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The Social Construction of SARS. Studies of a health communication crisis
Edited by John H. Powers and Xiaosui Xiao

The Social Construction of SARS

Studies of a health communication crisis

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Introduction

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When the SARS virus[1] began its worldwide spread out of southern China in spring 2003, it caught regional and international health officials by surprise. Its origins were unknown, its manner of transmission was yet to be discovered, and its rapid spread was unprecedented in recent decades. First China, then Hong Kong, then several countries in East and Southeast Asia, and finally North America were all affected in rapid succession. This was truly the first international health-related crisis of the 21st century (Abraham 2004; Greenfield 2006) and, therefore, the first international health *communication* crisis as well (Ratzan 2003).

Although much has been written about the SARS crisis from economic, medical, and public health perspectives (Griffen 2005; McCright & Clark 2006; World Health Organzation 2006), relatively less has appeared from a communication perspective, though the literature is growing (see, Arquin et al. 2004; Eichelberger 2007; Ma 2005, among others identified below, for examples). However, for researchers in the health communication field, the outbreak of Severe Acute Respiratory Syndrome (SARS) provides a classic opportunity to study a large range of communication phenomena – both positive and negative – related to an unfolding public health crisis. Health care professionals, academics, government officials, news organizations, community action groups, and individual citizens around the world were all drawn into the situation, and all of them played important roles in sending, receiving, and responding to the messages aimed toward them from every direction about the emerging SARS crisis.

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1. SARS was a particularly contagious and virulent member of the corona family of viruses that includes the virus which causes the common cold. It first appeared in humans in late 2002 in southern China. Most of the chapters in the book give additional details about the disease and its spread as they are relevant to the topic of the chapter. Other readily accessible sources about the biological and epidemiological aspects of the corona virus and SARS as a disease include Lee (2006), Sleigh (2006), and Starling (2006).

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CHAPTER 7

SARS discourse as an anti-SARS ideology

The case of Beijing

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This study examines a series of SARS case reports produced by the News Office of China's Health Ministry between 21 April and 20 May 2003. The study first examines the change of "stages" in the generic structure of the 30 case reports, and then relates these changes to the way in which the News Office selectively included and excluded SARS case information. It is observed that, by adding and deleting stages in the case reports, the News Office attached more prominence to information that went with the interests and beliefs of its own group and downgraded information that was inconsistent with their interests and desires. Preference for some information and ignoring of other information are seen as a way of representing the anti-SARS social practice and constituting the group's particular anti-SARS ideology.

Introduction

The first half of 2003 witnessed a widespread outbreak of SARS in most parts of China. The situation reached its most serious point in the second half of April, when the number of patients in Beijing became so great that hospitals seemed unable to provide them with effective treatment. What was worse, increasing numbers of doctors and nurses were infected and became patients themselves.

This situation attracted the attention of the country's senior leaders, who took several measures to curb the epidemic. For example, the government developed regulations to direct the fight against SARS in accordance with the law. It also organized a committee, with Vice Premier Wu Yi as the head, to streamline the use of available resources. With SARS being added to the list of epidemic diseases, all travelers, whether on planes, trains or coaches, were monitored to prevent SARS from spreading further. Both the central and local governments spent billions of Chinese *yuan* treating patients with both traditional Chinese medicine and modern scientific research. Due to these measures, the spread of SARS slowed

within a month. On 20 May the number of newly-reported patients in Beijing decreased to 12, compared with the 145 newly-reported cases on 21 April. On 24 June, the World Health Organization (WHO) announced the removal of Beijing from its list of SARS-infected areas and lifted its travel advisory on the city.

Many actions initiated by the government contributed to the effective control of the SARS epidemic. One such measure was that SARS cases from all areas of the country were reported to the public daily by the News Office of the Ministry of Health. The reporting began on 21 April and continued in the following months. On the first few days, the case briefings occurred at different times of the day, but they were soon regularly held at 4 pm and made public by various news media. The SARS cases were originally presented in the form of a statistical diagram, which simply contained objective case numbers. The News Office then turned the objective numbers into a daily case report in the form of text, which evolved over time to produce a series of case reports.

Thirty of these SARS case reports, produced between 21 April and 20 May 2003, were chosen as data for this study. They will be examined in terms of changes in their generic structure, a type of textual structure that resembles a sequence of speech acts in achieving the communicator's discursive purposes. Based on a theoretical premise drawn from critical discourse analysis (CDA) that discourse may function as an expression of social practice, changes in the generic structure of these case reports over time will be analyzed to discover how the News Office represented the fight against SARS, by either including or excluding certain SARS case information at various times. The study indicates that the News Office attached more prominence to information that went with the interests and beliefs of its sponsoring group (i.e., officials of the Ministry of Health) and downgraded information that was inconsistent with their interests and desires. The shifting preference for including some information while ignoring other information in the SARS case reports is identifiifed as the group's *anti-SARS ideology*. The following two sections first spell out the theoretical premise upon which this study is based and then explain the tool it adopts to analyze changes in the generic structure of the case reports.

