

Communicate the risk of SARS-COV-2: televised reports from the Chilean Ministry of Health

Comunicar el riesgo sobre el SARS-COV-2: informes televisados del Ministerio de Salud chileno

Comunicar o risco sobre o SARS-COV-2: informativos televisivos do Ministério da Saúde do Chile

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ABSTRACT | Given the relevance of communication in risk situations to deliver timely information to affected groups, as well as its ability to generate collective meanings, this research aims to analyze the communication deployment of the first stage of the COVID-19 pandemic in Chile from the perspective of risk communication. From a qualitative approach, we conducted a reflective thematic analysis of 88 videos corresponding to the daily coronavirus reports broadcast by Chilean open television, between March 17 and June 12, 2020. Three stages established are: triumphalist, tension, and crisis; in those, we observe a communication focused on promoting the government's management rather than delivering timely information to the population. The use of some discursive resources stands out, such as the metaphor of war or individual responsibility, which generate tension with the need to generate collective meanings to mobilize the population.

KEYWORDS: risk communication; COVID-19; health communication; public health; television; Chile.

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RESUMEN | Dada la relevancia de la comunicación en situaciones de riesgo para entregar información oportuna a los grupos afectados y su capacidad de generar sentidos colectivos, esta investigación analiza cualitativamente el despliegue comunicacional de la primera etapa de la pandemia de COVID-19 en Chile, desde la perspectiva de la comunicación de riesgos. Se condujo un análisis temático reflexivo de los informes diarios sobre el coronavirus difundidos por televisión abierta, entre el 17 de marzo y el 12 de junio de 2020 (88 videos). Se establecen tres etapas: triunfalista, de tensión y de crisis, en las que se observa una comunicación centrada en promover la gestión del gobierno más que en entregar información oportuna a la población. Destaca el uso de algunos recursos discursivos, como la metáfora de la guerra o la responsabilización individual, que crean tensión con la necesidad de generar sentidos colectivos para movilizar a la población.

PALABRAS CLAVES: comunicación de riesgos; COVID-19; comunicación para la salud; salud pública; televisión; Chile.

RESUMO | Dada a relevância da comunicação em situações de risco para entregar informações oportunas aos grupos afetados e sua capacidade de gerar sentidos coletivos, esta pesquisa analisa de forma qualitativa a implantação da comunicação da primeira fase da pandemia de COVID-19 no Chile, desde a perspectiva de comunicação de riscos. Foi conduzida uma análise temática reflexiva das informativos diários de coronavírus veiculadas por canais de televisão aberta, entre 17 de março e 12 de junho de 2020 (88 vídeos). São estabelecidas três etapas: triunfalista, tensão e crise, onde se observa uma comunicação focada em promover a gestão do governo ao invés de fornecer informações oportunas à população. Por outro lado, destaca-se o uso de alguns recursos discursivos, como a metáfora da guerra ou da responsabilidade individual que geram tensão com a necessidade de gerar sentidos coletivos a fim de mobilizar a população.

PALAVRAS-CHAVE: comunicação de riscos; COVID-19; comunicação para a saúde; saúde pública; televisão; Chile.

INTRODUCTION

Despite being a foreseen scenario, the rapid advance of the SARS CoV-2 coronavirus worldwide in 2020, the duration of the socio-health crisis, and its serious consequences for the population's health, underscored the fact that in most cases governments were not prepared to face a pandemic. Communication has great relevance in risk situations to deliver timely information to the affected groups and for its capacity to generate collective meanings and senses. When faced with public health emergencies that affect society as a whole, it is not only a matter of delivering information to each individual, but also of working with values and meanings in favor of collective wellbeing. Therefore, this research analyzes the official communicational deployment of the first stage of the COVID-19 pandemic from the perspective of risk communication.

THE CHILEAN SOCIOPOLITICAL AND HEALTH CONTEXT

Public trust in authorities to manage a crisis situation is one of the most relevant elements to manage risk communication (Organización Mundial de la Salud, 2018; Organización Panamericana de la Salud, 2020).

