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Trabajo Fin de Grado

Communicating for a Pandemic

Discourse analysis on three speeches:
SARS, MERS and COVID-19

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Abstract

This research intends to provide a practical analysis of several different pandemics that took place during early 2003, 2015 and 2019. First, this work will include a theoretical reflection, in general terms, on what a critical analysis of a discourse is, to later focus the text from a contextual and linguistic point of view to finally be able to compare in which aspects the discourses are similar or on the contrary diverge, with the purpose of finding an evolutionary pattern in the selected texts.

Key words (English)

communication, critical discourse analysis, pandemic, SARS, MERS, COVID-19

Resumen

Esta investigación propone realizar un análisis práctico de varios discursos diferentes pandemias que tuvieron lugar durante principios del año 2003, 2015 y 2019. En primer lugar, éste trabajo abarcará en primer lugar una reflexión teórica, en términos generales, sobre que es un análisis crítico de un discurso, para posteriormente enfocar el texto desde un punto de vista contextual y lingüístico para poder finalmente comparar en qué aspectos los discursos se asemejan o por el contrario divergen, con el propósito de encontrar un patrón evolutivo en los textos seleccionados.

Palabras clave (Spanish)

comunicación, análisis crítico del discurso, pandemia, SARS, MERS, COVID-19

1 - PURPOSE AND REASONS

Nowadays everybody needs to be informed about what happens around the world, specially concerning the Covid-19 virus. Both receiving information and communicating is essential. If this is true in the 21st century, how much truer is it when the whole world is having to deal with the effects of the Covid19 pandemic? Thanks to the media, such as television and internet, we are more aware about the measures that need to be considered to prevent future viral outbreaks and reduce the number of victims. The main reason why I have chosen this theme is mainly because we live in a globalized world where we always must be aware about everything that is surrounding us, specially concerning this pandemic that is affecting us all. These three viruses (SARS; MERS and COVID) have had repercussions in every aspect of our lives. The first of the aforementioned viruses SARS, was indeed the first virus to be detected in the 21st century that was first detected in Asia. On 18th May 2004, the WHO informed that the SARS virus was successfully contained. Eight years later, in 2012, another virus, MERS was detected in Saudi Arabia, which viral source is of animal origin. The most recent of them, COVID-19, detected for the first time on 31st December 2019 in Wuhan, located in the Hubei Province in China. It has had a huge impact in every aspect of our lives, for instance our social relationships, with schools and universities having had to change from face-to face to virtual classes, and most of the stores having had to close or reduce their staff members. Nowadays, in most public places, like museums or cinemas, there have even being restrictions regarding the number of people allowed. For instance, in Spain before this pandemic arrived, according to some surveys made by the Spanish Minister of Culture and Sport, on the 30th September 2019, about 58% of the Spanish population went to a movie theatre regularly, whereas now this has been reduced drastically to respect social distancing and risk of infection. In the private life, we had to make use of our technological devices to contact those relatives, who live in other countries or regions, and we could not be with them physically due to travel restrictions. To put an end or reduce their impact on the affected countries, one international institution, the WHO has constantly been reminding us not to forget to take the proper measures to prevent possible infections. As said before, the WHO is the most reliable institution when it comes to health issues. It was founded on 1948 and today it has more than 194 members with its main headquarters

in Geneva, Switzerland. Its main purpose is to direct and coordinate international health inside the United Nations. In regards to this work, a comparison will be made among three speeches about SARS, MERS and COVID 19 diseases to compare them from a linguistic and structural point of view, to note not only if there has been any evolution in terms of communication but also differences and similitudes on the contextual and wording of the texts themselves.

2 - CURRENT SITUATION

According to the latest reports published on WHO official webpage, (World Health Organization, 2020) by the end of December 2020 over 2564 new MERS cases were confirmed, although the cases detected between the years 2014 and 2020 demonstrates that there was no major change. Regarding the most affected groups the age group of 50-59 years is more likely to get affected to by primary cases, whether groups aged between 30-39 years are more affected by secondary cases. The latest country affected by this virus was detected in Saudi Arabia with 2121 cases detected. As regards COVID-19 although vaccines, such as Pfizer, Moderna and AstraZeneca are already available for most of the affected countries, COVID continues to be a relevant global problem, especially for older citizens. Although some of the affected patients have already received their first dose, vaccination needs to continue to ensure the complete protection against the virus. Due to Brexit, there have been several delays in the delivery of AstraZeneca vaccines, something that the European Union is trying to find a solution to, by cooperating with the UK. As of April 2021, Israel is the leading country in the number of vaccinated inhabitants (69.46 doses per each 100 inhabitants) followed by United Arab Emirates (47.37) and the UK with 20.

3 - THEORETICAL FRAMEWORK

3.1 Pandemic – Definition and History

To fully understand these three speeches, it is necessary to bear in mind what a pandemic is and what the consequences are for those that have been infected. The etymology of the

word itself, comes from the Greek terms “pan” (whole) and “demos” (people), altogether means “The whole population”. According to dictionary (Merriam-Webster, n.d.), a pandemic is a worldwide epidemic “an outbreak of a disease that occurs over a wide geographic area (such as multiple countries or continents) and typically affects a significant proportion of the population”. According to the United Nations Agency of Refugees and the WHO, the main cause of a pandemic are influenza viruses that affect the animals. Sometimes, people tend to confuse this term with another word of the same field, epidemy, so that is why we need to difference them clearly. The main difference can be found on two key aspects: the expansion of the virus from a geographical point of view and the rapid increase in the number of affected patients, which is greater for a pandemic. Such global threat that is most likely to threaten the countries’ stability can make the health emergency level increase exponentially. Vaccines and safety measures, such as wearing facemasks or washing our hands are the most common ones.

