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“Is it going to be real?” Narrative and media on a pandemic

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1. Introduction

In Steven SODERBERGH's film, *Contagion* (2011), Dr Erin Mears, played by Kate Winslet, performs the role of an investigator in the early days of a viral pandemic that rapidly spreads around the world. Dr Mears, an epidemiologist in the United States, seeks out knowledge of the infection's severity and how it spreads, courageously asking those infected with the as yet un-identified pathogen what they have been doing and with whom they have made contact. Sadly and accentuating the horrible, seemingly arbitrary way in which fragile bodies are affected by the virus, the heroic Mears eventually succumbs herself, bundled off like many others into a mass grave.

The film, then, has the effect of doubling the ways in which audiences know of pandemics: it portrays the pandemic in a conventionally understood manner, providing the threads of several storylines and populating them with heroes and victims: the virus and, to some extent, careless and selfish individuals, emerge as villains. The film, however, also layers this obvious emplotment of pandemic with a dramatisation of the work and fortune of those who are pandemic knowledge practitioners, complicating pandemic narrative with a storyline of how knowledge about a pandemic is produced. This particular storyline, which features the Dr Mears character, appropriates the forensic, 'Crime Scene Investigation' genre ([facebook.com/CSICrimeSceneInvestigation](https://www.facebook.com/CSICrimeSceneInvestigation)) to guide the viewer through, first, the mystery of the illness, then, the collection of evidence that serves to explain its

origins, spread and pathogenicity, and, lastly, the dreadful realisation of what is at hand. In this, the film is deeply ironic, as Dr Mears, who has helped discover the virus's epidemiological character, learns that she is also infected, becoming, therefore, her own case. These circumstances are depicted in the sequence when the sick Dr Mears initiates a last and poignant effort to trace her own contacts. Dr Mears comes to know, then, of the pandemic as a matter of her own embodiment and chance of survival and the audience, vicariously, comes to understand this too. Her shift from heroic knowledge practitioner to victim of the virus also helps establish the narrative symmetry that the film, in the end, settles on. In the absence of the figure of Dr Mears, the knowledge she has helped to produce eventually becomes the hero, supplying humankind with the means to stand up to the virus-as-villain. *Contagion* therefore articulates a grand narrative on knowledge (of the virus and therefore how to combat it) against nature (the virus and its biological effects).

Those who are familiar with pandemics such as HIV and influenza may have been struck with how closely *Contagion* reflected public policy. The film is closely aligned with the documents and instruments that guide global, national and local responses to pandemics (DAVIS et al., 2011), even down to the film's detailed description of the rationing of the vaccine that is eventually developed to combat the spread of the infection. The 2011 film is also reminiscent of 2009/10 when an H1N1 influenza virus became the subject of pandemic alerts around the world. The close conceptual – and temporal – alignment of the film with public policy on pandemic preparedness and the 2009/10 influenza pandemic gestures towards the interconnections of pandemic, expert public health knowledge, media and narrative.

Though not documenting an actual pandemic event, the film helps to remind audiences of the recent history of 2009/10, providing new images and plotlines to set alongside memories – if they exist – of the H1N1 pandemic. Through its assemblage of characters and events, *Contagion* supplies a narrativised coherence that reinforces and elaborates on what we know of pandemics in general and of the events of 2009/10. The film also materialises intersections of currents in knowing of pandemics: it is fiction but heavily scientised with biomedical knowledge of pandemics; it entertains but also disseminates information and educates, and; through its resonance with the 2009/10 pandemic and others, the film is a faux pandemic history which situates itself in an imagined future, drawing on the powers of vivid prognostication which come with narrativity and cinematic imaginary.

Drawing on these uses of pandemic narrative, this paper reflects on how pandemic knowledge comes to be narrativised and how individuals are invited into hermeneutical agency through narrative on pandemics. The paper explores pandemic media as a matter of biopolitical rule and related emphases on temporality and affect. The argument will use some examples from qualitative interviews in Australia and the United Kingdom with members of the general public, policy-makers and scientists conducted as part of research on the social and cultural responses to pandemic influenza (DAVIS et al., Published online 26 July 2014; FLOWERS et al., Published online 23 June 2014; LOHM et al., 2014; STEPHENSON et al., 2014; WALLER et al., Published online 16 June 2014). These interviews and focus groups were conducted between 2010 and 2012, just prior to and following the official end of the pandemic event on the 10 August 2010 (WORLD HEALTH ORGANIZATION, 2010).