When the first case of coronavirus was declared in Chile, on March 3, 2020 (Ministerio de Salud confirma..., 2020), the government was facing one of its worst public confidence crises. President Piñera's approval rating was 12% and that of his team of ministers, 14% (Cadem, 2020). One of the reasons for this citizen disapproval was the way in which they had faced the so-called social outburst initiated on October 18, 2019, a crisis that manifested itself suddenly when citizens went out to protest en masse to the streets, but whose origin is anchored in deeper roots, especially in the social discomfort with the inequities of the neoliberal system (Renna & Rossi, 2021). The President declared a state of emergency, which implied taking the military to the streets and restricting some individual freedoms that, along with the denunciations of various international organizations for disproportionate use of police force and human rights violations (Organización de los Estados Americanos, 2019), would largely explain such disapproval.

Several authors agree that the outbreak and the pandemic made visible the existing inequities and the country's severe structural problems (González Suazo, 2020; Sánchez Delgado, 2021). In the field of health, Chile does not have a universal system and there are differences in access and care according to the affiliation system, public or private. The former serves 78% of the population with fewer resources, more women of childbearing age, and the older population (FONASA, 2020).

Health strategy to address the pandemic

The government's bet was oriented to the progressive and slow contagion of the population, seeking not to saturate the health services. This was expressed by the Minister of Health, Jaime Mañalich, in a television interview on April 3, 2020:

[9:01] The only way to protect ourselves in the future from this is that most of the people get infected, but that they get infected in a slow way. Why? So that we do not find ourselves, as it is happening in Italy, as it is happening in Ecuador, at a moment when there are so many sick people, requiring a ventilator, an ICU, that the health system cannot heal them (T13, 2020a).

Herd immunity was sought, a strategy based on the principle that, to the extent that a high percentage of the population achieves natural immunity, through disease or vaccination, the possibility of viral circulation is reduced (Metcalf, 2015). Thus, the authorities implemented measures to reduce the circulation of people and prevent a massive and synchronous contagion.

As the health crisis progressed and the number of infections and deaths increased, this initial strategy was harshly criticized by various experts, as it implied that the most vulnerable groups could fall ill or die (Bacigalupe et al., 2020; Cabello, 2020). This controversy continued, to the point that in June 2020 various authorities denied that the government had implemented it (T13, 2020b).

CONCEPTUAL CONSIDERATIONS

The pandemic's communication management has attracted a great deal of interest from researchers worldwide. While some have studied media coverage (Segura, 2020; Zunino & Arcangeletti Yacante, 2020), others have focused on how different governments have implemented communication strategies and products (Alcíbar, 2021; Moyano & Lay Mendivil, 2021; Añel Rodríguez & Rodríguez Bilbao, 2020; Lovari, 2020; Castillo-Esparcia et al., 2020). There are studies that analyze the lessons learned so far in different countries, especially from the risk communication framework (Abrams & Greenhawt, 2020; Warren & Lofstedt, 2021; Wiedemann & Dorl, 2020; Krause et al., 2020).

International organizations such as the World Health Organization (WHO) and the Pan American Health Organization (PAHO) have been working with the health authorities of each country in the region on preparedness plans to face a possible influenza pandemic from a risk communication approach, defined as:

It is the real-time exchange of information, advice and opinions between experts, community leaders or officials and the people who are at risk, which is an integral part of any emergency response. During epidemics and pandemics, and humanitarian crises and natural disasters, effective risk communication allows people most at risk to understand and adopt protective behaviors. It allows authorities and experts to listen to and address people's concerns and needs so that the advice they provide is relevant, trusted and acceptable (Organización Mundial de la Salud, 2018, p. 11).

Warren and Lofsted (2021) point out that public trust in the authorities and in those issuing recommendations is a crucial element of risk communication to achieve social acceptance and adherence to preventive measures. Directly related to trust are transparency, credibility, and the relevance of a unified and coherent governmental communication strategy (Organización Panamericana de la Salud, 2020). The importance of understanding how risks are perceived by affected people according to their contexts is another relevant factor (World Health Organization, 2020). In previous decades, this understanding was approached from perspectives that emphasize the sociocultural factors that influence their perception (Beck, 2006; Douglas & Wildavsky, 1982), which has been reinforced in research on risk perception in the context of the pandemic (Dryhurst et al., 2020).