From a historical point of view (History, 2020), the first pandemic that was detected dates to the Byzantine Empire, when Justinian I, the emperor of the East Roman Empire, was the victim of a plague epidemic which killed about 40% of the imperial population, with many devastating economic consequences that had a huge impact on this period. In the Middle Ages, around the fourteenth century, from years 1346 to 1353 took place one of the most known plagues in history, the Black Death; like MERS, it is thought that the cause of this pandemic came from animals, rats who lived among the citizens, even in public transports, such as boats, which made the plague easier to spread. The consequences were so dramatic, that according to historians, it was estimated that the European population decreased from 80% to 30%. Centuries later, in the 18th century, another pandemic outbreak ravaged the world, the variola commonly known as smallpox, whose major cause of expansion was the conquest of the Americas and other countries or continents by several conquerors. The first pandemic in the Contemporary Age was discovered in March 1918, during the First World War, in a hospital in Kansas. This pandemic was called “The Spanish Influenza”, because during this war, Spain decided to remain neutral during the First World War conflict in the armed conflict. It was estimated that around 20 to 50 million people perished around the world. Other examples of 20th century viruses, were the Asian flu pandemic, detected in the years 1957 to 1958 from poultry origin, in total there were about one million victims. Years later, a new viral outbreak appeared in Hong Kong, in 1968, with the same consequences as the Asian flu. The last virus that appeared during the last decades on the

20th century was the HIV, detected for the first time in 1981. Now, in the 21st century although there have been some important technological and medical advances, pandemics still constitute a challenge for our society, that is why three of them, SARS, MERS, and COVID-19, will be discussed in more detail in the following sections.

3.2 Three Diseases – SARS, MERS, and COVID-19 – an analysis

The three different speeches that are going to be analyzed later are the following ones in chronological order, SARS, MERS and COVID 19, all of them have had serious repercussions for many countries with some of them left severe scars.

According to the WHO, (World Health Organization, 2021)The first of these viruses, the Severe Acute Respiratory syndrome, originated in the Canton Province, southeast China in 2003. Globally more than 8,000 people were infected, 774 of whom died. Its main common symptoms include fever higher than 38°C, dry cough or shortness of breath. This infection spread through dozens of countries in North and South America, Europe, and Asia. According to some studies, the most common form of its propagation is through close contact with other infected people and it is also transmitted by respiratory droplets, this occurs when an infected person sneezes or coughs. To prevent this, it is recommended that people should be at least more than one meter away from the symptomatic person.

In 2012 another virus was detected , the Middle East Respiratory Syndrome (World Health Organization, 2021). It was first detected in Saudi Arabia in the year 2012, which later reached other countries, one of them the United States. Regarding the number of affected people, about 858 deaths were detected around 27 countries. Its symptoms include fever, cough, illness or shortness of breath. The disease begins to manifest itself from the fifth to the sixth day of incubation. The spread of the virus is usually from animal to person, especially camels or dromedaries more specifically from camels, especially if one is constantly in close contact with them.

In 2019, another infectious disease, COVID-19 (World Health Organization, 2021) was first detected in December 2019 in Wuhan (China), before it reached other countries. The most common symptoms are dry cough, fever, tiredness, nasal congestion, headache, sore

throat, diarrhea, among others. In most cases around 80% of the diagnosed patients usually recover quickly. In case of breathing problems or chest pressure symptomatic patients need to go to a health center as soon as possible. This disease spreads from one person to another, mainly through runny nose droplets from coughing, sneezing or even when talking to someone else already infected. Sometimes these drops can also fall into objects or surfaces, that is why it is recommended are recommended to wash one's hands with water and soap or sanitizing gels once we have touched them.

3.2.1 Measures to prevent SARS, MERS and COVID-19 exposure according to the WHO

The first of these viruses, (World Health Organization, 2021) from a chronological point of view is SARS. To avoid a possible contagion, there are a number of activities in order to reduce its impact on patients, these are for example, according to the WHO, taking screening measures (“an interview with passengers, departing from a limited number of areas, to detect illness with symptoms that give reason to suspect that a passenger may be infected with SARS”) especially in airports, because it has been successful in some countries like South Arabia. Other recommended solutions include avoiding face-to-face contact or sneezing in front of other people. Regarding the MERS virus, it is advisable to cover both mouth and nose when sneezing or coughing. As with other similar detected diseases, keeping more than 1.5 m. away from possible affected patients. Contrary to the other two, The MERS infection can also be found in certain food products like undercooked meat, fish fruits and vegetables, that is why is important to consider some food safety practices, like washing the fruit and vegetables for a few seconds, or try to make sure the meat is well done. Regarding passengers that come from a foreign country, specially from the Middle East, the WHO does not think that neither temperature checks nor health questionnaires will help detect potential infected passengers, because some of them can be asymptomatic or the fever measurement can be inaccurate, that is why countries should instead impose routine measures in certain transport like bus, airplanes, or boats.

Regarding Solutions of the WHO to avoid future COVID contagions, the institution has established a series of measures to prevent the spread of COVID-19. One of these measures is to clean one's hand regularly with alcohol-based products wash them with soap regularly,

so viruses can be killed easily. It is also vital to maintain a distance of at least one meter between yourself and others in order to avoid close contact with small droplets that may contain the virus. Another safety measure is to avoid touching one's eyes with dirty hands. It is also recommended that people avoid going to crowded places, like discos, concerts, or bars. Another potential measure is to follow good respiratory hygiene by covering both mouth and nose either with one's elbow or when one sneezes or coughs or wears an FP mask to protect oneself and others from viruses like flu, cold and particularly COVID-19. For those that have minor symptoms like mild fever or cough, it is preferred to seek medical attention by using a telephone and follow the directions. As of Spring and Summer 2021, several vaccines for different ages groups have been certified by the WHO to combat COVID-19, these are the following ones: Pfizer, an American vaccine, recommended for patients from ages 16 and up but specially for 80 years or older men and women because it has been proven that with two shots of the vaccination, the virus can be contained, although safety measures must not be taken lightly. According to the CDC (Centers for Disease Control and Prevention), a protection agency, whose mission is to protect the health and safety of America's citizenship, both on a national and internal basis, it is highly recommended not to get vaccinated if there are any allergic symptoms, such as anaphylaxis (allergic reaction to an antigen (a bee sting for instance)). Other vaccines include AstraZeneca, from a pharmaceutical company, whose headquarters are located in Cambridge, United Kingdom. The recommended vaccination groups are from 18 and up, and, like Pfizer, two shots are needed. In some countries, such as Spain, the age limit of the vaccine is up to 55 years. Although there have been several controversies from the point of view of those who received a shot from this vaccine, due to the secondary effects such as headache or feeling sick. Other vaccines that have been proved useful are Sputnik (Russia), Moderna (USA) Johnson and Johnson (Netherlands and Belgium), which has been proved to be 66% effective.

