strategically implies China’s intentional, possibly malicious enabling of the virus’s spread (see also, “*allowing flights to leave China and infect the world*”). Such attributions of blame echo statements deliberately villainizing Chinese immigrants both prior to and following the smallpox outbreak of 1876, specifically those implying Chinese immigrants intentionally conceal the smallpox virus and spread it due to an inherent lack of regard.

Positive Self-Presentation, Negative Other-Presentation, and Shifting Frames

In chapter 3, I discuss how the Spanish Flu pandemic demonstrates how frames, as a representative of both public opinion and political discourse, shift their attribution of blame according to contextual circumstances. In order to construct a foreign other (possibly to initially negate discussion of a U.S. pandemic origin), pandemic rhetoric embedded in political discourse and the *New York Times*’ publications mirrored the nation’s war rhetoric – first labeling the disease the “German Disease” before it acquired the Spanish Flu label. Frames identifying the war-related conditions in Germany (i.e., widespread malnourishment) served to construct a negative other-presentation of the Germany given the nation’s position in WWI, while employing positive self-representation in by implying the disease was thoroughly monitored by U.S. health officials. Additionally, political rhetoric repetitively reassured U.S. residents that the disease posed little threat to the home front – using the country’s rhetoric surrounding the symbolic “doughboys” as agency juxtaposed to the alleged malnourishment overseas. However, word of infections among the doughboy’s spread soon after, which violated the

premise of political health discourse and inspired doubt among the civilian public. Dissenting public confidence in domestic health officials' discourse was compounded by misleading infection/death statistic reports, which lead to a fluid shift in the narratives embedded in media frames. Consequently, disease frames shifted patterns of blame toward domestic medical and governmental institutions.

More recently, Trump's pursuit of positive self-representation and shifting patterns of blame in accordance with contextual circumstances was a prevailing element of his overarching pandemic rhetoric regarding COVID-19. For the most part, othering practices and blame against the left/U.S. democrats and the media follow the same general discursive patterns as othering practices against China. While Trump's pandemic othering against China served to scapegoat the Chinese for pandemic origin and imply that irresponsibility/incompetence enabled the virus's spread, motives for such practices against the U.S. left and the media typically fall into one of two thematic categories. These categories are: (1) negating responsibility for pandemic implications (increased death toll, infections, hospitalizations etc.), and (2) generally downplaying or deflecting pandemic risk/severity in the U.S. The first theme is primarily centered around contrasting policy between the Trump Administration/republican officials (federal, state, and municipal) and democratic officials (past and present). The rhetoric in this context essentially served to criticize the policies of democratic officials and bolster those of the Trump Administration/republican officials – justifying right-wing pandemic policies while manufacturing an object of blame for aforementioned pandemic implications (particularly in major U.S. urban areas such as New York, San Francisco, or other

statistically recognized “hot spots” for example). This process of manufacturing an object of blame for these implications is what composes the second theme.

“Gay Plague” and Ideological Attribution

In chapter 4, I argued that media framing practices contributed to the reinforcement of ideology that associated infection with personal liability. Moreover, the character of press coverage surrounding AIDS served to further rationalize the disease as the “gay plague” – a disease that was reduced to a product of promiscuity. This reduction failed to represent the actuality of the disease, favoring instead a master narrative predicated on existing social stigma.

While blame leveraged at China during the COVID-19 pandemic focused primarily on establishing a foreign other, there are notable consistencies between AIDS rhetoric and Trump’s COVID-19 rhetoric regarding strategic labeling and ideological attribution. Trump’s coining and frequent use of the term “China Virus” and/or “Chinese Virus” in reference to COVID-19 is perhaps one of the more obvious examples, given the frequent employment of the “gay plague” label. For reference, between January 1, 2020 and January 6, 2021 on Twitter alone, Trump used an iteration of this term 68 times. I argue that the ideological attribution of the “gay plague” label is comparable to ideological elements embedded in Trump’s pandemic rhetoric as well. In the example of Trump’s 75th address to the United Nations, the use of the term, “*plague*,” is employed as a means of magnifying the severity of the pandemic in the highest regard, situating it contextually with historical plagues such as the bubonic plague of the 1300’s (The Black Death). Additionally, one could argue this term choice also situates the COVID-19 pandemic in the same context as biblical plagues such as the Ten Plagues of Egypt

(especially considering that in October 2020, 78% of white evangelicals and 54% of all protestant Christians supported a Trump reelection) (Pew Research Center, 2020).

“Plague” is a term frequently used throughout Trump’s pandemic discourse. For, rhetoric revolving around the “gay plague” carries with it ideological attribution of its own, given the stigma surrounding homosexuality revolved around social perceptions of biblical immorality.

Final Discussion

Collectively, a historical overview of these three health crises highlights different aspects of recurring patterns of blame construction evident in the rhetoric embedded in newsprint framing practices. In each of these case studies, the overarching goal of analysis is two-fold. The immediate purpose of this analysis is to first identify how these frames were historically operationalized to construct hegemonic rationalizations and understanding in health crises. Additionally, I argue the secondary purpose of this analysis is to illuminate how these framing practices still occupy our present health crisis rhetoric today. In sum, this project is not meant to simply identify the presence of othering in historical health crises in an effort to identify their origin or justify their existence. Rather, it is the intention of this project to demonstrate how the rhetoric of past still occupies the present while taking into account the agency that media frames possess in constructing public opinion. For, identifying patterns of blame in historical frames and situating them within the present can better illuminate the consequences of health crisis othering as they continue to play out in our contemporary society.

With COVID-19, these consequences are relatively easy to identify. In the U.S. alone, there were 3,795 documented incidents of discrimination, harassment, or violence

against Asian Americans from March 19, 2020, to February 28, 2021, according to a recent report from Stop AAPI Hate (2021). The two largest proportions of the total reported incidents were verbal harassment (68.1%) and shunning (20.5%) (Stop AAPI Hate, 2021). Violence and physical assault, the third largest category, accounted for 11.1% of the total reported incidents. Civil rights violations (workplace discrimination, refusal of service, etc.) comprised 8.5% of total incidents, while online harassment accounted for 6.8% (Stop AAPI Hate, 2021). According to the report, Chinese individuals make up the largest ethnic group reporting these experiences (42.2%). Koreans account for 14.8% of the reports, Vietnamese account for 8.5%, and Filipinos account for 7.9% (Stop AAPI Hate, 2021). Overall, hate crimes against Asian Americans increased 150% in 16 cities in 2020 according to a report from the Center for the Study of Hate and Extremism at California State University, San Bernardino.

However, past health crises have the luxury of time to distance their rhetoric of blame from the forefront of our collective memory. Thus, this project has intended to demonstrate that othering, and the implications associated with it, is an ongoing issue that permeates, and will likely continue to permeate, the nature of health crises without a critical acknowledgement of its role throughout history.

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