Theoretical premise: Discourse and the anti-SARS ideology

A group's ideology is expressed in the discourse it produces – that is, the choice of topics it discusses and how its encodes in language the ways it talks about them. Moreover, the concept of an ideology is frequently treated in terms of the power relations that exist in society and the language used to promote or resist them. Especially prominent is concern with questions related to whose discourse and interests are influential in guiding a society's actions and whose are effectively marginalized. In the society of late modernity, where a powerful group is more likely to influence people's minds than to restrain their actual freedom of action, power is often exercised through the control of the discursive practices that are encouraged or discouraged.

Because ideologies are embedded in routine text and talk, they are often implicit, misperceived as being natural rather than arbitrary, and accepted as legitimate without inquiring into the alternatives. It is here that CDA becomes particularly relevant because CDA may be used to denaturalize the ideologies upon which the orderliness of interaction depends (Fairclough 1985) and demystify the discourse by deciphering the underlying ideologies (Wodak 2001). According to van Dijk (1993, 1995, 1998, 1999), the power and ideology that represent social structure are expressed in discourse structure through the dominant producer's control of access to both the context in which discourse is produced and the discourse itself.

Accordingly, the SARS case reports in this study are taken as ideologically significant discourse because they reveal the Ministry of Health's SARS social practice (Fairclough 2003; van Leeuwen 1993). This is important because there are competing ways in which SARS social practice might be represented. For example, SARS could have been represented as a formidable disaster for human beings, thereby fostering an overwhelming pessimistic atmosphere; or it could have been seen as an inspiring impetus, thereby encouraging people to fight against the epidemic with a positive spirit. In the current context, the SARS case reports represent the social practice in a way that helps fight against the SARS epidemic. In this sense, these SARS case reports constitute a particular type of "anti-SARS ideology" that favors the government's approach to fighting against the SARS epidemic. Just as ideologies "are the fundamental social cognitions that reflect the basic aims, interests and values of groups" (van Dijk 1993, p. 113), the Ministry of Health's anti-SARS ideology is a particular way of representing the SARS cases in language that helped the government fight against the SARS epidemic in the particular way it chose.

To elaborate the point concerning ideology and power, we can turn to van Dijk (1993), who identifies several strategies that producers can apply to control access to communication context and the discourse produced within it. In terms of the context of communication, for example, the dominant producer may control access to the occasion, time, place, and setting; the presence or absence of certain participants in the events; the modes of participation; the overall organization of the event, and the news media who report the event. Each contextual factor contributes to how recipients of the discourse are likely to understand what is normal social practice.

In terms of the actual discourse produced in the contexts provided, the dominant producer may control access to such things as the topics, style, genre, agenda, turn taking, marginalization or exclusion of some "voices," and the withholding of certain information. Thus, in van Dijk's (1993) terms, the core of critical discourse analysis involves "a detailed description, explanation and critique of the ways dominant discourses (indirectly) influence such socially shared knowledge, attitudes and ideologies, namely through their role in the manufacture of concrete models" (p. 114) that people use to interpret their personal and social experience. Starting from this point, the present study examines how the News Office exercised its control over the actual discourse of SARS, as presented in the textual structure of its case reports. Issues related to their control of the contextual issues are only implicitly mentioned where they are relevant, but they are not given explicit analysis in this chapter.

Analytical tool: Generic structure analysis

At the micro level where the actual discourse of SARS was produced by the Ministry of Health's News Office, we shall concentrate our analysis on the textual structure of the case reports presented. At this level, the analytical tool adopted is *generic structure analysis*, which is based on systemic functional linguistics (SFL). In generic structure analysis, a discourse genre consists of "diverse ways of acting, of producing social life, in the semiotic mode" (Fairclough 2001, p. 235). Eggins and Martin (1997) observed that "different genres are different ways of using language to achieve different culturally established tasks" (p. 236). As suggested here, then, genres are *functionally* identified segments of language that are defined in terms of their social purpose.

When analyzing genres, SFL scholars divide texts into what they call *stages* of unfolding. According to van Leeuwen (1993), *stages* are sequences of speech acts that cluster together. For example, each SARS case report performs a sequence of speech acts, such as "stating the overall epidemic situation," "reporting the number of cases in SARS-infected and uninfected provinces," and so on, one after another in a sequences of stages of unfolding.

The analysis of generic structure in terms of stages is significant because both the type of information presented and the sequence in which it is revealed can have consequences for how the discourse is interpreted ideologically. However, to relate it to the ideology that underlies it we need to examine the *change* of stages in the generic structure as they unfolded over the course of the 30 case reports. For that purpose, the present study investigates the way in which the News Office included and excluded SARS case information by examining changes in generic structure of the 30 SARS case reports. Four steps are needed in this generic structure analysis: (a) the case reports are divided into chunks according to their component speech act clusters; (b) stages are differentiated and identified according to the presence of an initial and/or final speech act or a shift in the pattern of combination; (c) the nature of the change of stages in the generic structure is determined, and (d) an analysis of the change is made in relation to the anti-SARS ideology that underlies it.