3.3 Discourse - A Definition

Before we begin with the proper analysis of each one of the selected speeches related to different types of pandemics, it is important to set about a definition. According to Ruth Wodak (1950), a reputed Australian professor, expert on discourse analysis and co-editor

of the linguistic magazine “Discourse and Society”, a discourse is “A complex set of simultaneous and sequential interrelated linguistic acts, acts that manifest themselves throughout the social fields of action as a semiotic of interrelated themes, as oral or written productions, and very often as “texts””. For a proper speech to be effective, it needs to have the following components: First and foremost, a statement as a basic unit, which can have or not the form of a sentence. Combined all together, they form texts, which can be short or long, whether they are written or oral. Context is another relevant feature, this can be linguistic, local, socio cognitive and sociocultural. It requires observing the framework in which the discursive pieces are elaborated and manifested. We must not forget that both coherence and cohesion are key in discourses. As stated by Berenguer (1999) “Treating the text as a whole means dealing with cohesion, thematic progression and conceptual coherence” What is more, de Beaugrande and Dressler in their Book, Introduction to Text Linguistics (1981), in order for a discourse to have coherence, the **concepts** and their **relations** should have a continuation of sense in the text. They also add that when a text has a good proper coherence, the outcome will be like a network of “knowledge spaces centered around the main topics”. However Other relevant author, Deborah Schiffrin (Schiffrin, 2001) disagrees upon the traditional aspects within a discourse. According to her, the main components are discourse markers, such as stress, grammatical, syntactic position, and tone.

3.4 Critical Discourse Analysis and its main features

After having explained these three pandemics in detail, it is key to understand how both national and international organizations communicate. CDA is understood as a form of action between two or more individuals that take place in contextualized situation, whether it is oral or written. Another key characteristic is that contexts tend to be complex and heterogenous and are regulated by norms. The selected authors of the selected pandemic speeches (Dr. Gro Harlem Brundtland, former WHO Director General, who back in 2003 talked about SARS in his speech, Dr. Ala Alwan (Alwan, 2015), regional director of WHO Eastern Mediterranean Region, who talked about MERS in 2015 and Tedros Adhanom, the current director general of WHO) want to convey some specific intentions, goals, and objectives to a target audience in a way that the ideas are well understood.

Once we have defined what a discourse is, we need to explain what a critical discourse analysis consist of. It is understood as a method to analyze topics that are frequently discussed such as abuse, inequity, and dominance, as just few examples. According to Fairclough and Wodak (1997), its main characteristics are the following ones:

1. The CDA deals with social problems.
2. Power relationships are discursive.
3. Discourse constitutes society and culture.
4. The speech does an ideological job.
5. The speech is historic.
6. The link between the text and society is mediated.
7. Discourse analysis is interpretative and explanatory.
8. Discourse is a form of action.

3.5 Main Theories of CDA

There is not a unique CDA technique, that is why it is necessary to bear in mind different approaches from key CDA authors that have contributed to understanding how to approach a proper discourse analysis both from a linguistic as a contextual point of view.

One theory of CDA was stated by Michel Foucault, (Arribas-Ayllon & Valerie, 2017)(Poitiers 15 October 1926 – Paris 25 October 1984) a relevant figure specially in relation with discourse theory. He established that “discourse” is only a matter of linguistic features but also of knowledge that helps the audience to understand the discourse logic, according to the historical period when it was written. For him, discourses have the capacity to have a meaning as well as political intentions. Furthermore, according to him at the same time, once a discourse has established meanings, it invalidates other interpretations, which is what Foucault calls “discursive process” This philosopher and sociologist created a theory called the Foucauldian discourse analysis in which he stated that a discourse is a matter of power relationships with societies expressed in the use of languages and its practices. According to his book *The Archaeology of Knowledge* (1972) him, discourse is not exclusively “a matter of language use” but also a matter of norms and systems of a particular knowledge. In this way, discourse has a discipline-like approach in

two manners: “it specifies the kind of institutional partitioning of knowledge we find in medicine, science, psychiatry, biology, and economics, among other disciplines. But it also refers to techniques and practices through which objects, concepts, and strategies are formed. (FOUCAULT:1972).

Regarding the type of texts that can be used with this method are the following ones:

- spatial arrangement
- social practice
- political discourse
- **expert discourse**
- social interaction
- autobiographical accounts

Expert discourse is the text type chosen for this pandemic’s analysis, in particular for the selected three texts (SARS, MERS and COVID-19). since there is an organization behind (WHO) and an expert (The Director General or Minister of Health).

Another relevant discourse analysis author is Siegfried Jäger (García Castillo, Análisis del discurso: Tema 5 - Metodología y enfoques del análisis de contenido - Siegfried Jäger [Slide 3], 2017). He was a German linguist born on the 17th April 1937 in Duisburg. He was a professor at the DISS. He focused on topics such as Racism and politics, particularly extremism. For Jäger, every discourse should start with a structural analysis regarding its content and the speech topics, then the next step is to take a close look at the language (context, rhetoric figures), such as: references, style or vocabulary. Other elements on which he focused were: the implications and insinuations within a discourse, intrinsic logic and text composition

A further theory was established by Norman Fairclough (García Castillo, Análisis del discurso: Tema 5 - Metodología y enfoques del discurso - Norman Fairclough [Slide 4], 2017) (Lancaster 1941-), a British-born linguist, Fairclough was one of the CDA founders. For Fairclough, a discourse analysis should include the following stages: First, identify and

describe the social problem to be analyzed, the structural analysis of the context. The following stage is to focus on a specific social problem with a semiotic aspect, leave the text aside and describe the problem. Then, examine the variety of styles and dominant discourses, then perform the interactional analysis, which focuses on linguistic characteristics such as agents, time, modality, or syntax. Finally, proceed to an interdiscursive analysis. He also established that inside every discourse should be analyzed according to the following dimensions a) the text itself, whether it is written, or oral, visual images are always preferred b) the discourse's usage, its distribution and c) its cultural and social aspects.