2. Pandemic media and experience

Media on the advent of pandemics, real and imagined, is a rich field in popular culture spanning literature, film, television, electronic and printed news, web sources and related interactive media, public health communications and the science texts that support them. But these media do not simply transfer knowledge or mediate it; they also help to constitute how pandemics are experienced in contemporary society, even for those who are directly affected.

Media are implicated in the personal experience of world scale events. Writing on his research with colleagues investigating eyewitness accounts of 9/11, Jens BROCKMEIER has pointed out how the experience of the event was highly influenced by pre-existing and coincident media images and storylines of disaster and trauma (2011). Drawing on Susan SONTAG's *Regarding the Pain of Others* (2003), BROCKMEIER argued that media provided some of the basis for experiencing what happened, even among those who were there. The horror of the buildings' destruction was recorded live and telecast across the globe, images which themselves were situated in a long tradition of the depiction of destruction and human tragedy in popular culture and news media. Reference to this mediated culture informed the eyewitness accounts, indicating how it is not actually possible or meaningful to separate the visceral experience of what happened in New York City from its mediation, though BROCKMEIER also explored how traumatic experience escapes the limits of signification and depiction. He discussed television footage which captured the work of emergency services personnel inside the Twin Towers, and which was made into a documentary. The documentary was heavily 'Hollywoodised'

(2011: 30), underlining in another way how media record but also transform experience and therefore impinge on knowingness. Extending this framing of mediated experience, BRIGGS and NICHTER have made the point that 21st Century pandemics – SARS, Avian Flu, Ebola, pandemic influenza – are marked by what they refer to as biocommunicability (2009). By this they mean that media communications are in co-constitutive relation with the biosocial event of these outbreaks and pandemics. Media agencies do not simply report on what is happening as they circulate information from the frontline to media devices across the globe; they also frame, edit, transform and intensify knowledge of the pandemic and shape how it is acted upon, experienced, recalled and entered into history. Gaspar MAIRAL, also writing on media and pandemic, suggests that a “narrative matrix” is formed by the interplay of journalism, news media and pandemic events (2011: 65). Referring to Daniel DEFOE’s *A Journal of the Plague Year*, MAIRAL develops the view that the idea of a pandemic threat is in co-constitutive relation with the idea of publics, the public interest and the salience of news. The narrative matrix has relevance for contemporary mediatisation of pandemics and other concerns of public health and beyond.

Consistent with these perspectives, official accounts of the 2009/10 H1N1 pandemic make reference to the importance of media for the generation of knowledge that a pandemic event was taking place. In April 2009, the Pan America Health Organization’s media surveillance system detected news reports of an outbreak of influenza in a small rural pig-farming community in Mexico (WORLD HEALTH ORGANIZATION, 2011). This observation was made because public health agencies such as the World Health Organization scan the world’s news media as part of their

early warning systems for global health threats. Similarly, social media such as Twitter (CHEW & EYSENBACH, 2010; SIGNORINI et al., 2011; ST LOUIS & ZORLU, 2012) and search engine activity, as in Googles' Flu Trends (google.org/flutrends), are monitored for the emergence of health threats. In the weeks that followed the early news reports from Mexico, public health authorities documented deaths due to influenza in Mexico and then in the United States, indicating that a severe respiratory infection was rapidly spreading. At the behest of the World Health Organization, public health agencies across the globe then commenced preparations for what was referred to as a 'global public health emergency' (WORLD HEALTH ORGANIZATION, 2011). The pandemic, technically, came into being on 11 June 2009, when the outbreak of H1N1 was announced in the media to have attained the status of 'Phase 6,' meaning transmission was widespread in several regions of the world (WORLD HEALTH ORGANIZATION, 2009). The pandemic was declared over on 10 August 2010 (WORLD HEALTH ORGANIZATION, 2010).

Media also played a central role in the communications employed by the public health authorities charged with informing publics and advising them on how to conduct themselves during the pandemic. These messages included information on the progress and severity of the pandemic, prevention and treatment measures (coughing and sneezing etiquette, social distancing and social isolation, antivirals) and the eventual availability of a vaccine. Press releases, newspaper articles, TV news items, internet sites, and advertising were used by global, national and local public health systems to provide these messages. In the United Kingdom, public communications featured the 'Catch it. Bin it. Kill it.' campaign (HINE, 2010). In Australia, public

service announcements were disseminated on national and local television, radio and press and via the internet (AUSTRALIAN GOVERNMENT DEPARTMENT OF HEALTH AND AGEING, 2011). The communications approaches of the public health systems in Australia and the UK, as elsewhere, builds on research which has investigated news media framing of health threats (MAYOR et al., 2013), risk perception (HO et al., 2013; MESCH et al., 2013) and the theoretical basis of public communications (BARRELET et al., 2013). This research is used to provide advice on how to target, stage and style messages to best influence the hearts and minds of those likely to be affected by the pandemic.

