

Robert Younger

Statement of the Problem

Public attention in the last few years has often focused upon health safety, most particularly on the safety and security in the wake of the SARS-COV2 pandemic starting in Wuhan, China sometime in the fall of 1999 or early winter of 2020 (Krammer, 2020; WHO (2020 March 11). Countries throughout the world, including the United States, responded by developing vaccines and mandating personal and societal protective measures such as restricting social movement and wearing masks to lessen the opportunity for respiratory virus transmission (Taylor & Asmundson, 2021).

Government officials and particularly health officials such as Dr. Anthony S. Fauci, former head of the National Institute for Infectious Disease (NIAID, n.d.) and then Chief Medical Advisor to President Biden (White House, 22 August 2022), became focal points of agreement and disagreement about healthcare in this pandemic. Given the importance of trust and reputation, especially in healthcare (Edelman, 2023b), this content analysis study examines how Fauci's reputation as a trusted source of medical information and direction became intertwined with the social and political winds from before, during, and the long-delayed after of the COVID pandemic, noting that as of this writing a new strain, Eris, of the virus emerges (Parums, 2023).

Ultimately, the goal of content analysis of Dr. Fauci's reputation through the diachronic time of this crisis may lead greater knowledge of how the heads or representatives of government, writ large, and particularly representatives of health and science can continue to be influential with patients and the public at large (Edelman, 2023b). The voluminous literature on patient – provider relationships highlights communication as a crucial factor in successful outcome in healthcare, whether in chronic disease such as cancer (Kreps & Neuhauser, 2010) and potentially even more importantly in fast moving infections such as COVID19 (Paul, Steptoe, & Fancourt, 2021).

Literature Review

Reputation management in healthcare.

Reputation management in healthcare would seem to be particularly salient and powerful given the relationship between information, patient/consumer and provider communication, and effective outcomes. To use infectious disease as an extended example, rates of historical human killers such as contact with organisms such as diphtheria (CDC, n.d.) and cholera have declined while other causes of death such as heart disease and cancer (Woolf, Chapman, & Lee, 2021)—at least in the United States—have increased. However, in early 2020 COVID-19 infections appeared in the United States, with accompanying behavioral and biomedical requirements and restrictions, again bringing infectious disease to the forefront of the public's concern. This novel infection and attendant requirements heightened the importance of reputation for healthcare advisers and practitioners in people's daily lives.

As the twenty third annual Edelman Trust Survey outlined (Edelman, 2023a), trust in institutions of all types--government, the media, and particularly politicians and the court system—has declined rapidly over the past few years. Healthcare seems to maintain more trust than other institutions (despite public controversy over the COVID-19 developments). What happens when that trust is violated, or using a cocreational perspective, how can the violations of trust, such as when Americans question, doubt and then perhaps dismiss healthcare leader's reputation be overcome and preserved for healthcare advisers and, by extension, providers?

Reputation and Its Discontents in Healthcare and Healthcare Providers

This study examines reputation and its repair in healthcare, including Reputation refers to the entire sum of perception while image concentrates on more visible aspects of the person or organization being evaluated.

Reputation in healthcare. Differing perspectives in health and healthcare intertwine both responsibility for health and its development with who is responsible for providing the care enabling restoration to health (and more than the absence of disease). Similarly, who is responsible for maintaining health? Is the individual responsible for one's own health? And how much responsibility does a healthcare provider assume when providing care, especially since people may attribute their good health to personal habits or "good genes" but blame healthcare and healthcare providers for "bad health," and example of the fundamental attribution error. Regardless of what or who is responsible for health, according to a special report by the Edelman Trust Barometer (2023b) the American public finds increasing disparity between the need for good health versus its ability—decreasing 14 percent, from 38 to 52 percent—in one year. It seems that Americans want good health but are skeptical on their ability to achieve it.

Reputation by healthcare providers may depend in large measure by the systems and providers' ability to "provide" high quality healthcare, presumably leading to good health. Enhancing reputation would seem to require knowing what patients desire and how those desires can be met. A cocreational perspective would seem more likely to lead to this goal than an instrumental approach.