Another relevant CDA author is Teun Adrianus van Dijk (7 May 1943). born in The Netherlands (García Castillo, Análisis del discurso: Tema 5 - Metodología y enfoques del análisis de contenido - Teun Adraianus Van Dijk [Silides 5 - 8], 2017). He is known for his theoretical works, especially on discourse pragmatics. He is also one of the founders of Critical Discourse Analysis. For him, the CDA analysis should focus on the following linguistic markers, such as rhetorical figures, emphasis, intonation, prepositional structures, tottering, coherence, syntactical order or even word order, just to name a few. Other major aspects in which he was interested in were semantic macrostructures to refer to the texts' general ideas, level of text description, he was specially focusing on the level of detail, implications and suppositions, meaning the option to express some information from an implicit or explicit perspective, he also created a concept named topoi, prepared arguments that due to their use in the public domain, it was not necessary to defend them, such as "we should come together to fight against this virus", phrase syntax, especially if these are active or passive (Van Dijk, 1985).

4. OBJECTIVES AND QUESTIONS TO BE ANSWERED WITH THESE TEXTS

The main objective of this analysis is to find how the CDA theories apply to these texts to help to better understand how WHO and EU Council Minister's spokespersons transmit their messages effectively and explaining them clearly to their audiences, in these three cases to other institutions involved, such as FAO (Food and Agricultural Organization) in the MERS speech, because both human and animal health are at risk, as explained in terms

of contextual and linguistic features. “to work together for surveillance and response, [...] This will contribute to a better and more coordinated response and control efforts to reduce the risk of transmission”. The question that is going to be answered is. Has there been any evolution in terms of communicating these pandemics?

5. MATERIALS AND METHODOLOGY

The method that is going to be used for the following chosen texts will be to carry out a CDA analysis based on linguistic and contextual features. Regarding the first step, it will be a more general analysis, because the point will be to detect the main ideas for each paragraph to see how each of them is structured. Regarding the second analysis, it will be a slightly more in detail analysis, because the purpose is to detect the main linguistic and rhetorical characteristics. Once each individual text has been studied, similitudes and differences will be discussed for both context and linguistic features to see whether they do or do not follow a similar pattern, and to conclude whether there have been any changes regarding communication from the representatives of the WHO. I have chosen these texts, not just because of the context of a critical global health situation, which is nowadays the focus of media, but also because it is also worth noting how officials from an international institution communicate an emergency from a clear but detailed perspective to the citizens of each country.

Regarding questions to be answered with this work, these will be the following: Has there being any evolution regarding the discourse structure for three selected viruses? What are the rhetorical devices used and why are they used in these contexts?

6 ANALYSIS AND DISCUSSION

Once explained what a discourse is, the method that is going to be applied, an analysis about the three speeches, (SARS, MERS and COVID-19) will be detailed in terms of contextual and linguistic features.

6.1 Contextual Analysis

The selected texts will be explored paying attention to its contextual features to better

understand their message and how the sender transmits the main points of the meeting to the audience. For this, a table with three vertical columns has been planned, each one including a speech of the different pandemics in order to compare their similitudes or differences. In order to highlight what words or expressions are going to be categorized as context, a classification has been carried out with the following colors: yellow for each time the words collaboration and collective appear, red for all the negative repercussions of the viruses, green for “first noticed” or “first signs” and light blue for all the positive aspects that have been successfully made by the organizations and nations in order to try to stop the virus.

collaboration and collective understanding

threat, concern, worry, problems, difficulty, negative consequences

when first noticed, first signs

progress, in a record time, improvement, good leadership, transparency, public engagement, lessons learned, control

Table 1

Comparison of the three speeches relating to each of the three pandemics

| Sars 2003 Contextual Analysis | Mers 2015 Contextual Analysis | COVID-19 2020 Contextual Analysis |
|--|--|---|
| <p>P1. Meaning of the SARS abbreviation and its evolution from a minor to a major health problem, so an immediate solution is needed “a coordinated, early, public health response” “an infamous global threat.”</p> | <p>p.1 Welcoming and appreciation of participants their attendance is vital on this meeting, especially in healthcare highlight the meeting’s objectives “we need to evaluate where we are” what we should be doing collectively to protect public health.”</p> | <p>FIRST IDEA “230,000 cases” “Almost 80% of those [...] were reported from just 10 countries”. SECOND IDEA: COVID mortality is reducing, there is still worked to do “there is a lot to be concerned about” THIRD IDEA:</p> |

| | | |
|--|--|---|
| | | Detailed description of four scenarios of how COVID 19 is affecting several countries. |
| <p>p.2 Collaboration "by working together [...] we have made unprecedented progress.</p> <p>On this paragraph, the date of SARS alert appears "12th March "this year". Due to the contribution of several centers, located in Europe, such as Paris, Hamburg or London and other continents (North America) "we have learned about SARS in record time"</p> | <p>p.2 First detection of the virus "over two and half years ago" what the WHO has found about it "our understanding [...] has greatly improved"</p> <p>"knowledge gaps still remain"</p> <p>this virus constitutes a menace "a serious threat to global health security."</p> | <p>FIRST SCENARIO:</p> <p>fought the virus effectively due to their rapid response of their political leaders "countries that were alert and aware" "they have so far avoided large outbreaks", "in the Mekong region, Pacific, Africa" etc.</p> <p>I measures leaders have been used in order to contain the spread of the virus "find, isolate, test and care [...] and quarantine contacts."</p> |
| <p>p.3 "a new type of virus"</p> <p>Causes as well as symptoms are mentioned, particularly the most common ones "a virus family usually associated with the common cold" and where it can be found "it can live on surfaces and in stool"</p> | <p>p. 3 Similarity of MERS to SARS find solutions to this virus "WHO has organized three international scientific meetings on MERS comprehension of this disease "contributed immensely to improving our understanding on the virus, its evolution, risks.</p> | <p>SECOND SCENARIO:</p> <p>effective leadership skills and citizens engagement</p> <p>"brought under control through a combination of strong leadership and populations"</p> <p>is possible to bring large outbreaks under control"</p> |
| <p>p.4</p> | <p>p. 4 "a wealth of evidence</p> | <p>THIRD SCENARIO:</p> |

