

Diversity in Communication

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Voices in government crisis communication in the United States during the COVID-19 pandemic: A rhetorical arena perspective

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The aim of this article is to explore the discursive and communicative choices made in the United States' government crisis communication during the COVID-19 pandemic (2020–2023). The article investigates government crisis communication from the perspective of the *rhetorical arena theory* (RAT, Frandsen & Johansen 2017). In our analysis, we ask whose voices are present in the crisis communication and how these voices are used to achieve the authorities' rhetorical aims. The method of the study was a qualitative discourse analysis of press releases and official guidance documents published on the websites of the U.S. Department of State (DoS) and the Centers for Disease Control and Prevention (CDC) in 2020–2023. The results show that the rhetorical sub-arenas include a wide variety of different voices and actors. The two arenas overlap in terms of voices of authorities, politicians, and media, but each sub-arena carries the institutional characteristics of their publishers. While the CDC highlights the voices of authorities and experts offering information and encouraging people to follow their guidance, the DoS brings to the front the voices of politicians legitimating the role of the United States on the global scene and government decisions in the national context. The ways of using different discursive and rhetorical techniques on each arena are strategic choices by the authorities and form essential tools for their crisis communication.

Keywords: COVID-19, crisis communication, discourse analysis, public health communication, rhetorical arena theory

1 Introduction

A crisis is usually defined as a sudden disturbance, change or decisive turn that challenges the ability of people and societies to recover from adversity (e.g., Coombs 2021). Societal crises require crisis communication from the authorities, the task of which is to mitigate the consequences of the crisis by keeping citizens aware of how the crisis is progressing and what measures are being taken. To achieve its goal, communication must be effective, clear, and sufficiently precise (Dankova 2023: 124). In addition, the diversity of different groups and parts of society must be taken into account in crisis communication (Tagliacozzo et al. 2021).

The aim of this article is to explore what kind of discursive and communicative choices were made in the United States' government crisis communication during the COVID-19 pandemic (2020–2023). The article investigates this government crisis communication from the perspective of the rhetorical arena theory (RAT, Frandsen & Johansen 2017). The research questions our study addresses are the following: 1) Whose voices are present in the crisis communication? 2) How are these voices used to achieve the rhetorical aims of the authorities? Both of these questions are significant in terms of how citizens view and respond to government crisis communication. The voices that have been chosen to represent the government matter, because the citizens' opinions on the government and their handling of the crisis may be influenced by the overall impressions they have of leaders or crisis communicators (e.g., Hafner & Sun 2021; Richey et al. 2016). Importantly, the presence of particular voices is not something that happens randomly, but a question of gatekeeping the voices as part of strategic government communication. In addition, the ways in which these voices of crisis communication use their influence and authority through various discursive and rhetorical means affects the citizens' impressions of the crisis and the potential actions they might take (e.g., Jong 2020: 966). Thus, citizens' reactions to government crisis communication are, in our view, guided both by *who* is communicating about the crisis and *how* they are doing it.

We will answer our research questions through a qualitative discourse analysis of press releases and official guidance documents published on the websites of the U.S. Department of State (DoS) and the Centers for Disease Control and Prevention (CDC) in 2020–2023. As such, the study contributes to research on the application of RAT to the public communication of government officials, and the discursive construction of the COVID-19 pandemic in the U.S. context. The results offer new scholarly insights by illustrating the importance of qualitative RAT studies that can reveal both overlapping and differing discourses between two arenas of government crisis communication (see Frandsen &

Johansen 2017: 149). They also highlight the ways in which a variety of distinct voices can be rhetorically used by government officials to promote government goals.