Description of the data

The News Office of the Health Ministry provided a diagram (see Appendix I) that indicated the numbers of SARS cases that had been reported from different provinces, municipal cities and autonomous regions each day. This study draws on thirty reported diagrams dating from 21 April to 20 May, the month during which SARS cases underwent a full cycle from sudden rising to slow falling. The items included are about the same during the reporting period, including the diagnosed cases and the suspected cases. Within the diagnosed cases are further reported the number of patients (including medical staff), the number cured and the number dead, each with the daily totals and the accumulated totals. Within the suspected cases are reported the number of newly added cases on that day, the cases released from hospital, and the total. Table 1 shows the items reported on the SARS case statistic diagram, with an English translation below.

Although the 30 diagrams are part of the corpus, of most interest for this chapter is the way in which the number of SARS cases were reported in the form of discourse. The diagram provided the public with the objective numbers of SARS cases, but the News Office also produced a dynamic series of case reports that are taken as discourses with a particular anti-SARS ideology embedded within them. The items reported in the diagrams (see Appendix I) did not change until 19 and 20 May, when the last reporting date of newly-reported diagnosed cases and suspected cases of the day was added. This item occurs only on the last two days of the corpus and does not have a direct link with the reporting discourse. Hence, this change is considered to be unimportant for the analysis.

Generic structure of the case reports

This study examines the generic structure of the SARS case reports to determine how the change of stages in the generic structure reveals the ideology expressed

Table 1. Items reported on the SARS case statistic diagram by the Office of Health Ministry (with an English translation below)

序號	省別	臨床診斷病例		其中醫務人員		出院人數		死亡人數		疑似病例		
		新增 /（其中由疑似轉為臨床診斷數）	累計	新增	累計	新增	累計	新增	累計	新增	排除	合計

序號: No.
省別: Provinces/municipal cities/automatic regions
臨床診斷病例: Diagnosed cases
新增/(其中由疑似轉為臨床診斷數): Newly added cases (transferred from suspected cases)
其中醫務人員: Medical staff in diagnosed cases
出院人數: Released from hospital
死亡人數: The dead
疑似病例: Suspected cases
新增: Newly added on the day
累計: Accumulated up to the day
排除: The released
合計: Total

in the social structure. The 9 May case report (see Appendix II) is selected for a sample description of the generic structure.

As outlined above, four steps are needed in our research. In identifying *stages* of the generic structure, the first two are applied, which are (a) to divide the case report into chunks or clusters according to its social purposes or speech acts, and (b) to identify stages according to the presence of an initial and/or final speech act or a shift in the pattern of combination. In this way, we recognize that the speech acts in the case report are either to state the overall situation or to report the number of the SARS cases (see Purpose of Stages in Table 2), and respectively label these speech acts as stages of STATING and REPORTING in the generic structure. Clauses classified as "stating" (usually only the first one or two in each report) describe some aspect of the overall SARS situation while those classified as "reporting" (usually all of the rest in each report) provide a quantifiable statistic in percentage terms or as an absolute number.

The case report is thus unpacked into different stages according to the speech acts each clause or a small group of clauses (see the Clause Domain column in Table 2) performs. To make the speech act performed more evident, key linguistic realizations of the speech act are provided (see the Key Linguistic Realizations column in Table 2). For example, in the stage of STATING (Stage 1), a relational process with verb 'have' is applied, such as: $^{1(a)}$*On May 9, 14 prov-*

Table 2. Stages in the generic structure of the May 9 case report

Stage No.	Functionally labeled stages of generic structure	Clause domain	Purpose of stages	Key linguistic realizations
1	Stating	1–2	To state the overall epidemic situation of the country on and up to the day	Relational process (*have*) describing the situation; time adjunct as marked theme
2	Reporting	3–4	To report the number of the uninfected provinces	Relational process (*be*); inanimate subject
3	Reporting	5–6	To report the situation in affected area	Relational process (*be*) describing the situation
	further-reporting 1	5	To list provinces with no more than 10 cases	*be* … within
	further-reporting 2	6	To report provinces having no new cases for a certain period of time	constantly, have no newly diagnosed cases for … days
4	Reporting	7	To report the newly added diagnosed cases of the day	Relational process (*be*); time adjunct as marked theme
5	Reporting	8	To report the distribution of the diagnosed cases	Relational process (with elliptical *be*); inanimate subject
6	Reporting	9–10	To report the accumulated cases up to the day	Relational process (with elliptical *be*); inanimate subject; time adjunct as marked theme
7	Reporting	11	To report the newly added suspect cases	Relational process (with elliptical *be*); time adjunct as marked theme; inanimate subject in material process
8	Reporting	12	To report the distribution of newly added suspect cases	Relational process (with elliptical *be*); connective adjunct as marked theme
9	Reporting	13	To report the released suspect cases	Time adjunct as marked theme; relational process (with elliptical *be*)
10	Reporting	14	To report the accumulated number of suspect cases	Time adjunct as marked theme; relational process (*be*)

inces and municipal cities in the mainland have atypical pneumonia case reports. In contrast, relational process with verb '*be*' or 'elliptical *be*' is applied in the stages of REPORTING. See, for example, Stage 2 (with *be*) and Stage 5 (with elliptical *be*) in Table 2. Although this information was helpful to the researcher in identifying the various discourse functions performed in each stage, no further use of the information concerning linguistic realizations is made in this chapter.