Media on the 2009/10 pandemic also touched the lives of people from everyday walks of life. Sarah from Glasgow and pregnant in 2009 (and therefore deemed to be at heightened risk during the pandemic), was interviewed as part of research conducted by colleagues and myself on pandemic influenza (LOHM et al., 2014). Sarah reported feeling anxious:

Interviewer: Can you tell me the first time that you heard about it?

Sarah: It was probably on the news, I imagine. I can't remember. It would either be...a daily paper, or on the news. I can picture the telly, you know, the news.

I: Can you remember what you saw?

S: (pause) Would it be like people in China or something like that with masks on? Or when the World Health Organisation first announced it was a pandemic? And then I can picture the woman in [name of hospital] as well you know that kind of image obviously stays. I can picture the advertising. Was it a guy in a lift, with the tissue?

I: What did you think of that?

S: 'Catch it. Bin it, Kill it,' or something. Is that what it was?!

I: (laughs) Yeah!

S: (laughs) It's obviously effective! Yeah (laughs) So initially, yes, I think it was just on the telly and it just seemed to be every day, it just seemed to be going up a level and up a level. And for me I suppose the fear was just building and building with it, thinking, 'Oh God, what's going to happen? You know is everybody going to, is it going to be real.' I think as well people were talking about the fact that it wasn't affecting over 60s the same way . . . they would have immunity to it or something. So it felt kind of as if they were talking about previous pandemics as well, I can vaguely remember that.

Sarah aligns her emotions with the emerging news on television, indicating that becoming aware of and involved in the pandemic event was linked with these stories. The question that Sarah poses to herself, "Is it going to be real?" dramatises, also, her emotional connection with what was happening and the particular situation in the early period of the pandemic when it was not yet known if the pandemic would turn out to be severe. Sarah's self address also accommodates doubt whether the stories presented in the media are truth, capturing prevailing scepticism with regard to mediated accounts of reality. Sarah reveals herself to be not simply subject to media on pandemic but able to put questions to it, an indication therefore of a claim on hermeneutical agency (ANDREWS et al., 2008). Attending to pandemic media then, is also a question of self-subjectification and, as it seems, medias' relations to the real.

These questions, as it turns out, are also part of the biocommunication work of public

health professionals and their location as producers and consumers of media texts on the pandemic. In this extract from a joint interview with two public health professionals, one of them made reference to news media and their role in public health:

There was a lot of misinformation out there because people, we're human beings, OK? We're health care professionals but, you know, you start to listen to things on the television or you read it in the newspaper and you think: 'Is there some truth in this? What's the background to this?' So, therefore, if you're giving them [Health Care Workers] the correct information then they can then give that information to the patient correctly, or the patient's relatives, so they can make an informed choice. We're not saying you must be vaccinated. But by giving the people the correct information rather than what may be misinformation then they can say then, 'Yes, I do want to be vaccinated'.

(Public health professionals 03 & 04, joint interview)

This extract comes from interviews conducted in the United Kingdom in 2010 in the final days of the 2009/10 pandemic (DAVIS et al., 2013). It shows that pandemic media and knowledge of pandemics figured in the considerations of practitioners who were seeking to influence publics and attests to the complexities of the provision of advice and messages in the context of an emerging, mediatised pandemic. The account, like Sarah's, does suggest that media messages on pandemics are questioned by individuals and therefore comprise starting points for reflection on the status of knowledge on a pandemic and therefore how best to act. This and Sarah's account also indicate that news media are primary sources of information regarding the pandemic event. Here the news medias' roles in convening publics – definitionally the

role of news in the constitution of publics (MADIANOU, 2009) – is emphasised in domestic and professional life and the blend of the two.

