Chapter 1
Observed Mass-Scale Call-Response Dynamics Between Public Health Officials and the American Public in the Surging COVID-19 Pandemic Summer 2020:
Content Analysis From Journalistic Articleset and Three-Phased Social Imagesets

ABSTRACT

By any objective measure, the United States has mishandled its response to the SARS-CoV-2 and COVID-19 outbreak, with 177,394 deaths and 5,745,721 cases. In the world, there have been some 796,330 deaths and 22,848,030 validated coronavirus cases (with 15,500,447 recovered). The real rates are thought to be 3x – 10x higher given the low access to tests. In this moment, there are multiple epidemics ongoing in the U.S., resulting in massive government and private industry expenditures, disrupted markets, and social roiling. In journalistic coverage and social image sets, the interactive call-response between public health officials and the general American public may be seen in the Summer of 2020 (in a time of phased shutdowns and re-openings and re-closings). This work offers an original content analysis of over 2,431 journalistic articles and 2,224 social images captured July 3, 2020 to understand where the call-response communications broke down and the message got lost at enormous social and personal cost. A sidebar offers an analysis of COVID-19 social memes.

INTRODUCTION

The emergence of SARS-CoV-2 (the human-transmissible pathogenic virus that leads to COVID-19) took the world by storm in early 2020, when it apparently jumped from exotic food animals (from an animal wet market in Wuhan, People's Republic of China), into humanity. From there, it rapidly spread around the world. Even though early information about its genetic makeup was shared globally by Chinese authorities, research scientists, physicians, public health professionals, and others have been working around the clock to better understand this virus and its many manifestations in people. In such times when professionals themselves are making discoveries, the general public itself may not have actual fact-based points-of-reference. Their pandemic sensibilities may be informed by Hollywood and hearsay. The general public may have problems vetting the information they are getting, and they are getting information from a variety of disparate sources, with only some reputable and more comprehensive. In such contexts, there has to be reliance on others' expertise and authority, which may be difficult if there is not a history of prior trust. In August 2020, the U.S. is about eight months into the SARS-CoV-2 / COVID-19 pandemic. There are multiple pandemic epicenters ongoing stateside. This begs the question of what may have gone wrong in the public health response and the actions of the general public.

This work takes an original approach by using a generic call-response analysis to study messaging between public health officials and the general U.S. public. A simple conceptualization is that the public health officials and their proxies (medical professionals, scientists, and others) put out a "call" for the public to lock-down, social distance, clean hands, wear masks, and take other precautions. The "response" from the general public should be general following, so as to protect their own health and that of others (and the One Health of animals and the environment). That is all in theory and clearly not in practice.

A general call-response dynamic is depicted which shows an initial call or failure to call…and then a response. (Figure 1) Optimally, if the call is legitimate, and the message recipients are able to receive the information accurately, and the impetuses to action are clear, then the proper responses should be awareness, affirmation, and proper action-taking. Any of the other responses in Time 2 would be inappropriate to a legitimate call. Any counter-actions would not be appropriate. There are various potential points of failure in this exchange, however. And it is generally assumed that with a population of any particular threshold size, there will be detractors, and some of that population are malicious bad actors. It is possible that the percentage of such detractions may be a constant proportion of the population, or it may be a changing proportion.

To be clear, while "call" might suggest a "vocalization," in the natural environment (such as between animals to communicate threat and warning, mating or sexual interest, familial ties, and others), these public health officials' "calls" can come in various forms: press conferences, interviews, published reports, data tables, data visualizations, public service announcements, mass media coverage, social media messaging, and other messages. The calls may be subtle or forthright, indirect or direct. The calls and responses are not mono-directional but multi-directional. Calls are fit-to-purpose, so they are strategic to elicit particular awareness and behavioral responses. The "calls" from the American general public may come in various forms, too: demonstrations in public spaces, various forms of social unrest (including violence and sabotage), letters to government officials, interviews with mass media, social media releases, self-created videos, and other communications. The environment is not about turn-taking but has more of a tone of a free-for-all with signal mixed in with the noise at any time. A visual depiction of the call-response dynamic may be seen in Figure 2.

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