As a result of the first two steps of our generic structure analysis, ten stages are identified in the May 9 case report, as shown in Table 2.[1] The first stage (STATING) identifies the overall epidemic situation by mentioning the on-day situation in each of the 14 provinces that provided SARS case reports. The rest of the stages (REPORTING) indicates the newly added diagnosed cases of the day, and the newly added suspect cases of the day. Occasionally, further details legitimize the statements made in the REPORTING act (e.g., in Stage 3), but with most stages, the statements presented are so plain that there seems to be no need for justification or further exemplification.

Table 2 illustrates the generic structure of the May 9 case report in terms of its stages. A close examination of the stages in the generic structure of all the 30 case reports, however, reveals that the 10 stages identified in the 9 May case report do not occur in all the 30 case reports. In addition, some case reports have stages other than those identified in the 9 May example. Table 3 lists the 14 stages identified in all 30 of the case reports, whose corresponding stage number in the 9 May case report, if there, is also provided in Table 3.

An observation of Table 3 will lead to the third step of our generic structure analysis, that is, summarizing the change of stages in the generic structures of the 30 case reports. This results in Table 4, which illustrates the distribution and change of the total stages in the 30 case reports.

We can see clearly in this table that some of the stages are deleted in the subsequent case reports (e.g. Stage 8 disappears from the 26 April report and thereafter); some are added to the subsequent reports (e.g. Stage 4 is added to the reports on 3 May and thereafter). The following section will make a detailed analysis of the stage changes in relation to the anti-SARS ideology that underlies it, which fulfils the task of the fourth step of the generic structure analysis.

1. The presentation the generic structure of the SARS case report follows Kong (2001, pp. 480–481, 482, 483, 485, and 487) in which he examines the generic structure of five texts of network marketing.

Table 3. Total stages in the 30 SARS case reports

Stage No.	Purpose of the stage	Corresponding stage in the 9 May report
Stage 1	To state the overall epidemic situation of the country on and up to the day	Stating (Stage 1)
Stage 2	To report the number of the uninfected provinces	Reporting (Stage 2)
Stage 3	To list provinces with no more than 10 cases	Sub-Reporting 1
Stage 4	To report provinces having no new cases for a certain period of time	Sub-Reporting 2
Stage 5	To report the newly added diagnosed cases of the day	Reporting (Stage 4)
Stage 6	To report the distribution of the diagnosed cases	Reporting (Stage 5)
Stage 7	To report the accumulated cases up to the day	Reporting (Stage 6)
Stage 8	To report local accumulated cases up to the day	(No such a stage)
Stage 9	To report the newly added suspect cases	Reporting (Stage 7)
Stage 10	To report the distribution of newly added suspect cases	Reporting (Stage 8)
Stage 11	To report the released suspect cases	Reporting (Stage 9)
Stage 12	To report the accumulated number of suspect cases	Reporting (Stage 10)
Stage 13	To report the local accumulated suspect cases	(No such stage)
Stage 14	To make a comment on the current situation	(No such stage)

Anti-SARS ideology in relation to the change of stages

As shown in Table 4, the stages constantly change in the 30 case reports, with some being added to the existing generic structure, some being removed, and some being resumed after previously being removed. The change of stages in the generic structure of the 30 case reports will be examined in order to reveal how the case reports embody a particular anti-SARS ideology.

Stages added

In the first case report on 21 April, the generic structure consists of only 8 stages: reporting the newly added diagnosed cases of the day (Stage 5), reporting the distribution of the diagnosed cases (Stage 6), reporting the accumulated cases up to the day (Stage 7), reporting the local accumulated cases up to the day (Stage 8), reporting the newly added suspect cases (Stage 9), reporting the accumulated suspect cases (Stage 12), reporting the local accumulated suspect cases (Stage 13), and commenting on the current situation (Stage 14). However, from 26 April, Stage 1, Stage 2 and Stage 10 were added to the on-day and following case reports. The content of the three new stages that appeared on the 26 April case report is as follows.