| | | |
|--|--|--|
| <p>Although it has been successful in Vietnam, where it has been controlled, there is still work to do. Spread of the virus: “Hong Kong, Toronto, but not before appearing in some 27 countries.”</p> | <p>has been accumulated [...] its origin, epidemiology and transmission risks factors” lessons learned from it “health surveillance [...] can be better organized” “improve global health” and what can be achieved with this new meeting “new scientific evidence [...] since our last meeting in 2013.”</p> | <p>passed the first phase of the virus but are now encountering difficulties, because they have “eased restrictions” as the text says. Therefore, hospitals are taking stricter measures “wards filling up again” as well as economic downturns (many countries are losing gains”</p> |
| <p>p.5 measures carried out to slow down SARS isolation” “a European Centre for Disease Prevention and Control could help coordinate a rapid response “We don’t have a treatment” there is still hope “a window of opportunity [...] to contain it”</p> | <p>p. 5 Lessons learned from MERS-COV for the agriculture and fauna the presence of [...] Food and Agriculture Organization, The World Organization for Animal Health.”</p> | <p>FOURTH SCENARIO: Those countries that are still infected by the virus and have not still found an effective solution “intense transmission phase” For instance South Asia, some countries in Africa and the Americas, where in the latter the most serious cases have occurred “more than 50% of the world’s cases”</p> |
| <p>p.6 Economical and health consequences. “crippled hospitals, loss of valuable professional staff” “Openness now will save</p> | <p>p. 6 WHO collaboration with Member States and constant collaboration with the scientific community</p> | <p>FOURTH IDEA: WHO’s mission is to protect everybody from future viral propagations as well as support them, as</p> |

| | | |
|---|---|--|
| <p>lives” and that this will not be the first virus to be detected in the 21st century.</p> | | <p>well as its governemnts.</p> |
| <p>Last paragraph Dr. Gro Harlem Brudtland appeals to the countries’ responsibility in order to stop the SARS virus. The right solution is just to keep the “good work” in order to protect the citizens.</p> | <p>p.7 Efforts and solutions that need to be found in order to fully understand how the virus can be stopped “many aspects of this virus is still limited” “Many critical questions [...] remain unanswered” “We cannot defeat and conquer it, as we did with SARS”</p> | <p>FIFTH IDEA: everything is a matter of trust and communication “If governments do not clearly communicate” “If populations do not follow the basic public health” both populations and politicians should cooperate otherwise consequences could be catastrophic “it is going to get worse and worse” but nonetheless, an effort has to be made.</p> |
| | <p>p.8 a common solution must be found in order to put a stop to this disease “to collectively review and agree on how best to address the critical information”</p> | <p>SIXTH IDEA: COVID crises might also lead to starvation “130 million more people may face chronic hunger by the end of this year” “shortcuts” so the WHO has to find the proper means to fight against COVID 19 (focus on using the tools we have now to suppress transmission” so that our routines don’t get</p> |

| | | |
|--|---|-----------------------------|
| | | overshadowed by this threat |
| | p.9 “we will be more prepared” “we will be better equipped | |

6.2 Linguistic Analysis – pandemic texts

6.2.1 Linguistic Analysis of Sars 2003 Speech

This discourse is objective, because it describes more what SARS is and it is also empathic because it focuses on victims in terms of individuals and countries, and has the following linguistic characteristics:

1) Use of the pronoun “**we**” to refer to the citizens and institutions around the world, to acknowledge that the virus has been proved about its existence, what has been done and what it is yet to do “We know it is caused by” “We know also that” “We don’t yet have a treatment” “We will be tested”.

2) **Personification** of the SARS to emphasize its devastating consequences, as if it were a human enemy “SARS will not be able to be the last new disease” “the fifth against SARS is far from over” “protect your own population from SARS”.

3) Frequent use of **dates and numbers** to remind the audience about its origin, relevance, and its effects “the first new public health epidemic of the 21st century” “the moment we sent out the global health, on 12 March this year”, “but not before appearing in 27 countries”

4) Recurring use of adjectives with three meanings:

Positive measures and calmness: **effective, contained, stopped** (epidemic), **immediate, limited** “a limited number of areas and countries”. There is particularly one adjective, 'rapid', that appears several times throughout the text. The first one appears in the introduction paragraph “the response has been rapid and effective” but it is in the fifth paragraph, where it appears most often, where the main focus is the country’s effective

solution to the virus. “Rapid action in this region” “Rapid response” (2) “Rapid case detection”. Other adjectives are related to SARS, its evolution as well as its devastating effects “from an unknown problem to an infamous global threat” among others: **expanding, disproportionate, “crippled hospitals”**.

For the linguistic analysis, the same table format has been used, but instead of categorizing words or phrases, it has been divided into different parts: first, the texts have been classified as objective or subjective or both, by highlighting “objective” or “subjective in yellow”. Then, the category of each linguistic aspect has been written in black, with some examples in parenthesis.

6.2.2 Linguistic Analysis of Mers 2015 Speech

This speech is very objective and focuses solely on what has been done regarding MERS but also not forgetting that countries need to continue fighting against it, in order to eradicate it as soon as possible.

These are the following linguistic characteristics that define the following text:

1) In the introduction of the speech, the speaker, Mr. Alwan makes use of a **tricolon** to welcome the guests in this meeting and thank them for coming “Dear Colleagues, Dear Guests, Ladies and Gentlemen”

2) Then, Mr. Alwan resorts to the use of **adjectives and verbs**, both at the beginning and in the middle of the speech, to thank the participants “I am pleased, [...] I wish to express, [...] I am also delighted” I am happy [...] to note the presence of Food and Agriculture Association, the World Organization for Animal Health”

3) Use of **pronoun repetition You / We**: regarding the former, the pronoun 'you' is used to refer to those guests at the meeting when Mr. Alwan addresses them individually as an organization when he wants to communicate to them the reality of this virus as well its consequences: “your presence today signifies the importance of this meeting”, “You all know that the appearance of a novel coronavirus”, and the latter in order to include the

speaker as well as the other present organizations as the ones responsible for finding the proper solutions in order to mitigate its deadly global impact: “We now need to evaluate where we are”, [...], “we have seen that several scientific initiatives”, “a need to critically review the scientific findings [...] so that we, and our international partners can make use of them to improve global health”, “We cannot defeat and conquer it”, “We need and inclusive approach [...] a coordinated global public health effort”.

4) Use of **dates** to remind the target audience of previous pandemics and meetings already held by other institutions: “The discovery of this new virus [...] brought back me memories of the SARS epidemic in 2003, [...] WHO has held three scientific meeting [...] the first in January 2013, the second in December 2013 and the third [...] in March 2014.

5) Reference to the **WHO** organization, because they have also contributed in the fight against the virus: “WHO collaborating centers and partner agencies” “WHO has continued to work with the Member States affected”, “WHO to manage the public health risks associated with the virus”.