Thus, the tradition based on these sociological-anthropological perspectives points out that the risks' acceptance or rejection cannot be understood only as a result of individual decisions and perceptions. This approach analyzes the sociocultural factors that make certain risks more relevant than others, as well as their mediators (role of the media, protective factors, socioeconomic vulnerabilities, pressure groups, political conflicts, etc.), and asks how each society distributes social responsibility for risks (López-Cerezo, 2018). The way in which this responsibility is understood, individual or collective, also influences the way in which risks are socially confronted.

In the field of public health, especially in the neoliberal context, we have witnessed a continuous process of individual accountability for risks, in which subjects must be able to inform themselves and manage their own health (Petersen & Lupton, 2000; Giritli Nygren & Olofsson, 2020), even blaming people for their illnesses (Turrini, 2015). Following the sociological perspective of risk, this research understands that communication in risk situations should focus on the population, providing timely information for citizens to make their own decisions without ignoring the fact that risk is related to vulnerabilities, protective factors, and inequity that cannot be understood solely in individual terms. Regarding health decisions, people do not act only rationally, "but resort, instead, to their

personal relationships, family and acquaintances experiences, and other legitimate and trustworthy sources” (Ibáñez Martín & Santoro, 2012, p. 209). Therefore, it is interesting to analyze the way in which communication contributed to deliver information and generate collective meanings to manage the pandemic through the daily reports of the Ministry of Health in Chile, broadcast on open television, as a possibility for citizens to adopt behaviors and orientations that benefit society as a whole.

METHODOLOGY

We used a qualitative-interpretative approach that sought to account for the presence of certain topics and the associated relevance, discursive resources, and meanings according to the context and evolution of the socio-health crisis. The qualitative approach seeks “to unravel in meaningful terms how people construct the world around them, what they do, or what happens to them” (Flick, 2020, p. 13). From this perspective, interactions and documents (texts, images, etc.) can be analyzed as social artifacts that allow the reconstruction and analysis of ways of meaning.

The corpus is made up of the 88 daily COVID-19 reports broadcast on open television on a voluntary basis during the period in which the physician Jaime Mañalich headed the Ministry of Health (March 17 to June 12, 2020). On average they last 30 minutes. These constituted the official government information, and television acquired additional relevance during the first months of the pandemic, especially during quarantines (Consejo Nacional de Televisión, 2021). As an exclusion criterion, other communication products such as communication campaigns and live broadcasts by the authorities were omitted.

Following Braun and Clarke’s (2006, 2021; Byrne 2021) proposal of reflexive thematic analysis, we followed six steps of analysis: 1) familiarization with the data; 2) generation of initial codes; 3) search for topics; 4) review of topics, according to the coding performed; 5) topics’ definition and naming, and 6) writing and selection of quotations.

The coding work was conducted inductively and systematically with all the material using © Atlas.ti, with a total of 127 codes. In this first stage, we identified relationships between codes that allowed to account for the conformation of the initial topics. A topic is a relevant aspect when it is linked to the research questions and implies a pattern of responses or meanings in the data analyzed (Braun & Clarke, 2006). The thematic analysis was conducted at the latent level,

i.e., at an interpretative level, where we seek to theorize more broadly about these meaning patterns.

One of the most relevant aspects was to note the changes generated in the topics, emphases, and actors according to the crisis' evolution. Given the relevance of contextualization for the interpretative work, and specifically for the reflective thematic analysis, an important part consisted in documenting the context and the period's main socio-health milestones, in parallel to the coding. This made it possible to contextualize the debates and, especially, the journalists' interventions.

RESULTS

The structure of the COVID-19 reports remained stable in the period analyzed; they are reports communicated in a scenario in which the then Minister of Health stands in front of a presentation lectern, usually accompanied by his team of authorities, the Undersecretary of Public Health and the Undersecretary of Healthcare Networks.

The reports provided figures related to the following variables: new contagions and total contagions, symptomatic and asymptomatic cases, critically ill patients, persons connected to mechanical ventilators, deaths during the day and total deaths, PCR tests performed and the number of positive results. Regarding the resources available in the health system, information was provided on critical beds, mechanical ventilators, and quotas in nursing homes. This part was supported by graphics and on-screen data. In the second part, contingent announcements were made, such as, for example, the communes entering or leaving lock-down, new provisions or measures. Finally, there was a section dedicated to journalists' questions, where the most controversial issues were generally discussed.