Table 4. istribution and change of stages in the 30 SARS case reports

Stage → / Report on ↓	1	2	3	4	5	6	7	8	9	10	11	12	13	14
20 May*	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓		✓
19 May	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓		
18 May	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓		
17 May	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓		
16 May	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓		
15 May	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓		
14 May	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓		
13 May	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓		
12 May	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓		
11 May	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓		
10 May	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓		
9 May***	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓		
8 May	✓	✓		✓	✓	✓	✓		✓	✓	✓	✓		
7 May	✓	✓		✓	✓	✓	✓		✓	✓	✓	✓		
6 May	✓	✓		✓	✓	✓	✓		✓	✓	✓	✓		
5 May	✓	✓		✓	✓	✓	✓		✓	✓	✓	✓		
4 May	✓	✓		✓	✓	✓	✓		✓	✓	✓	✓		
3 May***	✓	✓		✓	✓	✓	✓		✓	✓	✓	✓		
2 May	✓	✓			✓	✓	✓		✓	✓	✓	✓		
1 May***	✓	✓			✓	✓	✓		✓	✓	✓	✓		
30 April	✓	✓			✓	✓	✓		✓	✓		✓		
29 April	✓	✓			✓	✓	✓		✓	✓		✓		
28 April	✓	✓			✓	✓	✓		✓	✓		✓		
27 April	✓	✓			✓	✓	✓		✓	✓		✓		
26 April**	✓	✓			✓	✓	✓		✓	✓		✓		
25 April					✓	✓	✓	✓	✓			✓	✓	
24 April					✓	✓	✓	✓	✓			✓	✓	
23 April					✓	✓	✓	✓	✓			✓	✓	
22 April					✓	✓	✓	✓	✓			✓	✓	
21 April*					✓	✓	✓	✓	✓			✓	✓	✓

*** Dates on which stages were added to the on-day reports.
** Date on which stages were both added to and cut off from the on-day reports.
* Dates on which the stage of comment appeared.

Stage 1 On April 26, 10 provinces and municipal cities reported newly diagnosed atypical pneumonia cases and 6 reported new suspected cases. The remaining 15 provinces report zero cases.

Stage 2 To 10:00 am on 26 April, 26 provinces and municipal cities have reported SARS cases.

Stage 10 Of the suspected cases, 173 were in Beijing, 27 in Tianjin, 9 in Hebei, 18 in Shanxi, 18 in Inner Mongolia, 1 in Heilongjiang, 4 in Shanghai, each in Zhejiang, Anhui and Henan, 3 in Hubei, 61 in Guangdong, 2 in Guangxi, 3 in Sichuan and 4 in Shan'xi.

The speech acts these three added stages perform were, respectively, to state the overall epidemic situation of the country (Stage 1), to report the number of the infected provinces (Stage 2), and to report the newly added suspect cases in different provinces (Stage 10).

Two more stages were added soon after. From 1 May, the News Office began to report the total number of released suspect cases of the day (Stage 11), and from May 3, it began to document the provinces that had no new cases for a certain period (Stage 4).

Stage 11 From 10:00 am on 30 April to 10:00 am on 1 May, 116 suspect atypical pneumonia cases were reported to have been released in various parts of mainland China. (1 May)

Stage 4 Fujian had no newly-reported cases for 25 continuous days; and Jiangxi and Shandong had no newly-reported cases for 9 days. (3 May)

While more provinces are added to the list of those that had released-suspect cases and had no new cases for a certain period, the stages by no means remained unchanging. On 9 May, another stage that reported the provinces where the total accumulated diagnosed cases were less than 10 and 5 (Stage 3) was added to the case reports.

Stage 3 Of the provinces and municipal cities where SARS was reported, Heilongjiang had no diagnosed cases; in Anhui, Shanghai, Hubei, Hunan, Gansu, Ningxia the accumulated diagnosed cases were less than 10; in Jiangsu, Zhejiang, Chongqing, Fujian, Liaoning, Jiangxi and Shandong the diagnosed cases were less than 5. (9 May)

In sum, new stages were added to the existing generic structure on four days. On 26 April, three stages were added, and on 1, 3 and 9 May one each was added. These six added stages – 1, 2, 10, 11, 4 and 3 – involved information that fitted the Ministry's beliefs and desires. For instance, with Stage 1 added, it was reported on 26 April that 10 provinces/cities reported newly-added diagnosed cases, 6 reported

newly-added suspected cases, and the remaining 15 reported no cases. The Ministry may well have hoped to be seen as providing the public with detailed information, especially in the early phases of the anti-SARS social practice when there were complaints about massively inaccurate case reports.

The News Office hoped that the situation would develop in favor of the interests of its group, and its desires and beliefs found a means of expression in the added stages. On 1 May, for example, the released-suspect cases were reported. In a situation where the diagnosed and suspect cases were increasing daily, the reporting of released cases, even if the releases were of only the suspected cases, undoubtedly lifted the burden on people's minds. Such a desire became more evident when Stages 4 and 3 were added on 3 May and 9 May respectively. By reporting provinces that had no new cases for a certain period and those that had less than 5 or 10 cases reported, the Ministry was obviously attempting to reduce people's anxiety. Take Stage 4 as an illustration. It included the fact that Fujian province had no newly-reported cases for 25 continuous days. To report this on the 25th day rather than on any other of the previous days certainly reveals some of the thought processes of the News Office. The Ministry strongly desired that the reduction of people's anxiety would increase their confidence in the government.

