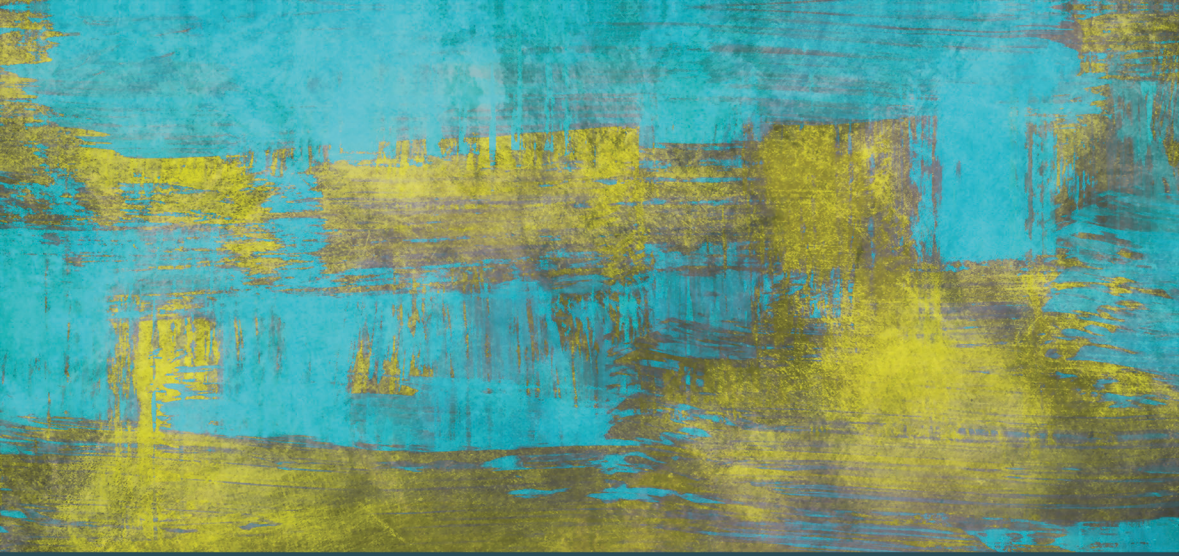
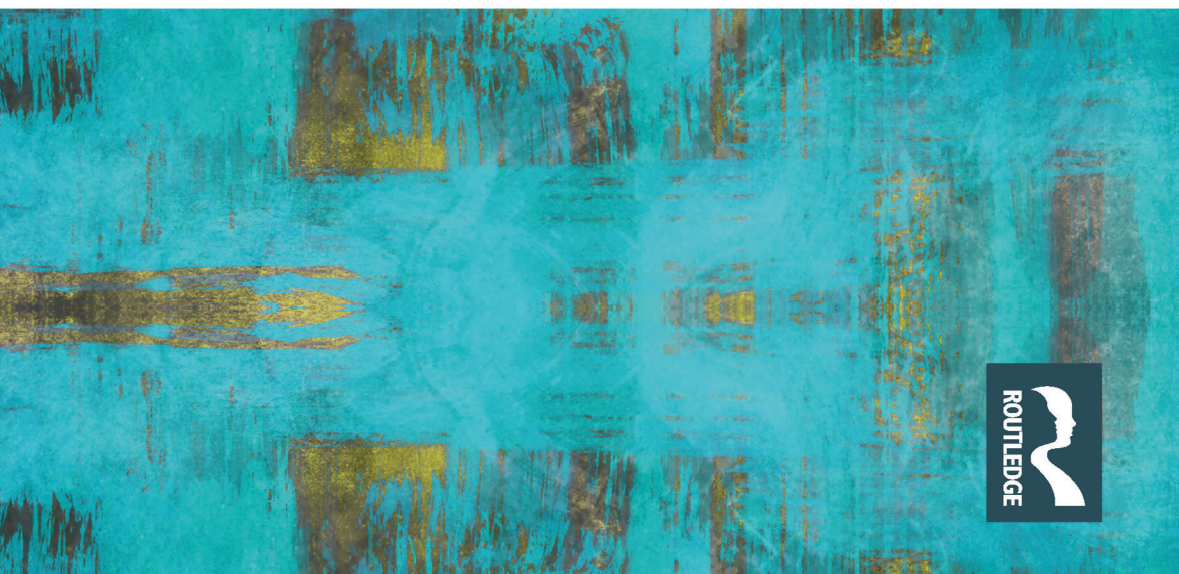