Fortunately and unlike the situation depicted in *Contagion*, the H1N1 virus turned out to be mild for most, though the impact of the pandemic remains debated and some – including late term pregnant women – were severely affected by the infection, sometimes fatally (WORLD HEALTH ORGANIZATION, 2011). On the scale of world changing pandemics, the 2009/10 pandemic has retained a quality of the ‘pandemic that never was’ and there has been some controversy over the conflict of interest of some of the key public health officials advising the WHO (COHEN & CARTER, 2010; FLYNN, 2010; GODLEE, 2010). Others have pointed out that the world was lucky and that the events were a valuable trial of public health’s capacity to respond to a public health emergency (HASHIM et al., 2012; HINE, 2010). Despite what it did not become – or even because of that – the 2009/10 pandemic experience was highly mediatised. Media stories and information on pandemics were for many a key, perhaps singular, source of engagement with the pandemic and not without a visceral dimension, as Sarah’s account reveals.

3. Pandemic narrative

Importantly, then, a pandemic, if and when it occurs, does not arise in a vacuum. Publics bring their knowledge and past experiences with infectious diseases into their interpretation of media messages and they dwell in cultural contexts in which narratives on pandemics are in circulation. Further complicating matters, contemporary practices of media use are understood to be volitional in ways that depart from the notional, previous epoch of broadcast media (CASTELLS, 2000;

HOLMES, 2005; THOMPSON, 1995). The idea of mass media and related concepts of a singular public and the ‘hypodermic’ model of communication, no longer stand up very well. Media audiences are now thought of as more like roaming bricoleurs, choosing media devices and products, interacting with them and producing their own, according to the exigencies of their life worlds and their preferences. The consumers of contemporary media environments, therefore, engage with pandemic media and, to some extent, help to produce it.

As Priscilla WALD has shown (2008), in this situation of mobilised consumers, narrative on pandemics – or outbreak narrative as Wald prefers – travels across media platforms (newspaper, film, books, television) and through genres (science fiction, science fact, horror, alien invasion, zombie). Outbreak narrative – stories of the rise and fall of microbial threat – is found in religious texts and an expanding corpus of novels and factual accounts of pandemics. There are many films on the topic; along with *Contagion* there is *Zombieland* (FLEISCHER, 2009), *28 Days Later* (BOYLE, 2002) *Outbreak* (PETERSEN, 1995), and *The Andromeda Strain* (WISE, 1971), among many others. There is even a spoof South Park animation called *Pandemic*. Online pandemic games are also popular, including one where the player takes the role of a virus that has a mission to kill humans (gamingdelight.com/games/pandemic.php).

The prominence of the pandemic narrative in media was discussed in a focus group of young adults in Melbourne, conducted for the pandemic influenza research project:

Interviewer: So how did you hear about the swine flu? What sort of stuff did you hear about it?

Lachlan: The media beat-up on the news. News stories everywhere. Yeah, I guess it's what came across the news and the papers, and things like that.

Jason: Yeah, that's about it, yeah. News, all over the news. A hot topic for a couple of weeks.

I: So what sort of things were you hearing on the news?

Lachlan: Pandemic. [Yeah] How scary it was.

Jason: It's spreading. People are dying. First case in Australia. [Yeah] First this, first that. Everything was just ...

Lachlan: It sounded a bit like the movie *Outbreak*. I mean it's quite exciting to hear words like that. [Laughter] But ... 'airborne', you know. Quite exciting. It seemed like a big beat-up, but definitely there was a lot of presence in the media about it. [Yep] [Yeah]

I: Yep. So did you do anything in particular to find out about it? Did any of you hunt up on the internet or speak to a doctor, or anything? [No]

Lachlan: No, not really. I think I looked at it 'cause I knew it would come up in trivia on, pub trivia on Wednesdays. H1N1: I didn't actually know what they stood for. (Melbourne Focus Group 07)

This discussion brings together media and pandemic narrative through reference to news and film on the topic. Though their knowledge of the 2009/10 pandemic appears fuzzy with the elapse of time and perhaps because they were untouched by the pandemic, the discussants seem able to navigate across forms of pandemic media, treating the film *Outbreak* as a source of meaning; a reference that captures the meaning of the pandemic moment for them as they recalled becoming aware of the stories in circulation in the news. The reference to excitement draws attention to

emotion and the role of media in the experience of a pandemic. Narrative on pandemic, then, is ramified and well recognised but also emotive and somaticizing, underlining how the events of 2009 came into everyday life through media and that mediated pandemic narrative helps to constitute affective, embodied experience.