As is frequently the case, the ideology is largely expressed in an implicit way. For example, although the addition of Stage 2 on 26 April indicates the 26 provinces and municipal cities reported SARS cases, it may also be reasonable for the News Office to imply that the rest of the provinces had not found SARS cases. This oblique way of expressing one's proposition constitutes the ambiguities of the Chinese language which, according to Hodge and Louie (1998), "are a necessary part of the ideological formation of the Chinese consciousness" and "have been used by the elite ruling group as a means to social control" (p. 99). When the SARS epidemic was at a very serious stage, to explicitly emphasize provinces where there were no SARS cases was certainly unappealing. The News Office therefore took a different approach. By adding Stage 2, which reported the number of uninfected provinces, the News Office intended to call the public's attention to the fact that some provinces had not reported SARS cases, as the total number of the provinces is a household number. This intention soon became explicit in the 3 May case report, where it is added in this particular stage that Hainan, Guizhou, Yunnan, Tibet and Qinghai had not found SARS cases.

Stages cut off

While some stages were added, other stages were cut off from the daily case reports. For example, on 26 April the details about the number of diagnosed cases

(including the number of infected doctors and nurses, the released cases and the dead) in each of the infected provinces/cities (Stage 8) was removed. On the same day, Stage 13, which had reported the local accumulated suspect cases, was also removed. The content of the two stages that appeared in the 21 April case report is as follows.

Stage 8 In terms of the accumulated numbers, Guangdong had 1317 cases (including 329 medical staff), with 1136 cured and 48 dead; Beijing had 482 cases (including 78 medical staff), with 43 cured and 25 dead; Shanxi had 120 cases (including 45 medical staff), with 6 cured and 7 dead; Sichuan had 8 cases with 3 cured and 2 dead; Jiling had 3 cases; Shan'xi had 1 case; Liaoning had 2 cases; Guangxi had 14 cases, with 8 cured and 3 dead; Hunan had 6 cases, with 5 cured and 1 dead; Henan had 3 cases; Inner Mongolia had 30 cases (including 4 medical staff), with 6 dead; and Shanghai had 2 cases (21 April).

Stage 13 In terms of the accumulated number of suspect cases, Beijing had 610 cases, Shanxi had 61 cases, Guangxi had 1 case, Inner Mongolia had 48 cases, Hunan had 1 case, Sichuan had 7 cases , Shanghai had 8 cases, Henan had 1 case, Jilin had 1 case, Hebei had 7 cases, Shan'xi had 4 cases, Tianjin had 2 cases, Xinjiang had 1 case, and Chongqing had 1 case (April 21).

Removing the two stages served to distract from the serious situation in various regions. It tended to satisfy people's intuitive need to see and hear less bad news. They may intuitively have conceived that the situation was becoming less serious, and this illusion, possibly brought about by the omission of the two stages, certainly brought great comfort to the public.

The Ministry is in a dominant position in the anti-SARS social practice, and it controls access to context and discourse. The practice of removing the two stages from the discourse, as well as that of adding stages to the discourse, is a strategy that the News Office adopts to express its particular anti-SARS ideology. During the SARS epidemic it could easily block the dissemination of information that was inconsistent with its interests. By removing the two stages, the Ministry discursively exerted its influence on anti-SARS social practice.

Stage resumed

It may be a coincidence that the comment stage (Stage 14) appeared on the two ends of the continuum of the 30 SARS case reports. On the first day when the case reporting was published, a comment explained why the suspect cases in Beijing had suddenly increased. This stage of commenting did not appear again until the

last case report (20 May) in our data, when a comment was made that the newly reported cases were steadily decreasing on the whole and that this should be consolidated through persistent efforts. The following is the content of this stage on 21 April and 20 May.

> **Stage 14** The large increase in the reported suspected cases in Beijing was mainly the result of strict anti-SARS measures that emphasized a centralized treatment of the formerly scattered patients. (21 April)
> As seen from the local SARS reports, the newly-reported atypical pneumonia cases were steadily decreasing on the whole, but the anti-SARS task was still difficult. Persistent efforts were needed to consolidate and further the achievements. (20 May)

From the perspective of the ideological workings of the discourse, these two comments are important. The first comment may have served to calm the anxiety and complaints of the citizens of Beijing, and the second comment may have signaled a victory over the SARS epidemic. In this way, the resumed stage was ideologically manipulated so that it directed the development of anti-SARS social practice.

Social cognition and the change of stages

In the above analysis of stage changes, it is clear that an ideology was working as an underlying principle. Additions and omissions were dependent on a certain kind of mental framework in the social structure: that is, an anti-SARS ideology. In a situation where a new national leadership had just taken office, the fight against SARS was a battle that had to be won before moving on to other commitments. The shorter time the fight took, the less loss the country would suffer.

In relation to this overall situation, the News Office of the Health Ministry, when representing the case numbers in a discourse form, successfully embodied its anti-SARS ideology in the presentation of the SARS cases. In terms of access to context, the News Office decided when and how to publish the SARS discourse. For example, it decided on a wide circulation through which the SARS discourses were made public. It also decided on the daily publication for the case reporting discourse. In terms of access to discourse, the effect of this exercise of power was the most obvious. The News Office decided on the inclusion and exclusion of certain stages and thus made use of a change of stages in the generic structure of the SARS discourse.