As the crisis evolved, there were changes in the communication strategy. The analysis allowed us to distinguish three stages, which we call: a) triumphalist stage, b) tension stage, and c) crisis stage.

These stages are linked to national and international information milestones on the pandemic (table 1), associated to certain issues, emphases, and actors in a prioritized, although not exclusive, manner. For example, in the crisis stage, social problems are emphasized more than in the triumphalist stage.

Stage 1: triumphalist March 17 - April 4	Stage 2: tension April 5 - May 7	Stage 3: crisis May 8 - June 11
18/03/20: declaration of state of emergency.	06/04/20: announcement of mandatory use of face masks in public transport.	08/05/2020: start of the cordon sanitaire (south zone of Santiago).
03/21/20: first COVID-19 fatality.	16/04/20: mobility pass for vaccinated people.	05/18/2020: protests begin over socioeconomic conditions.
03/22/20: curfew begins.	04/29/20: registration of asymptomatic patients.	05/23/2020: emergency subsidy to solve social crisis begins to be delivered.

Table 1. National pandemic milestones in daily reporting by stage of risk communication

Source: Own elaboration.

Triumphalist stage	Tension stage	Crisis stage
Highlighting of the government’s management and preparation (emphasis on the President). - Positive comparison with other countries. - Announcement of health measures (criteria, effects).	- Defense of the government’s management. - Announcement of socio-sanitary measures. - Preventive measures (use of face masks, social distance, hand washing). - New normality. - Individual responsibility. - Relevance of the health personnel. - Confrontation with other actors (Medical Association, mayors, press, etc.).	- Defense of the government’s management (emphasis on increasing available resources, such as nursing homes and mechanical ventilators). - Data controversy. - Defense against questioning (Medical Association, mayors, press, etc.). - Social crisis. - Relevance of health personnel.
Population concerned	Population concerned	Population concerned
- Elderly and chronically ill people.	- Vulnerable social groups. - Elderly and chronically ill people.	- Vulnerable social groups. - Elderly and chronically ill people.
Discursive resources	Discursive resources	Discursive resources
- Use of comparative figures and graphics (flattening the curve).	- War metaphor. - Figures and graphics (flatten the curve).	- War metaphor. - Figures.

Table 2. Predominant categories and topics at each stage

Source: Own elaboration.

But the triumphalist, tension, and crisis stages are not determined solely on the basis of the milestones described above. The analysis implemented also reveals three predominant categories in each stage: topics (health measures, individual accountability, data controversy, etc.); affected groups (the elderly and chronically ill, vulnerable social groups), and discursive resources (analogies, metaphors, and figures) (table 2).

Triumphalist stage

This stage covers from March 17, with the broadcasting of the first COVID-19 daily televised report, until April 4, 2020, when there is a change in the communicational tone, more cautioned and concerned due to the sustained increase of cases. This period is dominated by a triumphalist tone, which highlights the government's preparation and foresight to face the pandemic, personalizing decision-making in the figure of President Sebastián Piñera. This approach is illustrated in the following quote from the then Undersecretary of Healthcare Networks:

[11:35] Since the first days of February we have devised a strategy to face a pandemic situation, as requested by President Piñera on February 15 (...) all this added to what the private sector is doing gives a... an increase of 4,000 basic beds and more than 900 beds for critical patients (...) We are able to continue increasing these number of beds, and as we have more hospitalized patients this will grow even more (Minsal, March 17, 2020).

It should be noted that a characteristic of the entire period analyzed was the information focused on figures, with a management reporting logic, but with variations at each stage. In the first days reports the emphasis was placed on comparative figures with respect to other countries, especially in Latin America, seeking to show Chile's positive situation and highlighting the adequate management of the Chilean authorities. As can be seen in the Minister's quote:

[2:49] To be able to have a comparable figure regarding what is happening with this disease in other Latin American countries is very difficult (...) our country, given the high number of tests performed, has the lowest rate in Latin America. Brazil already has 327 deaths, Ecuador at least 120 reported, Dominican Republic 60, and we still occupy the ninth place, the last place among the countries that reliably report these statistics (Minsal, April 3, 2020).