WALD also traces outbreak narrative into the body-snatcher movies of the 1970s and the more recent rise of zombie movies, all of which feature the imagery of alien invasion, contagion and bodily corruption (2008). Picking up on pandemic narrative as cultural form, readily discernible across media, some public health researchers have recommended that communications on pandemics should draw on the zombie genre to attract the attention of an audience apparently now inured to more orthodox health education (KRUVAND & SILVER, 2013). GERLACH and HAMILTON have elaborated on this use of the zombie genre by institutions such as the United States's Centers for Disease Control to suppose that we now live in a fluid and ramifying, mediatised 'pandemic culture' (2014). Sarah, already introduced, asked "Is it going to be real?" in response to news media on the 2009 pandemic event, marking a shift in her engagement with the pandemic but also suggesting that media texts on pandemics connote fictionalised accounts of pandemics. The use of zombies to support health education on pandemics and through them the resonance of public communications with popular culture on pandemics, accentuates this mix of fiction and the real for publics in their engagements with pandemics.

It follows, also, that if narrative on pandemic is transmediable, it is also distributed. Much like viruses, pandemic narratives proliferate and spread: pandemic narrative is indeed, in this view, pandemic. As WALD has shown, pandemic narratives can be

thought of as constituting a story world, in which pandemic media forms and narrative fragments can take shape and draw meaning. The focus group discussion of news stories and film on pandemics is suggestive of distributed narrative, where texts inform each other and describe a narrative context that helps to make sense of the traces of stories, the news and popular culture references. This seemingly fragmentary, broken quality of narrative, which nevertheless implies unity, has become a deliberate strategy of pandemic story-telling. The narrative of Max BROOK'S *World War Z* (2007) is polyvocalised through the compilation of fictional eye-witness accounts of individuals who experienced the so-called pandemic in different parts of the world. The reader is provided with traces of storylines and events that together tell of the emergence of a zombie pandemic caused by a virus. This way of telling the story of a pandemic conveys, also, the global, distributed nature of a pandemic which no individual can witness in any, absolutely, coherent way except via the pandemic story world and its mediations.

4. Temporality

Temporality is another important way in which pandemics, narrative, media and knowing find connection. A pandemic has a temporal logic of emergence, peak and subsidence, captured as WALD suggests in narrative. This episodic quality of a pandemic – an event in time – resonates with the axiomatic importance of event and time in experience narrative (RICOEUR, 1980). A pandemic event, then, implies a dialogue between pandemic and experiential temporalities and, in particular, the interplay of the universalising temporal order of the pandemic and individual experience.

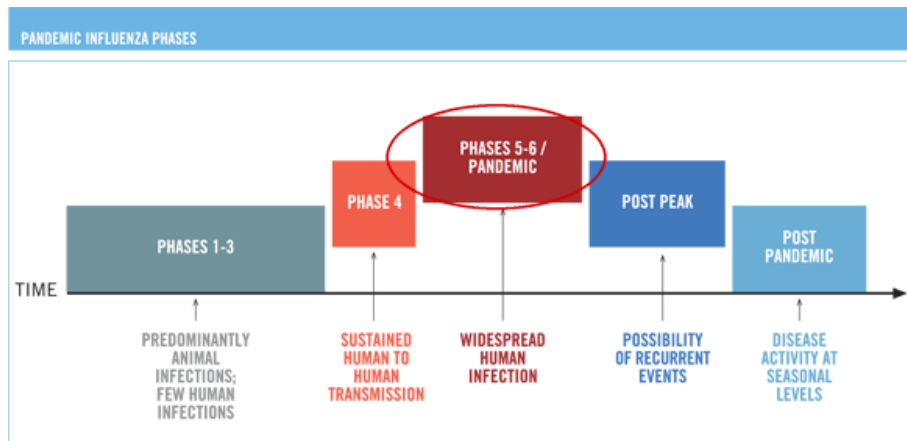
It also seems to be the case that the emergence – peak – subsidence which marks pandemic temporality is exhibited in news media. Monitoring of print and television news stories concerning the 2009/10 pandemic shows that the stories emerged, peaked and subsided in a pattern that conforms to a pandemic (SMITH et al., 2013). This peak and ebb of media interest is not recent: news reporting on the 1918/19 influenza pandemic shows this same pattern of intense but then subsiding interest (HONIGSBAUM, 2013). It could be argued, then, that pandemic media do not only contribute to biocommunicability through their content. The shape of news reporting over time establishes the pandemic as mediatised event. The medium is the pandemic message, to paraphrase Marshall MCLUHAM. Newsworthiness – the capacity to mobilise intense news media interest for a period of time – is part of a pandemic’s story, too.