In the representation of the case numbers by way of changing the discourse structure, then, the News Office attached more prominence to the information that went with the interests and beliefs of the Health Ministry and downgraded the information that was inconsistent with such an aim. Put another way, the preference for and ignoring of certain information in the process of discourse reproduction results in the constant changing of discourse structures. In this sense, the control of access to the context and discourse produced by the News Office mediates between the discourse structure that it produced and the anti-SARS ideology that resulted from the social structure.

Conclusion

This study has examined 30 SARS case reports produced between 21 April and 20 May in terms of stage changes in their evolving generic structure, and has related the addition and omission of certain stages in the generic structure of the case reports to the implicit ideology that the News Office intended to produce in the fight against SARS. The News Office constantly added stages to the existing case reports that supported its interests and removed stages that were contrary to its interests. In doing so, the News Office manipulated the reporting of the number of SARS cases and thereby produced dynamic discourses that worked to intervene in anti-SARS social practice.

This finding becomes more convincing when other analyses of anti-SARS practice are considered. For example, Jin (2003), an analyst from the National Anti-SARS Group, produced a focused analysis of Beijing's SARS trend. Jin believed that the situation in Beijing represented that of the whole country because the number of SARS cases in Beijing was 62.3%–78% of the total number of cases. According to Jin, Beijing's SARS trend was divided into three phases: from 21 to 31 April, from 1 May until 9 May and from 18 May onwards. Jin's three phases cover almost the whole period considered in this study, and the starting/ending dates of the three phases are strongly supported by evidence in on-day case reports. Take Jin's second phase for example. It starts at the beginning of May; in the SARS discourse data on 1 and 3 May the News Office added Stages 11 and 4 to the day's case reports. Stage 11 reported the released-suspect cases of the day and Stage 4 provided information about provinces that had no new cases for a certain period. Neither of the facts revealed by these two pieces of information had come into being on those two days, but that the News Office reported them on the two days signals an evaluation and expectation of the situation. In addition, on May 9, the end date of the second phase and starting date of the third phase, Stage 3, which reported the provinces in which there were less than 5 or 10 SARS cases, was added to the existing generic structure. Obviously, this information was consistent with the interests of the News Office and the Ministry. The government hoped that its measures would take effect, and this desire was conveyed to the

public by the case-reporting discourse. The three phases of the anti-SARS social practice can be seen dialectically as an effect of the anti-SARS ideology embodied in manipulation of the case reports.

The significance of this study lies, then, primarily in the textual analysis of the *set* of SARS case report that reveals the anti-SARS ideology of the News Office. A single case report may be considered as establishing a genre and thus as a form of participating in social practice. Seen separately, the single report remains as objective as the case numbers do in the statistical diagram, but seen in succession with one another, the 30 case reports embody the anti-SARS ideology. As is analyzed in the present study, the constant change of stages in the 30 case reports is a way of representing the anti-SARS social practice of China's Ministry of Health.

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Appendix I: Diagram of the numbers of SARS cases reported on May 9

全國內地非典型肺炎疫情統計表（截至5月9日10時）

序號	省 別	臨床診斷病例		其中醫務人員		出院人數		死亡人數		疑似病例		
		新增 /（其中由疑似轉為臨床診斷數）	累計	新增	累計	新增	累計	新增	累計	新增	排除	合計
1	北京	48(28)	2177[1]	3	372	16	168	2	114	54	87	1425
2	天津	9(5)	141	2	66	0	2	1	6	11	1	123
3	河北	9(4)	156	0	15	2	11	2	8	6	3	109
4	山西	11(6)	400[2]	0	76	15	69	0	17	14	22	138
5	內蒙古	20(10)	284[3]	3	42	3	16	1	17	10	5	193
6	遼寧	0	2	0	0	0	0	0	0	0	0	3
7	吉林	0	26	0	6	0	0	0	3	0	0	7
8	黑龍江	0	0	0	0	0	0	0	0	0	0	4
9	上海	0	6	0	0	0	0	0	1	4	4	12
10	江蘇	0	5	0	0	0	0	0	0	1	0	23
11	浙江	0	4	0	0	0	0	0	0	0	1	4
12	安徽	0	9	0	0	0	0	0	0	2	0	13
13	福建	0	3	0	0	1	3	0	0	0	0	1
14	江西	0	1	0	0	0	0	0	0	0	0	2
15	山東	0	1	0	0	0	0	0	0	1	1	1
16	河南	0	15	0	1	1	3	0	0	0	0	14
17	湖北	0	6	0	1	0	0	0	0	1	0	15
18	湖南	0	6	0	0	0	5	0	1	0	0	3
19	廣東	17(7)	1502	1	345	15	1288	0	56	38	36	414
20	廣西	0	20	0	0	0	9	0	3	0	1	3
21	重慶	0	3	0	0	0	0	0	0	0	0	7
22	四川	2(2)	13	0	0	0	4	0	2	1	0	17
23	陝西	1	12	0	1	0	2	0	0	1	1	27
24	甘肅	1	7	0	0	0	0	0	1	0	0	3
25	寧夏	0	6	0	0	0	2	0	1	0	2	5
合 計		118(62)	4805	9	925	53	1582	6	230	144	164	2566