2 Theoretical Background

2.1 COVID-19 as a Public Health Crisis in the United States

In the U.S. context, the COVID-19 crisis quickly became interwoven with politics, even though the initial responses to the crisis came from the CDC (Callahan 2021: 68). Since the virus presented a novel threat which people had limited knowledge on, both the media and politicians held much power in shaping the public opinion (Gollust et al. 2020: 969). As Gollust and others (2020: 969) point out, there was a clear difference between how Republican and Democratic politicians reacted to the emergence of the crisis, with Republicans, led by then-president Donald Trump, downplaying the threat of the virus, while Democratic leaders displayed more concern and gave recommendations for preventative actions. Trump's public communication during the first stages of the pandemic was particularly harmful, as in addition to dismissing the seriousness of the crisis, he also spread misinformation, and promoted a rhetoric that blamed China for the crisis and stigmatised people of Chinese descent (Gollust et al. 2020: 971-2). According to Gollust and others (2020: 972), Trump's COVID-19 communication in general consisted of features that "starkly contrast to principles of effective risk communication". Public communication about the virus during the Trump administration was also characterised by tensions between the Federal Government and the state governors, and between the political White House team and scientific experts (Callahan 2021: 74). These tensions and conflicts among experts and politicians, combined with the quickly evolving guidelines and recommendations, also led to a lack of consistency in crisis communication (Callahan 2021: 76). The Biden administration's communication during the pandemic has so far not been studied as much as Trump's rhetoric, and the few studies that do analyse President Biden's communication have tended to do this by comparing it to Trump's messaging (e.g., Hatcher & Ginn 2024; Pérez-Curiel et al. 2022). Hatcher and Ginn (2024), for example, compared the 2020 election speeches of Trump and Biden. Interestingly, they found that both candidates only dedicated small parts of their speeches to the pandemic, although Biden did address it more than Trump (Hatcher & Ginn 2024: 5).

At a more general level, studies (e.g., Jong 2020: 966) suggest that public health leadership needs to be taken by political leaders or, according to cultural and institutional structures, by authorities. These actors, together with the national media, are the ones setting the cultural and political agenda and defining how the national discussion of a

crisis evolves (Iannacone 2021). In particular, Jong (2020: 966) highlights the importance of leaders using rhetorical strategies that take care of public emotions, because they can have a direct influence on intentions to comply with public health recommendations, protective measures, and vaccination. This is in line with Wooten and James' (2008: 368) recommendation that leaders should be able to communicate in a persuasive, confident or empathetic manner depending on the phase of a crisis, which enables them to connect emotionally with the public and thus influence public opinion.

As for public health authorities' communication in U.S. context, the CDC's messaging during the COVID-19 pandemic has previously been studied by Hwang and others (2022), who investigated CDC's vaccine-related communication on Facebook. Their study focused on framing theory and the presence of narrative and statistical evidence in CDC's communication. They also point out that further, qualitative studies are necessary to understand the communicative "landscape" of CDC's messaging (Hwang et al. 2022: 679). Against this background, the present study adds to previous research on the COVID-19 communication of U.S. authorities by providing a qualitative, discourse-focused approach, as well as focusing on communication "beyond Trump" by exploring diachronic data, the majority of which was collected during the Biden administration (2021–2023).

2.2 Rhetorical Arena Theory

Research on crisis communication has often been focused on organisational crisis situations, and how to minimise their consequences. In these studies, rhetorical strategies employed by organisations have played an important role (see e.g., Arendt et al. 2017). Large scale societal crises, such as the COVID-19 pandemic, however, require complex communicative processes by a variety of actors. One way to approach these is through the *rhetorical arena theory* (RAT, Frandsen & Johansen 2017). The theory was created to examine the communication dynamics of crises by uncovering and explaining the varying patterns of interaction during a crisis situation. The main idea of the theory is that crises are communicatively complex, and every time a crisis occurs, a *rhetorical arena* emerges. A rhetorical arena is a social space where many "voices" communicate and thus create patterns of interaction. These voices offer their own interpretations of what is going on and react to the interpretations of others. In these arenas, voices may address each other but also talk past each other.

According to Frandsen and Johansen (2017), the rhetorical arena may be approached from a macro perspective by describing all voices and communicative processes in the arena at a specific point of time, and from a micro perspective by focusing qualitatively

on the context, media, genre, and text used in individual communicative processes. The rhetorical arena of a crisis may consist of several *sub-arenas*, that is, communication spaces formed by, for example, different types of media channels. These may include government websites, traditional news media and social media with different profiles of users. In this article, we explore two (interconnected) sub-arenas by focusing on official U.S. government releases published on the COVID-19 websites of the Department of State (DoS) and the Centers for Disease Control and Prevention (CDC).