The management of time also features in the public health governance of pandemics. As noted, on the 10 August 2010, the WHO’s Director General declared that the world was ‘post-pandemic’ (WORLD HEALTH ORGANIZATION, 2010). The statement went like this:

The world is no longer in phase 6 of influenza pandemic alert. We are now moving into the post-pandemic period. The new H1N1 virus has largely run its course . . . Pandemics, like the viruses that cause them, are unpredictable. So is the immediate post-pandemic period. There will be many questions, and we will have clear answers for only some. Continued vigilance is extremely important, and WHO has issued advice on recommended surveillance, vaccination, and clinical management during the post-pandemic period. Based on available evidence and experience from past pandemics, it is

likely that the virus will continue to cause serious disease in younger age groups, at least in the immediate post-pandemic period . . . As I said, pandemics are unpredictable and prone to deliver surprises. No two pandemics are ever alike. This pandemic has turned out to be much more fortunate than what we feared a little over a year ago. This time around, we have been aided by pure good luck. The virus did not mutate during the pandemic to a more lethal form. Widespread resistance to oseltamivir did not develop. The vaccine proved to be a good match with circulating viruses and showed an excellent safety profile. Thanks to extensive preparedness and support from the international community, even countries with very weak health systems were able to detect cases and report them promptly. Had things gone wrong in any of these areas, we would be in a very different situation today.

The statement from the Director General adopts the tone of measured congratulations to those who worked on the pandemic response combined with the provision of information to an interested public. Key in this text is the management of time; of pandemic past, what could have been, and the colonisation of a future free from pandemic, for the time being. The reference to ‘post-pandemic’ comes out of the more general language of pandemic emergency planning, which gives emphasis to phases of action tied to the emergence, peak and subsidence of a pandemic. The statement signifies an interest in the modulation of the global pandemic response according to a temporalised logic of the rise and retreat of an influenza outbreak. This logic is made plain in graphic depictions of WHO’s phases of pandemic response used to guide action in 2009/10:



Source: Current WHO phase of pandemic alert for Pandemic (H1N1) 2009. <http://www.who.int/csr/disease/swineflu/phase/en/> (accessed 11 November 2014)

The language of post-pandemic discourse and related images echo the temporal structure of the pandemic narrative. These WHO texts and graphics can be thought of as elements of a pandemic storyworld (HERMAN, 2009), which help to sustain, nuance and close it.

WHO pandemic speak and in particular the WHO Director General's reference to 'this time around' naturalises the threat of pandemics through narrative, implying that this event will repeat and that publics, likewise, should stay prepared for any future outbreak. The Director General's statement looks back at what happened but also offers caution for the future. The today that the Director General speaks of is narrativised as meaningful because of what has gone before, or more particularly, because it is a today that has escaped the danger which previous events portended. A safer today is offered to publics as evident, yet provisional and the future is depicted as fragile and to be made safer as a matter of human intervention. Narrative then supplies an important way of addressing not only the pandemic, but also publics who are enjoined into the vigilance sponsored by a vision of an uncertain, potentially

imperilled, future.

5. Affect

Strikingly, too, the Director General's statement refers to the passing of fear and, in its place, an investment in continued vigilance. The phrase "what we feared a little over a year ago" suggests that emotion, even in rhetoric, has been replaced with reflective, reasoned appraisal of the "evidence," echoing canonical narrative of nature (emotion) ruled by knowledge (reason) and indicating that public communications on the 2009 pandemic event were styled with an eye on the encouragement of rational action. The publics addressed in this text are asked to take on, not just the idea of pandemic, but also a position with regard to the prospect of one occurring again in the future, a positioning which includes the management of emotions. They are asked to not be swayed by the 'pandemic that never was' of 2009/10, presumably to forestall collective complacency. Pandemic knowing is, in part, concerned with an affective positioning of publics or as BRIGGS and NICHTER have called it, a 'Goldilocks' (2009: 191) approach which balances the emotional motivation of behaviour and reasoned action or, in other terms, 'panic titration.' This attention to emotion and the emotional conditioning of public responses pervades risk communication research. For example, researchers in the United Kingdom installed sensors in washrooms to measure handwashing behaviour (a behaviour recommended by health authorities to moderate the risk of infection) and related this measure to the frequency of reporting in the news on the 2009/10 pandemic (FLEISCHMAN et al., 2011). They found that handwashing increased as the news reports did, and suggested that perceived threat motivated handwashing.