The emphasis on figures shows a crisis communication strategy focused on strengthening the government's public image rather than on providing information for the population to take self-care measures. In fact, there is almost no explanatory material to prevent contagion, the measures are merely mentioned and are not

discussed in depth, nor is there an emphasis on explaining the mechanisms of contagion or the way the virus works.

Tension stage

It is determined by a change in the tone of the messages, leaving behind the triumphalist expressions and opening the way to a communication with a more cautious tone, but also more defensive and confrontational. It begins on April 5, 2020, when the greatest concern about the increase in contagions is shown by the fact that the spokespersons begin to use the face mask on camera. When questioned, the spokespersons continue to defend the government's management, generating contradictory messages such as the call for a new normality with an increase in the confrontational tone. The metaphor of war began to be used, and the individual's responsibility was reinforced. The stage ends on May 7, when we can see the beginning of a crisis stage.

The war metaphor and its consequences

Metaphor, as a rhetorical resource, relates two elements based on their similarities or parallels. This analogy allows a shifting of meanings where A (the actual term referred to) is B (the imaginary term through which the first one is referred to) (Lakoff and Johnson, 1995). In the Ministry of Health's discourse, the metaphor of war is especially resorted to from this stage onwards. It should be noted that this simile was not only used at the national level, and that the use of this metaphor has been widely utilized in the health field and in relation to other misunderstood diseases, such as tuberculosis, cancer, or AIDS (Sontag, 2003). This scheme-image of analogy gives an understanding of reality as:

. Actual term: disease.

. Imaginary term: war.

A is B: the disease is a war.

Source: Own elaboration.

This metaphor was used by the Minister of Health and the undersecretaries of Public Health and Healthcare Networks, as seen in this quote:

[22:14] We are fighting a battle in a real war, which forces the deployment of the best of all of us to collaborate with a single common enemy called coronavirus... that is the enemy (Minsal, April 14, 2020).

Confrontation is positioned as a central axis regarding the disease, and different reports use terms such as real war, battle, fight, fight for Santiago, confronted, or fight it. Although the analogy can be used to activate positive values, such

as giving the best of ourselves, calling for collaboration, it also entails negative consequences that are not so conscious or go unnoticed (Sontag, 2003).

Every confrontation entails an opponent, and in the Ministry's discourse this was positioned in foreign countries, as the Minister points out:

[16:03] Concerning the question of the arrival of supplies and the ways in which these supplies are going to enter the country, we have decided, given that a sort of war of ventilators has been declared in the world, with confiscations, to handle this information in strict secrecy (Minsal, April 5, 2020).

One of the consequences of creating an imaginary of war and international struggle is that it could generate an internal situation of preparation for the fight, activating emotional states such as survival, the law of the strongest, or the "every man for himself". This rhetoric operated, for example, in the fight for the last bed or even in confrontations in commerce, where people fight for cleaning and disinfection supplies, and even food.

However, the foreign country enemy did not endure and the focus quickly shifted to coronavirus. The Minister of Health personifies it as an opponent when he points out that there is "[22:17] a single common enemy called coronavirus" (Minsal, April 14, 2020). This is a relevant twist, since, as there is an incubation period or asymptomatic cases, any person becomes a possible carrier:

[23:30] We must emphasize that this is a battle of all of us, that we unfortunately have to live this period [considering that] any person with whom I am in contact can be incubating or developing the disease in a very mild form and therefore infect me (Minsal, June 2020).

Thus, the power of associating enemy COVID = any person begins to operate, inciting distrust towards the other. Thus, discursively, one goes from an external enemy to an internal one and, therefore, to society against itself.

Individual responsibility

As a complement to the war metaphor, the mechanism of blaming individuals for the epidemiological situation gains strength. A double discursive operation is observed: while highlighting or defending the management conducted, individuals are blamed for the failure of the measures implemented.

[11:07] We, the Ministry of Health, the workers in the hospitals, in the clinics, are working to be prepared to assist them [the population] correctly, but we need the citizens' behavior. We need to win this battle day by day (...) We cannot continue acting in this way, we have to have a

higher degree of responsibility and from now on we cannot wait any longer (Minsal, May 4, 2020).