Rhetorical arena theory has been applied earlier to the study of organisational crises. For example, Raupp (2019) has analysed the rhetorical constellation which underlies media discourse in the case of the Volkswagen emission crisis. The results show that the rhetorical power in terms of voice and visibility in media reports was higher for politicians, authorities and experts than for the company, and that the company formed the focal point of media discourse where voices did not speak to each other. In the context of health communication, Rodin et al. (2019) applied rhetorical arena theory to study the variation of content between Swedish sub-arenas during the Ebola crisis. Their results show differences in tone and content between communication channels following different media logics. For example, news media were more alarmist than Facebook comments.

Institutional crisis communication during the COVID-19 pandemic has been previously studied from a rhetorical arena perspective by Falco (2022). Structured around case studies of three sub-arenas, Falco's (2022: 139) work focuses on the communicative strategies of the WHO, Donald Trump, and Boris Johnson, as well as the public's reactions to them. Through an analysis of metaphors and speech acts, Falco (2022: 155) illustrates how the voices of these institutional crisis communicators "tend to exacerbate, either unintentionally (the WHO and Johnson) or knowingly (Trump's rhetoric), forms of social and cultural stigma, hate and discrimination." This issue is, according to Falco (ibid. 154), a result of a communication crisis created by the circumstances of the COVID-19 pandemic and characterised by the presence of multiple, complex, and at times even contradictory voices in institutional crisis communication. As Falco (2022) points out, (failures in) institutional crisis communication can lead to the creation of sub-arenas where disinformation and discriminatory attitudes are spread. Thus, it matters *who* has the agency to use their voice, and what kind of discourses these voices produce. Against this background, we consider it important to investigate which voices are present in the public communication of the CDC and the Department of State, and the rhetorical and discursive strategies employed by these voices.

3 Data and Method

The data for the study come from a corpus of 393 press releases and guidance documents published by government officials in the United States during the COVID-19 pandemic. We collected documents from the period between 30 January 2020, when WHO declared COVID-19 a Public Health Emergency of International Concern (PHEIC), and 5 May 2023, when it was declared that the virus was no longer considered a PHEIC. These public documents were collected as part of a broader research project from the websites of two government bodies: the Centers for Disease Control and Prevention (CDC), and the Department of State (DoS). The CDC sub-corpus contains 147 documents, while the DoS sub-corpus consists of 247 documents. The DoS corpus also contains releases attributed to the White House, as well as more specialised government entities operating under the Department of State (e.g., the Foreign Service Institute). Due to the qualitative focus of the present study, we chose a random sample of 100 releases, consisting of 50 releases from each sub-corpus. Both authors read through the releases and participated in the analysis to determine that a saturation point had been reached. As the documents were collected in 2023, it is possible that some of them have been modified or removed since their publication, and we do not assume our data to feature all documents released by the CDC and the DoS at the time.

Both sub-corpora contain texts belonging to a variety of genres. In RAT theory, genre is seen as an important parameter which affects the choices made by the voices. Genres are defined as communicative events that share a set of communicative purposes, and texts belonging to the same genre tend to use similar message strategies (Frandsen & Johansen 2017: 150, 153). The DoS corpus features press releases, fact sheets, speeches and remarks, and transcripts of interviews, press conferences and telebriefings. As is to be expected, the majority of the DoS releases focus on the political effects of pandemic, in particular in relation to foreign policy. However, there are also exceptions, such as guidance documents published by the Foreign Service Institute that offer resources for coping with the emotional stress of the pandemic. The genres present in the CDC data are comparable to those in the DoS corpus. The documents included are press releases, transcripts of press conferences, and guidance documents for specific segments of the public (e.g. plain language documents). While the DoS releases focus on political aspects of the crisis (i.e., informing the public of the role that the U.S. has in the global management of the pandemic), the CDC releases focus more on the public health aspects (i.e., informing the public about the new restrictions and recommendations, disseminating the results of latest studies). In the context of RAT, the fact that both sub-corpora fea-

ture transcripts of press conferences, telebriefings and interviews is particularly relevant. Through the presence of such documents, the “outsider voices” of the journalists asking questions are also included in official government crisis communication.