Repairing trust and reputation in healthcare. The 2023 Edelman special report on trust and health (2023b) identified four factors impacting trust in what was described as a fractured healthcare system. These include economic fears, the primary societal stressor in healthcare, increasing as income decreases. Polarization and its drivers include distrust of the media, sense of unfairness and distrust in the healthcare system. Dispersion of authority leads to reduction of belief in the archaic authoritarian medical model of care and responsibility for outcome. And finally, trust and the empowered patient constitutes the most a apropos factor in the system as people know more about health and healthcare than ever before, comparing outcomes. And they want to be treated as equal partners in this important arena.

"Repairing" each of these factors would seem to be multifactorial, especially since cost by and large is a societal issue as the government and employers cover most healthcare expenses. Similarly, the perception of unfairness would also likely be a societal factor. The last two factors—dispersion of authority, with attendant changes in responsibility for health and empowering patients. Also, increasing patient responsibility for outcome may lead to a cocreational perspective.

Salience of the topic revisited—misinformation and other effects. I posit that credibility of the source to identify threats and how they can be eliminated or ameliorated is central to establishing and maintaining effectiveness. Kjeldsen, Ihlen, Just, and Larson (2022) point to how credibility is negotiated in mediated conversations on COVID. Who speaks with an expert voice? Trust is intimately associated with credibility (Ding, 2021) and both probably are necessary but not sufficient conditions for any public official to be effective in their role speaking of science and healthcare. Smith and Wanless, (2020) recently describe the process of dealing with information as "unmaking the truth." The effects of misinformation can be devastating (Clemente-Suárez, Navarro-Jiménez, Simón-Sanjurjo, Beltran-Velasco, Laborde-Cárdenas, Bustamante-Sánchez, Benitez-Agudelo. & Tornero-Aguilera, 2022; Rocha, de Moura, Desidério, de Oliveira, Lourenço, & de Figueiredo Nicolete, 2021). Examining tweets concerning a specific official may shed light on that truth.

Operationalizing trust and subsequent reputation in Dr. Fauci as a public health official. To operationalize a very public, national health advisor's reputation presumably based on the science and practice pronouncements may lead of Dr. Fauci, advised the government, healthcare organizations and everyday persons to mask up, avoid others and in many cases delay important activities. In this case perhaps he provided healthcare, gaining notoriety and, in the view of some critics, infamy through this advice. This study employs quantitative and qualitative methods or mixed methods to examine Fauci's reputation over time as he proffered advice, direction, engendering political and more broadly, public, support and detraction.

Most importantly, I developed this topic because in the age of social media reputation management has become increasingly important, including the typology of character attacks as well as the strategies to overcome them (Benoit, 2020; Benoit and Stein, 2021; Coombs & Holladay, 2019; Coombs & Tak). Furthermore, we live in an age of miscommunication and at times “fake news,” where the consequences of false or incorrect information can be devastating, perhaps most so when healthcare workers are attacked (Mello, Greene, & Sharfstein, 2020; van Stekelenburg, De Cauwer, Barten, & Mortelmans, 2023)

This study potentially and incrementally could increase understanding and efficacy of how reputation in healthcare, and particularly healthcare leaders, may communicate with their publics (patients/potential patients, policy makers, government officials among others; Botan & Sommerfeldt, 2023).

Research Questions

This correlational study does not hypothesize time-dependent or event-dependent changes in Fauci’s reputation in the COVID pandemic. His reputation could change, to use a biomedical analogy, based on the “natural course” of a pandemic or perhaps through external factors such as the announcement and subsequent availability of vaccines, among other events. I do not hypothesize causality but using quantitative and qualitative content analysis determine whether his reputation changed during the course of these three years with the hope that the results may yield suggestions for reputation management by future healthcare leaders when the inevitable infectious disease strikes (Fauci, 2022). Specific research questions are as follows:

RQ1: What demographic characteristics were evident in posts for Dr. Fauci for

RQ1a. Sources of posts

RQ1b. Responses to originating posts

RQ2. What themes were identified in Fauci posts

RQ2a. Supportive posts

RQ2b. Denigrating posts

RQ3. What types of character attacks or reputational attacks can be identified and described (using Coombs, 2020).