This focus on the affective responses and positioning of publics is discernible, also, across the social response to a pandemic event. A previous section made note of a focus group discussion where participants referred to media stories on the 2009/10 pandemic as ‘exciting.’ As discussed, Sarah, from Glasgow, watched the emerging pandemic on the television news and grew anxious, in her account. In the following quotation from the public health professional interviews (DAVIS et al., 2013), the interviewee reflects on the styling of the public’s response in the UK as a matter of encouraging vigilance without inspiring panic:

R: Well, there was a lot of advice coming out for them [publics] and it was a fine balance getting the right message. Now, they [authorities] were basically saying, ‘This is a serious disease. We are doing all these things. Most people are fine but you still have to be cautious’, kind of thing. So a kind of message of reassurance but tempered with a sort of precautionary approach, ‘Watch and be careful. But it was all under control’. And I think they [the public] bought into that quite well, and were reassured for the most part. I didn’t get any flavour of panic other than initially the odd person a bit flustered when they heard that they’d got the swine flu...

I: When you say panic?

R: I think when you’re planning there was a lot of consideration of whether, what measures could be taken to make sure there wasn’t panic. I think panic was thought to be one of the consequences of having a pandemic.

I: You actually talked about that when you were planning before swine flu?

R: Yeah like bulk buying and things like that and people not wanting to go into work because they were scared or not wanting their children to go to school that kind of thing.

I: So acting in ways that would distract the plans?

R: Or just disrupt society and create more problems, you know.

[later]

I: You said it was a fine line. [R: well] Do you want to talk a bit more about that?

R: I just trying to say that, if you say everything is fine then people might become blasé and not think it's a big deal. So when the doctor says you're not meant to go to work with these symptoms, you've got swine flu, or you need to come to hospital because you're pregnant and it is going to be serious. They might not obey the instructions. But on the other hand you don't want people all being so nervous that, like I said, they start behaving oddly. So, it's just being able to get a message across . . . don't panic. You've got things to be done. You're not to panic, but you are to follow these instructions and be a responsible citizen kind of thing. (Public health professional 07)

This extract refers to the importance of communications on pandemics and how these might influence the responses of members of the general public. n. The interviewee adopts the speaking position of a public health authority executing a message of 'watch and be careful,' signaling a focus on the Goldilocks, just right, attenuation of emotion and expansion of reason. The affective modulation of post-pandemic WHO-speak is echoed in this articulation of public health's imaginary of the public's conduct. As with the WHO's encouragement to remain vigilant, local public health imagines its ideal publics as poised to act; not complacent and not panicked.

This 'panic titration,' that is, the styling of messages so that they install just enough

anxiety to encourage alertness without pitching publics into ungovernable action, was the organising principle of public statements made during 2009/10 by governments throughout the world. President Obama, for example, reinforced the ‘stay alert, not alarmed’ message in a speech on the 1 September 2009, after it had become apparent that the pandemic was not a severe one:

As I said when we saw the first cases of this virus back in the spring, I don't want anybody to be alarmed, but I do want everybody to be prepared. We know that we usually get a second, larger wave of these flu viruses in the fall, and so response plans have been put in place across all levels of government. Our plans and decisions are based on the best scientific information available, and as the situation changes, we will continue to update the public. We're also making steady progress on developing a safe and effective H1N1 flu vaccine, and we expect a flu shot program will begin soon. This program will be completely voluntary, but it will be strongly recommended. For all that we do in the federal government, however, every American has a role to play in responding to this virus. We need state and local governments on the front lines to make antiviral medications and vaccines available, and be ready to take whatever steps are necessary to support the health care system. We need hospitals and health care providers to continue preparing for an increased patient load, and to take steps to protect health care workers. We need families and businesses to ensure that they have plans in place if a family member, a child, or a co-worker contracts the flu and needs to stay home. And most importantly we need everyone to get informed about individual risk factors, and we need everyone to take the common-sense steps that we know can make a difference. Stay home if you're

sick. Wash your hands frequently. Cover your sneezes with your sleeve, not your hands. And take all the necessary precautions to stay healthy. I know it sounds simple, but it's important and it works (THE WHITE HOUSE, 2009).