6) Use of **adverb** “however” in order to contradict what has been said previously regarding the progress achieved regarding MERS, as can be seen from the third to the sixth paragraph: “However, despite all of these global efforts, I must admit”.

7) The discourse also establishes an **evolutional perspective**, beginning from the past, and for this, Mr Alwan makes use of the preposition since: “since our last scientific meeting”, “Since the emergence of the virus”, and in the last paragraph, on page 3, he moves on to the present time: “In the current era, where the threats [...]” to show that the virus is not over yet.

8) To conclude, the speaker talks about himself by using the **first-person singular pronoun**, because he wants to thank every participant present in the meeting and hopes that this threat will ease over time. “I am sure that after this meeting, we will be more prepared”, “I wish you all very successful meeting” .

6.2.3 Linguistic Analysis of Covid-19 Speech

This speech is objective, because the speaker, the WHO Director, Tedros Adhanom Ghebreyesus, gives a lot of numbers “9.1 million cases” “620,00 cubic meters of oxygen” “80 percent of the market” But with the two examples, the Kingdom of Saudi Arabia and the Democratic Republic of the Congo” it is more subjective: “how to hold gatherings of large numbers of people safely have become increasingly important”, “after almost 2 years of struggle”.

The text has the following linguistic and rhetoric characteristics:

1) **Repetition:** To give emphasis on the gravity of the situation (more than 9.1 million cases, more than 470,000 deaths), In the first, in the last (month).

2) Use of **We** = a pronoun in order to refer to the WHO, doctors and medical staff, citizens, patients: “We continue research into vaccines, we have an urgent responsibility, we have to suppress”.

3) **Repetition** Oxygen= this word is **repeated** three times in one phrase at the beginning of the speech, to explain how infected patients’ new way of breathing is created to try to avoid inhaling virus particles: “oxygen is produced using oxygen concentrators, purify oxygen from the air.

WHO = repetition to explain what this organization is doing to prevent the spread of COVID: “Who and our UN partners are working with manufactures”, “Who is supporting several countries”, “who has [...] published technical specifications”.

4) Much **emphasis on numbers** (14,000 oxygen concentrators, 120 countries, 9800 pulse oximeters.

5) Frequent use of **Tricolon:** “Good morning, good afternoon and good evening” as a greeting, “science, solidarity and solutions”, “3500 cases, almost 2300 deaths, and almost 1200 survivors” – reflects the catastrophic consequences of this virus.

6) Use of **adjectives** to give a human and effort perspective to the speech “hard choices”,

“we understand”.

7) **Individualization** of a group: “The Government of the Democratic Republic of the Congo is planning to announce”.

8) **Personification**: “WHO is proud to have worked with”.

9) **Similarity**: in the speech, it is used to compare the resemblance between the Ebola and the current COVID crisis: Many [...] health measures that have been successful in stopping Ebola are the same [...] for suppressing COVID-19.

10) **Enumeration**: In this case to explain the different steps to control and measures the number of patients infected with COVID 19: “Finding every case, isolating every case, testing every case, caring for every case and relentless contact tracing”.

6.3 Contextual and Syntactical Similitudes

6.3.1 Contextual and Syntactical Similitudes relating to the virus in Sars 2003 and Mers 2015

Both speeches begin by mentioning both viruses, both the abbreviation as well as its complete name “SARS, Severe Acute Respiratory Syndrome, has only been with us for a few months”, “on Middle East respiratory syndrome coronavirus, known as MERS-CoV.”

The detection year and rapid response on behalf of international organizations, EU Council of Health Minister’s Meeting and WHO are key points in both discourses: “From the moment we sent out the global health alert, on 12 March this year, the response has been rapid and effective (SARS 2003); “Since the detection of the virus over two and half years ago, our understanding of the epidemiology of the virus has greatly improved (MERS 2015).

Another common point is that the source of the virus is mentioned, although more detailed for SARS than with MERS: “we know it is caused by a new type of coronavirus – a virus

family associated with the common cold” (SARS 2003); “However, being a new virus and of zoonotic origin and having ability to cause severe respiratory disease in humans” (MERS 2015); The following common section that is relevant in both texts are the concrete solutions that the EU Council of Health Minister and WHO have found out to lessen their impact: “Rapid action in this region has definitely made a difference. Soon after our global alert is issued, Germany saw the very first case in Europe, when a doctor infected with SARS landed in Frankfurt and was quickly put into isolation. Rapid response there ensured no further spread” (SARS 2003); Who has organized three international scientific meetings on MERS-CoV so far” [...]; “These meetings have contributed immensely to improving our understanding on the virus, its evolution and risk factors”

Both texts make a stand that both viruses still constitute a threat to some countries, so, there is still work to do: “However, the fight against SARS is far from over. We don’t yet have a treatment, we don’t yet have a vaccine” [...]; We have seen how this virus can paralyze the health system” (SARS 2003); “the virus continues to be a serious threat to global health security.”

The consequences of both viruses, particularly the health consequences, are a considerable aspect to be taken into account. These are better explained in detail for SARS and more summarized for MERS: “We have already seen the immediate health and economic consequences of SARS: “We have seen how this virus can paralyze the health care system – with doctors and nurses themselves sick -unable to care for those with SARS, or, with other ailments” (SARS 2003); “As with any other emerging disease, the threat of MERS-CoV as a global health emergency, and its potential for international spread, have not yet faded”.

The last paragraph appeals to the countries’ responsibility and each person’s awareness: “if the Openness now will save lives, and will maintain faith in economies in the long term. While the system is now good, we know that to mount the most effective offence to new diseases, we need to expand the capacity for global surveillance and response.” (SARS 2003); “As timely intervention is the key to containing the threat of any novel infection, we need to be vigilant at all levels and never to lower our guard against any evolving threat.” (MERS 2015).

6.3.2 Contextual and Syntactical Similitudes relating to the virus in Sars 2003

Both speeches begin by mentioning the viruses first: “SARS, Severe Acute Respiratory Syndrome, has only been with us for a few months but, in that time, it has evolved from an unknown problem in one city in southern China, to an infamous global health threat” (SARS 2003); “More than 9.1 million cases of COVID-19 have now been reported to WHO, and more than 470,000 deaths.” (COVID 2020).

