



Airports, localities and disease: Representations of global travel during the H1N1 pandemic

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ABSTRACT

During summer 2009, the UK experienced one of the highest incidences of H1N1 infection outside of the Americas and Australia. Building on existing research into biosecurity and the spread of infectious disease via the global airline network, this paper explores the biopolitics of public health in the UK through an in-depth empirical analysis of the representation of H1N1 in UK national and regional newspapers. We uncover new discourses relating to the significance of the airport as a site for control and the ethics of the treatment of the traveller as a potential transmitter of disease. We conclude by highlighting how the global spread of infectious diseases is grounded in particular localities associated with distinctive notions of biosecurity and the traveller.

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1. Introduction

On 2 July 2009, four weeks after the official declaration of the first global pandemic for 41 years, the WHO Director-General, Margaret Chan, addressed a high-level meeting to consider some of the lessons learned from the spread of the H1N1 pandemic influenza virus. Drawing attention to the fact that she was speaking from Cancún, Mexico – from where the virus was transmitted by air travel to the UK – Chan declared that: ‘Recommendations to avoid travel to Mexico, or to any other country or area with confirmed cases, serve no purpose’ (WHO, 2009a). Building on the WHO’s previous, controversial, decisions to impose travel advisories during the 2003 Severe Acute Respiratory Syndrome (SARS) outbreak (WHO, 2003a; Ali and Keil, 2006), Chan continued:

They do not protect the public. They do not contain the outbreak. And they do not prevent further international spread (WHO, 2009a).

Indeed, she likened the transmission of influenza pandemics to a ‘tidal wave’ – something that cannot be realistically contained by travel restrictions. This natural disaster metaphor, frequently employed in sections of the media to conceptualise immigration (Charteris-Black, 2006, p. 570), was used in this context to illustrate how the virus can sweep through densely populated

areas, leading to a steep increase in cases (‘with a sharp peak’), followed by a rapid decline (WHO, 2009a).

In this paper, we examine the first ‘wave’ of global transmission of the H1N1 virus by reference to new and existing discourses on travel and disease. A considerable literature exists on ‘pathologies of travel’, much of it historical, focusing on a number of themes including perceptions of European travellers in the colonies (Jennings, 2002; Livingstone, 1999, 2002; Kennedy, 1990), the significance of mobile bodies as a threat to the greater, Hobbesian, ‘social body’ (Kraut, 1995; Cresswell, 2000) and the role of certain, defined, ‘others’¹ in the spread of infectious disease (Joffe, 1999; Sontag, 1991). More recently, scholarly work has been conducted into the spread of infectious disease by air travel (Mangili and Gendreau, 2005; Tatem et al., 2006; Tatem and Hay, 2007; Budd et al., 2009). A number of these studies, particularly in the field of epidemiology, have tested hypotheses and analysed the results for statistically significant differences. In this paper, we adopt a more qualitative approach, considering the messages broadcast by the UK print media in relation to the H1N1 pandemic. Moreover, we identify the importance of place in the context of emerging infectious disease.

During summer 2009, the UK experienced one of the highest incidences of H1N1 transmission outside of the Americas and Australia (ECDC, 2009). The liberalisation of its aviation sector and

¹ Joffe (1999) argued that the ‘other’ in the spread of disease comprises ‘three interrelated phenomena: foreign nations, out-groups within a society, and practices which are constructed as alien within the prevailing norms of the culture’ (Joffe, 1999, p. 26).

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the associated growth in international services at UK regional airports opened up a number of places through which infectious disease could enter the country. It is widely believed that the H1N1 influenza virus arrived in the UK not via London Heathrow or Gatwick (the traditional entry points for all the UK's long-haul airline traffic) but on a direct charter flight from Cancún, Mexico to Birmingham International Airport (BIA) in the West Midlands. Whilst its spread has been well documented by 'official' bodies such as the WHO and the UK Health Protection Agency (HPA), there is scope also to focus on UK media discourses. An emphasis on messages given by national and, especially, regional newspapers, in the context of the spread of a specific emerging infectious disease, sets this investigation apart from earlier analyses of international sanitary initiatives aimed at the global traveller (Budd et al., 2009; Bashford, 2006; Zylberman, 2006) and from work on the challenges faced by UK regional airports in preventing the spread of global disease following the liberalisation of the European aviation sector (Budd et al., in preparation).

The broadcast media acts as an important 'validator' of scientific information, with reporters and editors making continual judgements on whose voice is heard and how that voice is represented (Gamson, 1999; see also Brown et al., forthcoming). Broadsheet titles perform a key agenda-setting function, often being 'preferred by politicians and other decision-makers' (Carvalho, 2005, p. 226). Yet, as Brown et al. suggest, 'regional newspapers are as important in helping to shape public understandings' (forthcoming). Consequently, we consider both national and regional reporting.