Routledge Studies in Language, Health and Culture

HEALTH CRISIS COMMUNICATION

MULTIMODAL CLASSIFICATION FOR PANDEMIC PREPAREDNESS

Sheng-Hsun Lee



ROUTLEDGE

Health Crisis Communication

Sheng-Hsun Lee develops a new way of understanding public health crisis communication through the lens of multimodal classification. He draws on examples from COVID-19 press conferences in Taiwan and public online comments to outline multimodal classification as sorting pandemic phenomena into categorical types.

Lee argues that when public health officials classify health crisis phenomena into categories, they also set parameters for official responses and shape public perceptions of a crisis. He illustrates the argument by examining Taiwan's initial successes in keeping most infections at bay and subsequent challenges of obtaining enough vaccines for international border reopening. The successes and challenges are closely linked to multimodal classification, which includes using speech, gestures, and objects to make some categories travel broadly and impede the circulation of other categories. The book discusses a wide range of crisis categories from the three dreadful first times—the first confirmed case, the first community-acquired case, and the first death—to the politicized debate over vaccine brands. Lee emphasizes the importance of understanding how crisis categories are produced, circulated, and received. The comprehensive coverage looks beyond initial responses to the COVID-19 pandemic and outside English-dominant places to redefine effective public health messaging. Based on the findings, the book highlights implications for communicating official messages and offers a list of ready-to-use strategies for updating existing guidelines on public health communication.

The book is an essential read for public health practitioners, researchers, and advanced students in discourse analysis and public health communication.

Sheng-Hsun Lee is a Lecturer in School of Languages and Cultures at the University of Queensland. He researches health communication and language acquisition. His research has been published in international journals such as *Applied Linguistics* and *Language in Society*.

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This series has several distinctive features. First, it investigates health communication through linguistic lenses. The contributions introduce the readers to a range of linguistic approaches, including, but not limited to (critical) discourse analysis, sociolinguistics, multimodal analysis, corpus analysis, and conversation analysis. Each volume draws on authentic empirical data from a range of healthcare contexts, going beyond the traditional doctor-patient encounters and expanding the focus of inquiry.

Second, the series focuses specifically on contexts outside of the mainstream English-dominant healthcare contexts, encouraging proposals from contributors working on healthcare communication in Asia-Pacific, South America, and continental Europe.

Third, some contributions focus on multicultural and multilingual healthcare encounters, thus making the series of relevance to a broad readership around the world.

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Health Crisis Communication

Multimodal Classification for Pandemic Preparedness

Sheng-Hsun Lee

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To Ching-Hui Wang and Jung-Hua Lee

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Finally, I must give my deepest gratitude to my parents, Ching-Hui Wang and Jung-Hua Lee, for their love and support.

Acronyms and Abbreviations

AIT	American Institute in Taiwan
BNT	BioNTech or Pfizer-BioNTech
CDC	Centers for Disease Control
CECC	Central Epidemic Command Center
DPP	Democratic Progressive Party
IDAS	Infectious Disease Announce System
ICD	International Classification of Diseases
KMT	Kuomintang, also known as Chinese Nationalist Party
LIMS	Laboratory Information Management System
MCA	Membership Categorization Analysis
PCR	Polymerase Chain Reaction
TSMC	Taiwan Semiconductor Manufacturing Company
WHO	World Health Organization

Transcription Symbols

The following conventions were adopted in transcribing and presenting interactional data in this book. For detailed descriptions of the features, see Du Bois et al. (1993).