The analysis of the data presented in the following section is based on qualitative discourse analysis; that is, systematically observing, illustrating and discussing particular discourse phenomena in the texts studied (Herring 2004). The analysis proceeded as follows. First, both authors read through the texts and identified social actors (in the sense of van Leeuwen 1996) that were mentioned in the texts. In this context, social actors are understood as the textual instantiations of individuals and collectives. These actors may receive different participant roles, but we argue that referring to them gives them a voice in the rhetorical arena that is formed in the processes of crisis communication. The concept of voice, as pointed out by Prior (2001: 62; see also Bakhtin 1981), is “one way of signalling that language is profoundly and thoroughly indexical – always associated with persons who occupy some social–institutional positions and who engage in certain typical activities”. In our analysis, we understand “voices” as articulations of values, ideas and suggestions produced by actors. We also recognize that the authors of texts strategically select the voices in the texts.

In the next stage of the analysis, we discussed our findings, and identified relationships between the different voices that were present in the data. In the RAT framework, one needs to both identify multiple voices and consider the dynamics between these voices. Using different voices, the crisis communicators can position themselves in relation to the discourse produced in the rhetorical arena – either directly by using their own voice, or by referencing and quoting others see (e.g., Reyes-Rodríguez 2008; Reyes 2011: 20; Iannacone 2021: 4). The focus of our analysis is on the actors and the communicative processes they engage in. From the official context of institutional websites, the voices derive the authority to portray themselves as legitimate, with the right to make claims about the COVID-19 crisis situation. Finally, we examined *how* the voices we identified were used to achieve specific rhetorical aims in the rhetorical arena. To investigate this, we analysed the linguistic and discursive choices made by the voices in their crisis communication, as well as the rhetorical strategies employed.

4 Analysis

4.1 The Multiple Voices of Crisis Communication

To answer our first research question – i.e., whose voices are present in governmental crisis communication on COVID-19 – we identified multiple distinct categories of voices

across the two sub-corpora. Represented categories included the institutional voices of international, national and local authorities, the voices of named crisis communicators, the voices of the media, the voices of industries, and the voices of citizens. These voices could be present in the communication either directly or indirectly. By direct voices, we refer to voices of individuals or institutions who are presented as using “their own voice” and thus as having more agency in how they are contributing to the crisis communication that takes place in the rhetorical arena. Indirect voices, on the other hand, are present when crisis communicators reference or paraphrase the actions or communication of other parties. However, due to the nature of the data – government-published press releases and guidance documents – both types of voices are subjected to government gatekeeping, as they are strategically included and used for achieving authorities’ rhetorical aims (e.g. Hafner & Sun 2021; see also the discussion in section 4.2).

The main crisis communicators in the two rhetorical sub-arenas were the institutional voices of national authorities; namely, the voices of the CDC, the U.S. government, and more specialised government agencies (e.g., the Overseas Briefing Center, the Foreign Service Institute). These voices were not necessarily connected to specific individuals, but rather represented the entire institution – even the entire nation, as in Example 1.

(1) **The United States** and Rwanda have collaborated closely to combat the COVID-19 pandemic and address the economic challenges of the pandemic. **Our support has been a key factor in Rwanda’s success** in vaccinating close to 70% of its total population, making it a leader among Sub-Saharan African countries. (DoS, August 10th, 2022)

Such institutional voices typically highlighted the U.S.’s COVID-19 actions on the national and international levels. While the primary purpose of statements like Example 1 appears to be informing the public about the effects of COVID-19 on international dynamics, they also contribute to managing the public’s impressions of the government. Here, the institutional voice of the U.S. government emphasises the country’s capability in handling the effects of the COVID-19 crisis on the global stage, where the U.S. takes a leading role. Such displays of leadership may, however, also contribute to how the citizens’ view their government. The first-person plural pronoun (“our”), importantly, is used here in reference to a collective, national or institutional identity (e.g., Fetzer 2014; Rääkkönen 2022).

In addition to non-personified voices of national authorities, there were also the voices of specific government representatives, who spoke as individuals, yet represented their institution (e.g., experts and politicians). We define such voices as the voices of named crisis communicators, such as Dr Anthony Fauci in Example 2.