Unlike the notion of danger, risk implies attributing responsibility; therefore, the way in which this responsibility is understood also implies how the potential harm is faced and managed. In recent decades, the emphasis has been placed on the fact that each individual must take charge of his or her health and, therefore, manage his or her own risks (Petersen & Lupton, 2000), which is also observed in this case. The problem is that understanding risk as an individual problem shifts the responsibility of managing it to each person with his or her own resources, whereas if it is conceived as a social problem, it is also faced with collective strategies (Ewald, 1997). The discursive resources analyzed generate a tension between appealing to individualistic perspectives (which in turn call for solidarity) and the need for collective actions and meanings to face a public health problem.

Crisis stage

This stage begins on May 8, 2020, when a cordon sanitaire is established for the southern zone of the capital, home to the communes with the worst socioeconomic indicators and the highest social priority index (Gajardo, 2019). The first cases were reported in the eastern zone of Santiago, with the best socioeconomic indicators in the country (Olmos & Stuardo, 2020), but as they advanced to the southern zone of the capital, where people with lower incomes live (Polanco, 2021), the social and economic crisis gained strength, raising further questioning of the government's and the health authorities' management. This stage ends on June 12, the last day in office of the Minister of Health, Jaime Mañalich, who resigns amidst strong criticism of his management.

From health to social crisis

An emblematic fact of this stage is the Minister's interview to the newspaper *La Tercera*, where he admits that "there is a level of poverty and overcrowding of which magnitude I was not aware of" (Reyes, 2020, para. 1). This publication marked the crisis, showing that the health measures had been formulated unaware of the social and economic reality of a large part of the population.

Social tension increases due to the measures implemented, such as lockouts, since people did not have the economic and social conditions to comply with them, but also due to criticism towards Mañalich's management, and to confrontation, mobilized by journalists, which leads to changes in the communication strategy.

In the crisis phase there is a greater emphasis on people with fewer resources as part of the risk groups, even over people with chronic diseases and the elderly.

[13:56] What is the real capacity and how do we solve people [being] in this vulnerability situation? (...) I think it is important to understand (...) the repercussions of a young person going to a party, not respecting, asking for too many authorizations [to go out], on, precisely, this most vulnerable population that we have in the country, we know them, we suffer with them, we go to their aid, but, I insist, that we need to take and manage from the health point of view in a completely relevant, different way (Minsal, May 29, 2021).

Therefore, in terms of communication, the government began to emphasize the social assistance provided to people with lower incomes, and part of the confrontations with journalists focused on the tension between the economy and health.

The data controversy

The stages described above are also verified in the handling, definitions, and arguments that were structured around certain data exposed in the daily reports. Notwithstanding the above, a common element is identified: whenever there is some kind of controversy about a piece of information, it is due to the exercise, whether direct or indirect, of the journalistic function.

In the crisis stage, the journalistic exercise tends not only to question the figures, but also to deploy a broader critical record, such as the public information available, the relevant actors and research in the production of knowledge, or even the methodologies. In this regard, the crisis also responds to a management of trust with the public: honesty and integrity of information are two key elements to consolidate such management (Miller, 2016). Faced with the question of how epidemiological reports, which will be questioned by some journalists, are prepared and how they affect the public, the Minister responds:

[13:46] It seems to me that the epidemiological report that is made every two or three days is an extremely reliable instrument. Undersecretary [of Health] Daza detected last night that the publication that had appeared was incorrect, specifically on page 24, which records the statistics of accumulated cases and new cases in some communes of the Metropolitan Region (...) we have taken measures along with the Undersecretary so that errors of this nature will not happen again (Minsal, April 18, 2020).

Thus, this quote shows how the notion of transparency is mobilized when the Minister, on behalf of his Undersecretary, admits an error on page 24 of the report. There is thus a shift from an issuer who represents control (authority) to an issuer who assumes the costs of a human error, which reveals the fragility of the network of actors, instruments, procedures, and instructions that is no longer represented from a comparative position as during the previous stage.

Experts play a predominant role in the debates and arguments analyzed in the daily reports. This role is understood insofar as their voices are mobilized in a context in which definitions are unstable and predictions are uncertain. This new spectrum opens a different deployment of voices in the daily reports, which draws a space of controversy as different perceptions, strategies, and limitations are confronted (Broitman & Rocamora, 2021), and whose legitimacy emanates from different authorities.