Our study concentrates on a period of some 4 months, beginning with the first UK press reporting of the H1N1 outbreak on 25 April 2009, charting the progress of the virus through the summer, to a sharp decline in rates of illness during August and early September 2009 (HPA, 2009a–e). This period effectively covers what Chan considered to be the 'first wave' of spread (WHO, 2009a). Our analysis commences with an overview of some existing literature on pathologies of travel, focusing on biosecurity practices in the UK and the international spread of disease. We then consider themes that emerge from the media discourse, notably the contrasting biosecurity practices being performed at airports overseas and within the UK, and their impact on the individual as a potential carrier of disease. In the discussion section, we locate our findings within existing debates on the airport as a site for the control of emerging infectious disease and on the representation of the travelling body. Finally, conclusions are drawn.

2. Biosecurity and the airport

Our research builds on two literatures. Firstly, scholarly work on national government control and biosecurity. Recent papers in this field, in particular the analysis of newspaper reporting of emerging infectious disease, have emphasised the problems of control faced by national governments in particular (Wallis and Nerlich, 2005; Nerlich and Halliday, 2007).

Infectious disease has traditionally been represented as a threat from 'outside' (Kraut, 1995; Bell et al., 2006; Nerlich et al., 2009). Much of the rhetoric employed in this discourse has its origins in security policy research, where a distinction is drawn between the 'outside', deemed to be dangerous, and the 'inside', which is 'locked down tightly, secured and safe' (Nerlich et al., 2009, p. 2; see also, Wallis and Nerlich, 2005; Chilton, 1996). In this perspective, rooted in Cold War literature on 'containment', a 'unitary state actor' provides the interface between the inside and outside (Chilton, 1996: 408). The threat posed to a nation's health by global infectious disease has been 'problematized' as 'biosecurity' (Collier

and Lakoff, 2008). Problematization – often associated with the work of Foucault (Rabinow, 1984; Dillon, 2007) – refers to the addressing of events or situations 'not as a given but as a question' (Collier and Lakoff, 2008, p. 11). 'Biosecurity', the broad heading given to technical and political efforts to secure health, has become a prominent site of enquiry as scholars seek to understand various forms of expertise and practices through which disease threats are articulated and managed (Collier et al., 2004; Collier and Lakoff, 2008; Bingham et al., 2008).

Of particular relevance to this paper are the discourses surrounding the targeting of potential health risks (Braun, 2007; Bingham et al., 2008; Collier and Lakoff, 2008). Collier and Lakoff, in their analysis of 'biosecurity interventions' enacted in response to emerging pathogenic threats,² concluded that disputes surrounding the costs and benefits of such initiatives are in part about the 'politics of risk', requiring:

...new forms of political and ethical reasoning that take into account questions that are often only implicit in discussions of biosecurity interventions (Collier and Lakoff, 2008, p. 28).

Braun, in his discussion of 'emergent risks', has argued that practices of biosecurity have changed the geographies of health security, and with this, the whole notion of surveillance and control. Increasingly, in an attempt at containing existing and future pandemics, he suggests that states are taking the fight against disease 'over there' before it 'reaches here' (2007, p. 22).³

Secondly, a growing corpus of literature considers the spread of disease by global airline travel. Of particular interest is the increased movement of people across borders and the challenge this presents to national and regional practices of containment. The role of mass air travel in the recent worldwide spread of a number of diseases including tuberculosis, SARS and the present H1N1 influenza virus has been documented, analysed and discussed by transnational and governmental agencies (WHO, 2003b; Cooper et al., 2006; HPA, 2007), clinical practitioners (Morens and Fauci, 2007) and academic researchers (Colizza et al., 2006; Avila et al., 2008). At the time of the last influenza pandemic, in 1968, 261 million passengers worldwide travelled by air (ICAO, 1968). In 2008, passenger air traffic exceeded two billion (ICAO, 2008). Such high volumes of travel make containment more problematic. In a recent report, the WHO drew attention to the speed of spread of the current H1N1 outbreak virus:

During previous pandemics, influenza viruses took >6 months to spread as widely as the new influenza A (H1N1) pandemic virus has taken to spread in <6 weeks... (WHO, 2009b, p. 249).

In consequence, a general consensus is emerging that restrictions on air travel are likely to be of limited value in delaying epidemics (Cooper et al., 2006; WHO, 2009a). Instead, it has been suggested that the most appropriate solutions lie in a combination of national public health interventions to reduce local transmission of the virus⁴ and the international development and stockpiling of vaccines to compensate for

² For example, the authors refer to WHO protocols on the cull of domestic poultry in Cairo to safeguard against the spread of H5N1 – a measure that disproportionately affected the poor (refer also, Hinchliffe and Bingham, 2008).

³ Braun highlighted the increased attention being paid by public authorities to 'emerging infectious disease' such as avian influenza and the ebola virus, with 'molecular life' being 'recorded as inherently unpredictable' (2007, p. 17).

⁴ Examples include: influenza surveillance; prevention programmes featuring annual vaccination with up-to-date influenza and pneumococcal vaccines; and a national and international prevention infrastructure. The biggest challenge, according to the authors, would be to increase medical capacity and resource availability to the levels required (Morens and Fauci, 2007, pp. 1025–1026).

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