(2) **I made the announcement** on behalf of the President that **we will rejoin WHO, we will meet our financial and other commitments** to WHO, **we will be part of COVAX**, and a number of other things that **will reinstate us** onto the global scene. So **I just wanted to make it clear** that that is a commitment that **President Biden had made** before he became president and inaugurated, and now **we are fulfilling that promise**. So that is something that's very important. (DoS, Dr Fauci, February 12th, 2021)

Example 2 illustrates how crisis communication in the rhetorical arena can utilise the perspectives of multiple voices simultaneously. Dr Fauci begins by establishing his own voice – using the first-person singular pronoun “I”, he references an announcement he has previously made and expresses his personal desire to “make [things] clear”. However, he also uses his voice to represent President Joe Biden (“the President, “he”, “President Biden”); thus, he positions himself as having the authority to relay messages from the President. Finally, Dr Fauci also uses his voice as a representative of the U.S. government, which becomes apparent through the statement of actions that the collective “we” will take (i.e., rejoining the WHO, joining COVAX, fulfilling promises). Through this multivocal statement, Dr Fauci makes visible the relationships between different voices operating in the rhetorical arena – he himself, the president, the government, the nation – and highlights their belonging in a “team” with shared goals (Hafner & Sun 2021: 5).

Individuals and institutions can also have a voice in the rhetorical arena *indirectly* by being given a voice by another crisis communicator. Indirect voices are important in crisis communication because they highlight which actors are seen as relevant in a given context. While the national authorities and the named crisis communicators that represent them use their own voice directly, the voices of other actors, such as international or local authorities, can be present in the discussions indirectly, as illustrated in Example 3.

(3) **The World Health Organization (WHO) yesterday declared a Public Health Emergency of International Concern**. The current epidemic in Mainland China has demonstrated the virus's capacity to spread globally. **CDC is using one of the tools in our toolbox as a way to contain the potential impact** of this novel virus on the United States. (CDC, January 31st, 2020)

While the WHO does not directly have a voice in the CDC releases, the CDC gives the international health authority a voice by referencing their actions. At the same time, the CDC cites the WHO's declaration as justification for their own actions (e.g., Reyes-Rodríguez 2008; Reyes 2011) – the WHO's global authority is thus used strategically as a basis for the CDC to exercise its national authority.

Another central group of voices present in the rhetorical sub-arenas of both the CDC and the DoS were **the voices of the media**. The presence of this group of voices is significant, since the media – alongside politicians – have a key role in shaping citizens' impressions

of the crisis and its handling (Gollust et al. 2020: 969). Since both corpora featured transcripts of press conferences, telebriefings and interviews, the voices of various media institutions and individual journalists were included in the U.S. authorities' crisis communication on COVID-19. Typically, these voices questioned and challenged the government voices, as illustrated in Example 4, but they could also contribute to the rhetorical arena in other ways (see section 4.2).

(4) The origins of COVID. The WHO initial report settled **nothing**. **Let me ask you this**: Do **you** think China does know this answer and they're withholding it? (DoS, Chuck Todd from NBC, April 11th, 2021)

In Example 4, NBC's reporter uses their voice and platform to question the Secretary of State on China's role in the global management of the pandemic, as well as to criticise the WHO. Even though both parties in the interaction represent institutions, the question is framed as coming from one individual to another through linguistic choices ("let me ask", "do you think").

Finally, while the most central voices on both sub-arenas were those of authorities, the voices of citizens, as well as those of industries engaging in actions because of the crisis were also indirectly present, like in Examples 5 and 6.

(5) [The CDC] **created a COVID-19 toolkit** with communication resources explaining in plain language how **people with IDD and caregivers** can protect themselves from the virus. [...] **To develop the toolkit, CDC hosted multiple discussions with adults with IDD and their caregivers**, who were most often family members, and asked them to share **their individual experiences and what they found helpful** in talking about COVID-19 with their loved ones. (CDC, September 1st, 2021)

(6) Both the U.S. Government and **the airline industry** are **committed to making this process as seamless as possible** for the traveling public. These travel requirements will be effective for air travel to the United States from any foreign country departing at or after 12:01AM ET on December 6, 2021. (CDC, December 2nd, 2021)

In Example 5, the CDC demonstrates how it has created specific resources for a marginalised group affected by the crisis – people with intellectual and developmental disabilities. What is interesting here is that the CDC experts have consulted individuals with IDD (and their caregivers), thus bringing their perspectives into the crisis communication taking place in the rhetorical arena and giving them a voice. By sharing this, the CDC also highlights their own awareness of the needs and requirements of different groups and parts of society in the context of COVID-19, which may contribute to the impressions they have in the eyes of citizens. Similarly, in Example 6, the CDC stresses their role as a protector of citizens' interests and includes the voice of the airline industry as their collaborator in making travelling during the pandemic safer for citizens.