=	lengthening
-	truncated word
--	truncated intonation unit
[ ], [[ ]], [3 3]	speech overlap
..	short pause
…	medium pause
(N)…	long pause
,	continuing
.	final
<A A>	rapid speech
<F F>	loud
<L L>	slow speech
<P P>	soft
<HI HI>	higher pitch
<RH RH>	rhythmic
<TW TW>	Taiwanese Minnan
<MRC MRC>	each word distinct and emphasized
( )	vocal noise
(TSK)	click of the tongue
(THROAT)	cleaning throat
(( ))	transcriber comment
@	laughter
X	indecipherable syllable
Multimodality	speech co-occurred with multimodal signs

1 Introduction

1 那名台商是重症還是輕症？從臨床判斷。
'Are the Taiwanese businessperson's symptoms severe or mild, clinically diagnosed?'[1]
2 我們今天公布的這兩個確診的案例是不是代表有社區感染？
'Do the two confirmed cases that we announced today indicate that there is community infection?'
3 我國目前的疫情大概是處於圍堵期還是已經進入了減災期？
'Is the pandemic status of our nation roughly in the containment phase, or has it already entered the mitigation phase?'

Throughout the COVID-19 pandemic, health officials in Taiwan held regular press conferences to communicate with the public about the pandemic situation and offer official responses. During those conferences, journalists often asked the officials classification questions. Such questions required the officials to explain what categories most appropriately described concepts such as virus, disease, patient, vaccine, community, and pandemic. These categories occasionally existed in pairs, as in 'severe or mild.' They also sometimes appeared in singular form, as in 'community infection.' In both formats, the journalists essentially circumscribed officials' responses by forcing the officials to explain the relationship between the categories and crisis circumstances. However, these categories were not merely descriptive labels. They also carried with them inferences and implications. For example, public fear was likely to intensify if the category 'severe' was used to describe the impact that a novel communicable disease could have on human bodies. The category 'community infection' implied that the outbreak was still controllable, but a declaration of 'community spread' across nations might have triggered the World Health Organization (WHO) to declare the virus a public health emergency of international concern and characterize the outbreak as a pandemic. Similarly, the categories 'containment' and 'mitigation' conveyed different degrees of control that the government had over the outbreak. All of this suggests that there are consequences for selecting categories from a system and using the categories to describe a person, situation, or object. At times, it can be as trivial as

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requiring officials to elaborate on their criteria for classification. In other cases, the consequences can be as serious as a travel ban imposed by other nations or an investigation launched by the WHO, which can hurt a country's international image and economic activity. The stakes are high.

In *Health Crisis Communication*, I examine this central practice of public health communication by teasing apart the multimodal features of classification and theorizing classification in the course of crisis management. I draw on examples of COVID-19 press conferences in Taiwan to illustrate different aspects of pandemic-related classification. A research assistant and I began collecting videos of Taiwanese COVID-19 press conferences in early 2020. During the initial phase of data collection, we were not aware that we were documenting what would come to be a prolonged period of grappling with new norms and expectations. Achieving even a modicum of stability during the pandemic required constant shifting in response to the evolving pandemic situation. What worked one day could be overthrown by tomorrow's virus variant. The press conference became the epicenter of announcing and disseminating these changes. Tensions flared during the conferences, particularly between health officials and journalists, when one side saw the changes as inconsistencies but the other side regarded the changes as exigencies. Conference interaction became confrontational in the democratic society of Taiwan, where journalists have the authority to speak on behalf of the public and hold the government accountable for its opinions and actions (Clayman, 2002; Liu, 2024). During the COVID-19 pandemic, advancements in live-streaming technology on social media exposed these unsettling moments.

As we witnessed these changes, my research assistant and I kept extending our data collection plan to cover a broader time scope beyond the initial outbreak. Every time we decided to extend data collection for another year, we earnestly hoped that it would be our last extension and that life would soon return to its pre-pandemic normalcy. Yet regular COVID-19 resurgences dashed our hopes. Rather than be consumed by desperation, we turned the data collected from 2020 to 2023 into a database that we used for longitudinally tracking the ups and downs of health crisis communication. The database comprises hundreds of hours of press conference footage, millions of public online replies to the footage, and multimedia of health officials reflecting on the crisis. In retrospect, the data that we amassed are emblematic of this era of contingencies, uncertainties, and hopes, as new classifications were regularly introduced to promote official perspectives and shape the public imagination of the crisis.

This extraordinarily rich database has enabled the analysis seen here—an analysis that brings to light the intricacies of public health messaging. First, the book analyzes the multimodalities of classification. That is, it invites readers to consider the orchestration of language, gestures, placards, and eye gaze carried out by Taiwanese health officials as they crafted public health messages.

Second, the analysis engages with and expands upon the growing body of literature on COVID-19 discourse. Discourse analytical research on public