[1] 北京排除原臨床診斷病例7例（其中醫務人員1例，轉疑似病例2例）。
[2] 山西排除原臨床診斷病例2例。
[3] 內蒙古排除原臨床診斷病例2例。

Appendix II: The 9 May SARS case report with its English translation (clauses are marked out)

1(a)On May 9, 14 provinces and municipal cities in the mainland have atypical pneumonia case reports, (b)including 8 that report new diagnosed and suspect cases, 1 new diagnosed case and 5 new suspected cases. 2(a)The remaining 17 provinces report no new cases. 3(a)To 10:00 am of May 9, provinces and municipal cities (b)that have reported SARS cases are 25. 4(a)Six provinces, Hainan, Guizhou, Yunnan, Tibet, Qinghai and Xinjiang have not reported SARS cases. 5(a)In the provinces and municipal cities (b)that have reported the epidemic, Heilongjiang has no diagnosed cases; (c)in provinces such as Anhui, Shanghai, Hubei, Hunan, Gansu, Ningxia, etc., the accumulated diagnosed cases are less than 10; (d)in provinces such as Jiangsu, Zhejiang, Chongqing, Fujian, Liaoning, Jiangxi and Shandong, etc., the diagnosed cases are less than 5. 6(a)Fujian has had no new cases for 31 days on end, (b)Hunan has had no new diagnosed cases for 18 days on end, (c)Shandong has had no new diagnosed cases for 15 days on end, (d)Guangxi has had no new diagnosed cases for 7 days on end, (e)Niangxia has had no new diagnosed cases for 6 days on end and (f)Jiangxi has had no new diagnosed cases for 5 days on end.

7(a)From 10:00 am of May 8 to 10:00 am of May 9, various parts of mainland China reported 118 diagnosed atypical pneumonia cases ((b)including 62 cases that were transferred from suspect cases), (c)53 cases cured and released from hospital and (d) 6 cases of death. 8(a)Among the diagnosed cases, 48 are in Beijing ((b)28 are cases transferred from suspect cases and (c)20 are new cases), (d)16 are cured (e)and 2 are dead; (f)9 are in Tianjin ((g)5 are cases transferred from suspect cases), (h)and 1 is dead; (i)9 are in Hebei (j)4 are cases transferred from suspect cases), (k)and 2 are cured (l)and 2 are the dead; (m)11 are in Shanxi, (n)6 are cases transferred from suspect cases and (o)15 are cured; (p)20 are in Inner Mongolia,(q)(10 are cases transferred from suspect cases), (r)3 are cured and (s)one is dead; (t)one is cured in Fujia; (u)one is cured in Henan; (v)17 cases are in Guangdong; ((w)7 are cases transferred from suspect cases and (x)15 are the cured); (y)2 are in Sichua (z) which are transferred from suspect cases; (aa)one case is in Shan'xi; and (ab)one case is in Gansu. 9(a) To 10:00 am of May 9, an accumulated number of 4805 atypical pneumonia cases have been reported in various parts of mainland China ((b)925 are medical staff), (c)the accumulated cured and released from hospital are 1582 (d)and the dead are 230. 10(a)Those (b)who are now receiving treatment in hospital are 2993. 11(a)From10:00am of May 8 to 10:00am of May 9, various parts report (b)that the newly emerged atypical pneumonia suspect cases are 144. 12(a) Among these are 54 in Beijing, (b)11 in Tianjin; (c)6 in Hebei; (d)14 in Shanxi; (e)10 in Inner Mogolia; (f)4 in Shanghai (g)one in Jiangsu; (h)2 in Anhui; (i) 1 each in Shangdong and Hubei; (j)38 in Guangdong; and (k)1 each in Sichuan and Shan'xi.

13(a)From 10:00 am of May 8 to 10:00 am of May 9, various provinces of mainland China also reported 164 released suspect atypical pneumonia cases, (b)among which 87 are in Beijing, (c)36 are in Guangdong, (d)22 are in Shanxi, (e)5 are in Inner Mongolia, (f)4 are in Shanghai, (g)3 are in Hebei, (h)2 are in Ningxia and (i)one in Tianjin, Zhejiang, Shangdong, Guangxi, Shan'xi each. 14(a)To 10:00 am of May 9, the accumulated number of suspect atypical pneumonia cases is 2566.

PART III

Constructions of SARS in Singapore and Taiwan

When the SARS virus began its spread from southern China around the world in spring 2003, it caught regional and international health officials by surprise. The SARS epidemic itself lasted for only a few months, whereas its treatment, in communicative terms, keeps providing us with important lessons that can prepare us all for the much larger pandemic that many are predicting will eventually occur. While the medical aspects of SARS are now relatively well understood, the discursive rhetorical dimensions are much less so.

As an international epidemic, SARS arrived in a number of distinctive societies with the result that different communities handled the crisis in different ways, some far more effectively than others. Accordingly, the 12 chapters in *The Social Construction of SARS* are studies of how a major health-related crisis was understood and dealt with from a communicative perspective in such diverse places as Hong Kong, mainland China, Singapore, Taiwan, Canada and the United States during the SARS outbreak.

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