4.2 Using Voices to Achieve Rhetorical Aims

In our second research question, we asked how the voices recognized in the data are used by the authorities to achieve various rhetorical aims. According to RAT (Frandsen & Johansen, 2016: 142, 148), actors in the rhetorical arena give a contribution to the crisis when they compete over the right to offer their own interpretations of the situation. The arena is complex and dynamic as actors can enter and exit the arena and communicate to, with, against, past or about each other. Next, we will illustrate the rhetorical dynamics of voices during the COVID-19 crisis on the two sub-arenas in our data. As is to be expected, informing citizens of the development of the crisis, the government's actions, and potential new restrictions, is a central goal for the authorities' communication. However, our analysis also reveals that different voices can be utilised for the purposes of restoring calm, invoking responsibility, creating a sense of agency, and encouraging citizens to follow desired actions. Again, such rhetorical aims can be realised through either the direct voices of the crisis communicators or indirect references to other voices (e.g., Reyes-Rodríguez 2008; Reyes 2011). Giving voice to certain actors while silencing others is a strategic choice from the part of the authorities.

On both rhetorical sub-arenas, the voices of authorities engaged in informing but simultaneously introduced other actors in the discourse to reach additional rhetorical purposes, such as reassurance, as shown in Example 7.

(7) The U.S. Government is relocating **approximately 210 U.S. citizens from Wuhan, China** back to the United States. The Department of State has the lead for ***the safe and expedient ordered departure*** of US citizens. The Department of Health and Human Services (HHS) and Centers for Disease Control and Prevention (CDC) are **collaborating with** the Department of State on the logistics of public health evaluations for every traveler on the flight. HHS and CDC are **working with partners** to ensure that any traveler who develops symptoms during their journey receives appropriate medical care. (CDC, January 28th, 2020)

The information given in Example 7 is rather detailed with the rhetorical goal of restoring calm (see e.g., Wooten & James 2008, 368). The use of adjectives (“safe and expedient ordered departure”) offers reassurance to concerned citizens. Moreover, highlighting the “relocation” as a collaborative effort, adds to the sense of convincing the citizens of the fact that the authorities have the situation under control. However, bad news were also delivered, as in Example 8.

(8) Today's MMWR on SARS-CoV-2 transmission at an overnight camp in Georgia found efficient spread of the virus among campers and staff while noting key steps to minimize the risk for SARS-CoV-2 introduction and transmission in camps **were not strictly followed**.[...] Correct and consistent use of cloth masks, rigorous cleaning and sanitizing, social distancing, and frequent hand

washing strategies, which are recommended in **CDC's recently released guidance** to reopen America's schools, **are critical** to prevent transmission of the virus in settings involving children and are our greatest tools to prevent COVID-19. (CDC, July 31st, 2020)

In Example 8, the authorities provide information of a recent spread of the virus as a warning example and offer their advice while stressing the importance of following the guidance. Still, instead of giving direct orders, they appeal to the audience by invoking a feeling of responsibility ("are critical") for following the guidance. However, imperative forms were also used by the authorities in their instructions, as in Example 9.

(9) **Use active problem solving. Focus on facts and science** to understand the reality of the situation, including the disease and how it is transmitted. **Use and get comfortable with** the various telework tools to keep productive as we look for new ways to work remotely. (DoS, Foreign Service Institute, March 18th, 2020)

Example 9 is part of the "Resilience Resources" published by the Foreign Service Institute on the DoS website. These resources give guidance on how to adapt to the circumstances of the pandemic, providing bullet point lists of concrete actions that, according to their authors, "can help us all better navigate the challenges ahead together". Thus, despite the use of the imperative form, the recommended actions are presented in a way that gives agency to the audience, and a sense of collective identity ("us all") is highlighted.