The message 'be alert, not alarmed' here is coupled with a message of careful government and an appeal to public responsibility. In BRIGGS and NICHTER's terms, pandemic biocommunicability, through Obama's speech and others like it, takes form in attention to the management of the virus via the emotions of the many. Brian MASSUMI has suggested that contemporary forms of governance are styled in such a way as to poise publics in readiness – metastable as he calls it – for dangers such as terrorism (2009). Obama's message of 'stay alert, not alarmed,' coming as it did during the pandemic in 2009/10, can be thought of as poisoning publics to take action when needed.

Panic titration also exposes a duality that pervades pandemic narrative, since efforts to contain a pandemic always imply its 'un-containment' (ALBERTINI, 2008).

Pandemic narrative is built on and necessarily sustains this tension because without the idea that a pandemic might happen there is no story. Prevailing anxiety that a pandemic might evade efforts to control it gives pandemic narrative its affective currency. This is true for news stories which draw attention to what may happen and is a common device in fictional accounts of pandemics where the reader or viewer is reminded in some way or another, often at the end of the storyline, that, even when it seems the virus is at last contained, it may yet break through. The message to 'be alert, not alarmed,' in this view, has the quality of an unstable affective positioning of

publics, since they, like a pandemic threat breaking through efforts to contain it, are always potentially unruly.

In addition, the careful retelling of pandemic narrative – such as in the Obama speech – away from unruliness and toward docility, indicates that the pandemic narrative can be turned to the purposes of governance. Michel FOUCAULT made the point that end of plague festivals such as Mardi Gras celebrate the abandonment of restriction and having survived the ordeal of the threat to life (1982). The dancing, music, inebriation and gaiety of the festival are diametrically opposed to the sombre, dutiful demeanour expected of citizens to ensure the eventual defeat of plague. Similarly, ‘stay alert, not alarmed’ disciplines its alterity, unruliness, suggesting that efforts to manage pandemics problematise, not just viruses, but publics. This is another way in which pandemic narrative rehearses the canon of knowledge against nature: but in this mode of opposing emotion with reason publics come into view, not only as served by public health, but as part of the problem. This turning in the management of pandemics may partly explain the new-found utility of the zombie genre in public health communications, as discussed. The figure of the zombie supplies a metaphor for recalcitrant subjects who – reduced as they are to a pure form of mindless dangerousness – are the opposite of docile, governable subjects able to manage their emotional response to pandemic threat in a reasoned manner. Figured in the context of the knowledge against nature narrative, zombies are unknowing and unnatural since they lack both the capacity of reason and emotion; existing simply to live in death.

7. Conclusion

Mediated pandemic narrative embraces publics and public health, supplying a context within which a global public health emergency can become coherently available to knowledge and amenable to governance. Experience, time and emotion are imbued with narrative mediations on pandemic, perhaps particularly for the case of 2009/10 when so few were directly and knowingly affected.

The example of *Contagion* presages the disaster of 2009/10 that never was; it summarises pandemic narrative for an imagined future while reminding viewers of, even resurrecting, the events of 2009/10. The way in which the film doubles narrative knowing through the Dr Mears storyline establishes also how messages on pandemic threat convene publics as knowing of how to know of pandemics. Since Dr Mears represents public health expertise through here status as a medical researcher, the storyline also stages the relation of publics with expert knowledge systems which pertain to pandemics, fictionalised in *Contagion* but key to public communications on the 2009 pandemic event. The film also exploits and elaborates on the knowledge against nature narrative which can be traced across popular culture and into public communications with their focus on the Goldilocks, panic-titrating (just right) message of reasoned action in dialogue with the regulation of emotions in the face of pandemic threat.

This question of pandemic knowing was foregrounded in our research with everyday publics of the pandemic. Sarah, introduced above, when consuming news texts on the pandemic, asked of herself, 'Is it going to be real?' dramatising a moment of interpellation as a subject of the 2009 pandemic event and suggesting the falling away of pandemic as fiction and the pressing question of pandemic as reality. Experience of

the pandemic for Sarah, as for other participants, was melded with news texts on the topic and her recollection of the UK's 'Catch it. Bin it. Kill it.' campaign. As Sarah's account showed, too, communications and news media were not simply sources of awareness and information, but were also temporally and affectively implicated in pandemic experience.

Pandemic experience is already fictionalised, in part, always more or less richly mediated and transmediated, but no less visceral and, for some, corporeal. Publics can be asked to 'be alert, not alarmed,' but it is also important to recognise that 'Is it going to be real?' is an interpretive frame by which members of the general public, located as they are in pandemic storyworlds, come to exercise their hermeneutical agency on the matter of a pandemic.

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