The following common aspect that they talk about are the affected countries or areas where the virus has spread, for SARS there are more examples mentioned: “so far, SARS has been spread to just a limited number of areas and countries. We have seen the epidemic contained and stopped in Vietnam. And we have likely seen it peak in Singapore, Hong Kong and Toronto, but not before appearing in some 27 countries, [...] And, of course, we know that SARS is still spreading through China.” (SARS 2003); whereas for MERS, only two examples are given, but contrary to SARS, it is explained with more detail, even the response of WHO is given: “Several countries in the Mekong region, the Pacific, the Caribbean and Africa fit into that category” (COVID -19 2020).

Both speeches stress the idea that although the number of cases have been reduced, there is still work to do if the affected countries wants to keep safe from possible viral infections: “The global fight against SARS is far from over, but our early action has made a difference” [...] (SARS 2003); “That’s why WHO is committed to continuing to work with the people and government of DRC to strengthen its health system and support it on the road towards universal health coverage” (COVID 19 2020)”.

6.3.3 Contextual and Syntactical Similitudes relating to the virus in Mers 2015 and Covid-19 2020 speeches

Both speeches begin by addressing the invited nations and organizations for the meeting and giving thanks to them for their participation: “Dear Colleagues, Distinguished Guests, Ladies and Gentlemen, I am pleased to welcome you all to this international scientific meeting on Middle East respiratory syndrome coronavirus, known as MERS-CoV” (MERS

2015); “Good morning, good afternoon and good evening” (SARS 2020).

The discourses also highlight who the institutions are as well as describing other collaborating companies or institutions to find a proper solution or treatment to reduce the virus impact and its potential expansion to other countries: “I am also delighted to see our colleagues from WHO headquarters, WHO collaborating centers and partner agencies. Your presence today signifies the importance of this meeting for global health” [...]; “Since the emergence of this virus, WHO has continued to work with the Member States affected to better understand the epidemiological, clinical and virological information” (MERS 2015); “WHO and our UN partners are working with manufacturers across the world through a variety of private sector networks to buy oxygen concentrators for countries that need them most” (COVID-19 2020).

A further similitude between the MERS and COVID-19 texts are the specific measures that WHO has carried out as well as some scientific data that has been gathered in order to understand these viruses better and how to control them: “A wealth of evidence has been accumulated through these studies on many aspects of the virus, including its origin, epidemiology and transmission risk factors: “A number of important lessons have also been learned from countries on how public health surveillance and response to outbreaks of MERS-CoV” (MERS 2015). In the COVID-19 discourse, the preventive measures proposed by the WHO appear on the last page of the speech “Finding every case, isolating every case, testing every case, caring for every case and relentless contact tracing” (COVID-19) .

6.3.4 Contextual and Syntactical Similitudes relating to Objectivity, Perspective and Adjectives in Sars 2003 and Mers 2015 Speeches

Objectivity is a common aspect within both texts because the focus is on describing what the virus is, how to prevent it and several cases that have been detected: “We know it is caused by a new type of coronavirus – a virus family usually associated with the common cold. We know SARS generally spreads through droplets, during close contact with an affected person.”[...]; “However, being a new virus and of zoonotic origin and having ability to cause severe respiratory disease in humans” [...] (SARS 2003); “The evidence

that has been accumulated so far remains inconclusive about the origin and transmissibility of this virus. We cannot defeat and conquer it, as we did SARS, and more recently pandemic influenza, if so many “unknowns” remain.” (MERS 2015); “And, of course, we know that SARS is still spreading through China. Cases are increasing in Taiwan” [...] (SARS 2003); “Since the emergence of this virus, WHO has continued to work with the Member States affected” (MERS 2015).

As stated in the contextual analysis, there is frequent use of the pronoun “we” as a reference to the institutions and other organizations that have witnessed the consequences of these pandemics and so have collaborated to reducing their impact on society: “We have already seen the immediate health and economic consequences of SARS. We have seen how this virus can paralyse the health care system”, “We will be tested. But we must try. By doing that, we are giving new meaning to the protection of global public health.” (SARS 2003); “There is also a need to critically review the scientific findings together in a forum like this so that we, and our international partners, can make use of them to improve global health.” (SARS 2015).

Predominance of adjectives to thank participants for coming to the meeting, “pleased, [...] delighted [...] happy”, to describe what has been found about SARS and MERS, what measures have been taken and what is still to be done: “an unknown problem [...] to an infamous global health threat”, “the response has been rapid and effective”, “This is a global threat at its very best” (SARS 2003); “our understanding of the epidemiology of the virus has greatly improved but several important knowledge gaps still remain” (MERS 2015).

6.3.5 Contextual and Syntactical Similitudes relating to Objectivity, Perspective and Adjectives in Sars 2003 and Covid-19 2020 Speeches

Both speeches have a very objective approach, because they constantly remind the audience about what is known, the affected countries and the measures taken by the WHO: “We have seen how this virus can paralyse the health care system – with doctors and nurses themselves sick – unable to care for those with SARS, or, with other ailments.” (SARS 2003); “In the first month of this outbreak, less than 10,000 cases were reported to WHO.

In the last month, almost 4 million cases have been reported. (COVID-19 2020).

Like the MERS and SARS speeches, the pronoun “we” also appears in the COVID-19 discourse for the same purpose as the previous comparison: we have an urgent responsibility to do everything we can with the tools we have now to suppress transmission and save lives.” (COVID-19 2020).

Use of adjectives with positive meaning, as synonyms of effectiveness and the human effort that needs to be made, if countries want the virus to diminish its effects: “Continued sensitive surveillance is necessary to ensure rapid case detection and infection control. In future, a European Centre for Disease Prevention and Control could help further coordinate a rapid response to these types of emerging threats.” (MERS 2003) “hard choices”, “we understand”.

6.3.6 Contextual and Syntactical Similitudes relating to Objectivity, Perspective and Adjectives in Mers 2015 and Covid-19 2020 Speeches

Use of tricolon in the very first line of the speech to thank participants for their collaboration, participation and effort to participate on these crucial meetings “Dear Colleagues, Dear Guests, Ladies and Gentlemen” (SARS 2015) “Good morning, good afternoon and good evening” (COVID-19 2020)

Constant appearance of WHO abbreviation to remind of the constant hard work that has been done by this organization: “WHO has continued to work with the Member States affected” (SARS 2015); “who has [...] published technical specifications”. (COVID-19 2020).