In addition to the impersonal voices of authority and government, (such as "CDC is aware", "CDC recommends"), politicians and experts sometimes used their personal voice, drawing from identities outside their expert role. This strategy may bring a persuasive tone to the rhetorical arena, encouraging people to desirable behaviour, as in Example 10. It can also be used to highlight government actions in a positive way, as in Example 11.

(10) **As a mom, I encourage parents** with questions to talk to their pediatrician, school nurse or local pharmacist to learn more about the vaccine and the importance of getting their children vaccinated. (CDC, Rochelle Walensky, November 2nd, 2021)

(11) **Studying abroad as a teenager helped me see my own country through others' eyes – a perspective I carry to this day.** That's why, as COVID-19 disrupted global travel, we worked hard to preserve these opportunities to learn and grow together. (DoS, Antony Blinken, November 1st, 2022)

In Example 10, the CDC director Dr Walensky appeals emotionally to parents by referring to her own situation so that they would have their children vaccinated. Again, soft encouragement is used instead of giving strict orders. Similarly, Secretary of State Antony Blinken highlights his personal background in his speech for International Education Week in Example 11, thus humanising the institutional voice of the DoS, and framing

their actions towards mitigating the effects of the pandemic for higher education in a positive way. By referring to their personal roles and experiences, government officials can strategically position themselves as “ordinary members of the public” who are on the same “team” as the citizens (Hafner & Sun 2021: 5).

When it comes to genres, personal voices were typically brought to the rhetorical arena in the telebriefings where journalists asked questions of authorities and experts, as in Example 12.

(12) Hey, **thanks so much for doing this**. And I'll second that **I really appreciate** this opportunity, for **those of us health reporters** to ask you specific questions. I also wanted to ask about the hospitalizations increasing, between kids ages zero to four. Why is that, do you think [...]. And then also, **because we get this question a lot**, can you just clarify [...] Are [the kids] going to the hospital because of severe complications of COVID or are they found just through routine testing [...] Thank you. (CDC, Erika Edwards, NBC News, January 7th, 2022)

In telebriefings, a preferred way for a journalist to start a turn is by thanking the organisers for taking the question. In Example 12, however, the journalist starts by thanking the organisers on behalf of her co-professionals, *health reporters*, for organising the event. In this way, she brings in the voice of a profession which is required to provide answers to questions asked by citizens. In addition to synchronic interaction, such as the telebriefings, thanking is also used by authorities to thank citizens, such as in Example 13.

(13) I would also like to humbly thank **the residents of Barnstable County** who leaned in to assist with the investigation through their swift participation in interviews by contact tracers, willingness to provide samples for testing, and adherence to safety protocols following notification of exposure. (Rochelle Walensky in CDC Media Statement, Friday, July 30, 2021)

In Example 13, Dr Walensky expresses her “humble thanks” to residents who helped the authorities. Being humble is not typical of representatives of authorities, but it may be used as a rhetorical means of encouraging others to follow the example. Finally, in their questions in telebriefings and press conferences, journalists tend to be polite, but can simultaneously bring in a critical voice, as shown in Example 14, where the journalist suggests alternative explanations to the strong recommendations given by the experts.

(14) So **y'all made the strong recommendations** about avoiding Thanksgiving travel very close to the holiday and here we are three weeks and change out from when people will start traveling for Christmas. **Are you coming out today with this language about travel because you missed an opportunity** at thanksgiving to message that sooner? (CDC, Sam Whitehead, WABE, December 2nd, 2020)

In Example 14, the journalist addresses the authorities quite informally (“y'all”), which positions them as equals in the rhetorical arena. The journalist also uses his voice to

bring the citizens' perspective into the discussion by reminding experts of the importance of timing their announcements right.

As the examples discussed show, the authorities operating on the rhetorical arena are rhetorically balancing between different communicative goals, such as giving information vs. restoring calm, or giving recommendations as orders vs. persuading people to follow desired actions. The analysis shows that even though offering facts is in focus, different voices can be strategically used towards other aims as well, such as encouragement and persuasion, even empathy. These results are in line with earlier studies of crisis communication (e.g., Jong 2020: 967), which recommend shaping instructions to the public so that they motivate people and convey urgency but do not frighten the public excessively.