More than in any of the other stages, the journalistic exercise mobilizes experts' criticisms of government management, as can be seen in the following quote from a journalist's question to the Minister:

[12:37] Minister, yesterday you were talking about a problem of trust with the citizens, but apparently that trust was also lost by members of the *Mesa Social*¹, I say this because of what the president of the Medical Association [Iskia Siches] has said, that talking to the government is like talking to a wall, also because of the doubts raised by the Advisory Council, saying that they had been warning for weeks that this system of progressive lockouts was not working (Minsal, May 15, 2020).

The experts' voices are not only mobilized by those who criticize the pandemic management, but also by the Ministry itself. For example, when it makes public some relevant changes in terms of definitions:

[3:20] The expert committee that advises the Ministry of Health, which is made up, as we know, of health specialists, epidemiologists, first level infectologists, totally transversal from the academic, political point of view, has made a recommendation to change the definition of what we understand as a case of coronavirus to confront the pandemic in the situation we are currently living (Minsal, May 20, 2020).

Such changes show the permanent uncertainty installed during the social and health crisis. On the one hand, the authorities' and experts' management adapts to the pandemic's behavior in the local context and, on the other, these same actors are confronted with an exercise of *translation* which is, in turn, contested and questioned by other experts and journalists. Many times, the tension materialized in the way the figures were presented:

[24:21] Well, I think that, as the World Health Organization representative

1. COVID social roundtable composed of different relevant actors linked to crisis management <https://www.gob.cl/mesasocialcovid19/>

clarified, we strictly follow the criteria (...), we report all the cases that are positive for coronavirus, deceased with or by coronavirus, and that is the statistic of the 2,660 cases that I mentioned today (Minsal, May 13, 2020).

Thus, reference to the World Health Organization as a legitimate source to reaffirm criteria and methodologies was frequent. However, the expert voices often questioned criteria that were not necessarily inspired by the same authority, but which also had verifiable scientific support.

CONCLUSIONS

The results of the analysis allow us to identify three stages in the communication deployed in the daily reports on COVID-19, which show changes in emphasis, communication styles, or relevant topics in each period, ranging from a triumphalist stage, through a stage of tension, to a stage of crisis marked by the questioning made by other actors, especially expert voices mobilized through journalists, which ends with the resignation of the minister.

The lack of emphasis on preventive measures, especially in the initial stage, as well as the predominance of technical language and the use of arguments based on figures, indicate that the daily reports were mainly devoted to promoting and defending the government's management rather than being oriented to the affected population.

From the perspective of risk communication, this is a crucial aspect, since the recommendation to provide timely information to the population so that they can take self-care measures is not complied with. Given that the reports are an official space and broadcast on television – a medium that during the pandemic significantly increased its audience (CNTV, 2021)– they have a great communicational potential for future health crises, especially to reduce uncertainty, but they should be strategically focused on the affected population.

On the other hand, the generation of trust and transparency in the provision of information to reduce uncertainty and collaborate with the affected population are among the most relevant aspects of risk communication. Both aspects, mutually related, were seriously affected in the communication management of this phase of the pandemic. The resource of using arguments based on figures was transversal to the whole period and was the target of questioning by experts – whose arguments were mobilized by journalists– due to the lack of transparency in the delivery of data and in the methodologies used. Thus, the backbone of the communication strategy used was affected and, consequently, the credibility of the main health authority.

The tension generated by the use of discursive resources such as the metaphor of war or individual responsibility, which appeal to distrust the other and blame citizens for the failure of preventive measures, while at the same time appealing to solidarity to take care of the population at risk, is noteworthy. Communication not only makes it possible to provide timely information, but also to generate collective meanings. Although in the last few years there has been a trend towards individual responsibility for health risks, in the case of a pandemic that puts the population's health in the line, communication that contributes to a sense of self-care, but at the same time, of collective action and care, is vital. For future public health emergencies, it is recommended to work in advance and in the long term to strengthen institutional confidence, hand in hand with the population, the scientific community, and the press. It is essential to provide timely and accurate information, and to give people with tools to strengthen their community networks and take ownership of the contents. To the extent that citizens identify, empathize, and understand the needs of the most affected and vulnerable groups, the collective sense of risk communication will be strengthened, contributing to reestablish the dimensions of solidarity and care for the social fabric.

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