6.4 Contextual and Syntactical Differences

6.4.1 Contextual and Syntactical Differences in Sars 2003 and Mers 2015 Speeches

Although both texts deal with the problems, threats and menace as well as the collaboration of the countries and institutions in the fight against these pandemics, the second text MERS, places special emphasis on progress and improvement on what has been done:

“WHO has organized three international scientific meetings [...] contributed immensely to improving our understanding on the virus, its evolution, risks”, “a wealth of evidence has been accumulated”, “Lessons learned from MERS [...] (MERS 2015) .

An additional major difference between these two speeches is that for the SARS discourse, in the first paragraph the speaker, Dr. Gro Harlem Brundtland, does not thank the health ministers at the Council for their interest and participation in this meeting, but rather begins with a general definition of what SARS is and how it has evolved from a minor problem to a state of alarm. “SARS, Severe Acute Respiratory Syndrome, has only been with us for a few months but, in that time, it has evolved from an unknown problem in one city in southern China, to an infamous global health threat.” Whereas the MERS speech by Ala Alwan thanked other international organizations first, like FAO or World Organization for Animal Health: “Dear Colleagues, Distinguished Guests, Ladies and Gentlemen, I am pleased to welcome you all to this international scientific meeting on Middle East respiratory syndrome coronavirus, known as MERS-CoV. I wish to express my appreciation to all of you for accepting our invitation and being present here today, despite very short notice.” (MERS 2015).

Another notable difference is that the SARS texts clearly explains what the consequences, both health and economic, are: “crippled hospitals, loss of valuable professional staff” (SARS 2003); but the MERS speech only generalizes the consequences by saying that “Many critical questions [...] remain unanswered”, “We cannot defeat and conquer it, as we did with SARS” (MERS 2015).

6.4.2 Contextual and Syntactical Differences in Sars 2003 and Covid-19 2020 Speeches

Although both texts are very objective in their approach, the Covid-19 speech is more subjective, because Tedros Adhanom, the current WHO Director General, emphasizes also the human aspect, not solely the numbers: “how to hold gatherings of large numbers of people safely have become increasingly important”

In contextual terms, the Covid-19 text has more terms with negative meanings than the Sars text, because there is more concern about the pandemic situation, especially relating to the affected countries: “lot to be concerned about” “st,ill infected by the virus”, whereas

the Sars speech focus is more on collaboration: “by working together”.

Regarding linguistic features, another major difference is that the COVID-19 text begins by greeting the assistants on their participation in the meeting, in the form of a tricolon: “good morning” whereas the SARS speech begins directly by talking about the virus: “SARS, Severe Acute Respiratory Syndrome, has only been with us for a few months [...]”.

6.4.3 Contextual and Syntactical Differences in Mers 2015 and Covid-19 2020 Speeches

The COVID-19 text in comparison to MERS has more examples of scenarios (four scenarios where Covid has impacted the most: “The first situation is countries that were alert and aware – they prepared and responded rapidly and effectively to the first cases.” “The second situation is countries in which there was a major outbreak that was brought under control through a combination of strong leadership”, “The second situation is countries in which there was a major outbreak that was brought under control through a combination of strong leadership”, “The fourth situation is those countries that are in the intense transmission phase of their outbreak.” (COVID-19 2020). In the MERS 2015 discourse, there is a more general statement saying that there is still work to do: “Efforts and solutions that need to be found in order to fully understand how the virus can be stopped “many aspects of this virus is still limited”.

Compared to the MERS text, The COVID 19 discourse by the Director General, gives more emphasis on numbers, like how many victims the virus has claimed, percentages of detected cases, and numbers of oximeters needed for patients with respiratory problems: “Yesterday, 230,000 cases of COVID-19 were reported to WHO. Almost 80% of those cases were reported from just 10 countries, and 50% come from just two countries.” (COVID 13 July 2020); “Ongoing talks with suppliers in recent weeks have enabled WHO to buy 14,000 oxygen concentrators, which will be sent to 120 countries in the coming weeks.” (COVID 24 June 2020). In the MERS text the only numbers that are most frequently mentioned are the when this pandemic was detected “September 2012) and the dates when the meetings are held “January 2013, [...] December 2013, [...] March 2014” (COVID 13 July 2020).

From a linguistic point of view, there are no big differences to take into account, because all three texts are very similar, they are all characterized by adjectives and adverbs, repetition and personifications as just some examples.

Now that these texts have been analyzed in terms of contextual and linguistic terms, we can infer that although they have some similarities among them, for instance in terms of objectivity and their emphasis on finding proper solutions to fight these viruses, there has been an evolution in communication, meaning that, over these three years (2003, 2015 and 2020) the organizations, specially WHO, have been more deeply concerned about the impact of pandemics on the population's health, which can be seen in the more frequent use of numbers and percentages: in the SARS text, the only number that appears is 27, related to the number of countries where SARS cases had been detected around the world. In the MERS, numbers are only used to compare the impact of MERS with SARS “the appearance of a novel coronavirus causing severe respiratory disease in September 2012 triggered a serious global health alert. The discovery of this new virus affecting humans brought back memories of the SARS epidemic in 2003” It is with the Covid-19 speech of 13 July 2020, that numerical data appear more often “Yesterday, 230,000 cases of COVID-19 were reported to WHO” “Yesterday, 230,000 cases of COVID-19 were reported to WHO” so there is more preoccupation and awareness about this virus, which is why collaboration is more and more important to reduce their effect on the population as much as possible.

7 CONCLUSIONS AND SUGGESTIONS FOR FUTURE RESEARCH

This final year research work set out to explore the use of language and contextual features in official communications with a target reader in mind to determine whether there had been any significant changes in the way the discourse was structured over the three different pandemics that this century has known. Thanks to the organizations' fast and effective speeches, countries that are worried about these viruses can have a clear picture about health threats in order to find a common solution for their citizens. It is also important not to forget about the contribution of some CDA theories and their respective authors, such as Jäger or Michel Foucault, who have helped discourse experts to have a method on

which to base their analyses and create more efficient discourse responses to the health challenges.

Future research might look into a larger number of official speeches from a wider number of organizations to determine the existence of similarities and differences as well as undertake a comparison of speeches that might be politically motivated as opposed to being motivated for health and safety reasons. Focusing on the audience type and the use of terminology in the contexts of the discourse would also be revealing.

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