5 Discussion and conclusion

In this paper we have focused on the discursive and communicative choices made in the United States' government crisis communication during the COVID-19 pandemic. We have investigated this government communication through the lens of rhetorical arena theory (RAT). Our paper adds to previous research in three distinct ways. First, it provides a qualitative perspective to the "landscape" of public health communication in the U.S. during COVID-19 (cf. Hwang et al. 2022). Second, while previous research highlights Trump's rhetoric during the pandemic (e.g., Callahan 2021; Gollust et al. 2020), the present study illustrates the multivocality of crisis communication from a broader perspective. Finally, while RAT has been previously applied to discussions on COVID-19 communication in smaller case studies of individual communicative events (e.g., Falco 2022), our research provides a more systematic view into the multiple voices of crisis communication, and their rhetorical and discursive aims, over the span of several years.

In our analysis, we asked whose voices were present in the crisis communication and how these voices were used to achieve the authorities' aims in the rhetorical arena. Thus, we approached RAT from the macro perspective (identification of voices and their relationships) and the micro perspective (qualitative study of texts, genres, and contexts). Our results indicate that the rhetorical sub-arenas formed by the documents of the Department of State and the Centers for Disease Control and Prevention include highly versatile genres and consequently, a wide variety of different voices and actors. The two arenas tend to overlap in terms of genres and voices of authorities, politicians, and media. Still, each sub-arena carries the institutional characteristics of their publishers. While the CDC highlights the voices of authorities and experts offering information and encouraging people to follow their guidance, the DoS brings to the front the voices

of politicians legitimating the role of the United States on the global scene and government decisions in the national context. However, the DoS data also contained some unexpected genres and voices, such as those of the experts of the Foreign Service Institute, who shared advice for coping with the effects of the pandemic emotionally. Ultimately, despite the broad variety in voices, genres and texts, the crisis communication taking place in both sub-arenas is subject to government gatekeeping; the voices who are allowed to represent government institutions are purposefully chosen and the rhetorical strategies that are employed are carefully formulated (cf. Hafner & Sun 2021: 2).

RAT offers a way to study how stakeholders, even individuals who are not officially in charge but have a strong and credible presence, a voice, enter the rhetorical arena and function there. In our data, this was illustrated by the presence of journalist voices, who, through their (often critical) questions and comments, contributed to their own rhetorical aims in both sub-arenas, also voicing citizens' concerns. At the same time, the ways in which authorities engage with and strategically utilise the voices of the media play an important role in government crisis communication (Hafner & Sun 2021). The journalists' voices, even when critical, can be used by the authorities to create positive impressions of their crisis management; for example, publishing the press conference transcripts with journalists' questions included can contribute to an impression of transparency, and function as a way for authorities to respond to criticism and address citizens' concerns.

While the two sub-arenas we studied were central to the government crisis communication in the U.S, they lack the direct voices of citizens and interest groups. They also do not feature critical political voices, opposing views, disputes or the interests of different political parties. Such voices were present during the pandemic in other arenas in online discussions, social media platforms and different media outlets with an audience of their own. In other words, it can be hypothesised that the sub-arenas we looked at were meant to be available to all citizens and were used as information sources by other sub-arenas where their contents may have also been criticised and contested.

RAT has enabled us to illustrate how two overlapping but also different social spaces surrounding the COVID-19 crisis have emerged, and where certain voices dominate over others. The study is, however, limited by its focus on official government communication channels only, which leave out more dialogic aspects of COVID-19 communication, in particular the citizens' voices. While citizens' actions in the crisis were sometimes referenced by government officials, their voices were only indirectly present, while the voices of authorities and politicians were centred. Indirect citizen voices were utilised by other voices as a rhetorical strategy that highlighted desirable actions (e.g., complying with

restrictions), but the citizens themselves had no real agency to affect their representation. The voices of counter publics formed by citizens and interest groups would be a fruitful further avenue of study in the U.S. context. We have, for example, collected citizens' comments from CDC's Instagram page, which will be investigated in another paper. Further studies could also focus on the networks of different voices in more detail; how these voices intertwine and speak to and past each other. Finally, whereas the present study has focused on government bodies operating on the federal level, a comparison of state-level sub-arenas could offer a different picture of prioritised responses and actions during the pandemic.

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