Method

I began by comparing previous codes and codebooks for Fauci and COVID-19 content analysis studies (Ding, 2021; Hughes, Miller-Idriss, Piltch-Loeb, Goldberg, White, Criezis, & Savoia, 2021). However, I dropped these codebooks as they more assessed vaccination and did not seem particularly applicable to this reputational study. Instead, I compared manual coding with computer assisted content analysis (Soratto, Pires, & Friese, 2020). I used the comprehensive text analysis Linguistic Inquiry and Word Count software (LIWC-22), originally developed by Pennebaker in 1999, and updated thereafter (Kane & van Swol, 2022), which is also widely used in content analysis. To enhance comparison of this data set to that used in other COVID-19 studies, I selected Atlas.ai, another widely used program in automated content analysis program (Soratto, Pires, & Friese, 2020) to compare with manual coding. For background, automated content analysis enables the collection and analysis of large data sets of communication. Therefore instead of a prior coding I chose computer assisted coding using Atlas.ai (Soratto et al., 2020) and my manual comparison.

Study Design

This is correlational study comparing news media reports for Anthony S. Fauci, MD, for some of the newspapers with the greatest number of subscribers in the United States during the time of COVID recognition, around January 2020, until just after declaration that the virus was no longer a health emergency in May 2023. Approximately 150 news reports over that time period were sampled for national and regional papers, including national papers such as the Wall Street Journal, New York Times, and USA Today, while regional newspapers included the Los Angeles Times, New York Post, Tampa Bay Times and Chicago Tribune. The Washington Post may represent both a national and a regional readership.

Rationale for Methods

Trustworthiness would seem to be a sine qua non for healthcare, and in the absence of direct measurement of consumer's views of healthcare advice and treatment then news reports may offer a perhaps corresponding view of that trust (Ding, 2021; Edelman, 2023; Sanders, 2023 May 8). Trust in Dr. Anthony Fauci has been mentioned as a reason for rejecting behavioral prescriptions such as social distancing and mask wearing. Addressing views toward Dr. Fauci while he was in the position as the head of a federal government research organization (National Institute of Allergy and Infectious Disease) and later as Medical Officer to the President may provide means for subsequent healthcare messaging in the inevitable infectious healthcare crisis.

Sampling

An obvious limitation of the 150 news reports convenience sample is that these articles and posts represent journalists', and sometimes subscribers', views of Dr. Fauci. In this sense they may not represent the population of articles and opinion throughout the United States. Even social media samples, a direct representation of the American population views, can be biased by who uses what media (Campos-Castillo, & Laestadius, 2020). The eight newspapers were listed above, ranked in order of readership, with the exception of the Washington Post, which ranks fourth.

Coding and Analysis

The study uses both textual and thematic analysis; that is, the words themselves and well as the themes derived from the words. Textual analysis was displayed by frequency tables using Pennebaker's Linguist Inquiry Word Count-23 software (LIWC-23; originally from Pennebaker, Francis & Booth, 2001) while thematic analysis with manual coding initially familiarized the researcher with the thematic results. Earlier, I attempted to obtain social media using Twitter or X, but it was not available and therefore newspaper articles served as the sample. A widely used automated content analysis program, Atlas.ai, scored the sample, which the author compared to the manual a prior codebook and scoring. The prior a prior code book was scrapped in favor of the automated Atlas.ai program as the earlier studies often focused upon vaccines, which were only a part of consideration of Dr. Fauci and his reputation.

Results begin with the textual analysis using the LIWC-23 program, including descriptive statistics and a word cloud, followed by theme analysis.

I randomly sampled 150 news reports from the eight most popular newspapers, attempting to represent both national and regional readers. Some newspapers yielded more articles on certain themes due to the nature of their readers (i.e., Washington Post with more “political” articles). If saturation of a theme is encountered in a given paper, then I may move to the next selected article within that paper’s sample of articles. Automated selection of articles was dependent in part on the software used by George Mason University’s library as well as the number of articles available for coding.

Results

The purpose of this study was to examine newspaper content regarding Anthony Fauci from the recognition of COVID-19 as a worldwide threat, January 2020, until it was declared no longer a pandemic, May 2023. As the Director of the National Institute of Allergy and Infectious Diseases for 36 years and the Medical Advisor to President Biden, he was intimately involved in healthcare policy regarding infectious diseases and particularly COVID-19. He retired from government service at the end of December 2022.

This correlational study did not hypothesize time-dependent or event-dependent changes in Fauci’s reputation in the COVID pandemic. His reputation could have changed, to use a biomedical analogy, based on the “natural course” of a pandemic or perhaps through external factors such as the announcement and subsequent availability of vaccines, among other events. Again, I did not hypothesize causality but using quantitative and qualitative content analysis determine whether his reputation changed during the course of these three years with the hope that the results may yield suggestions for reputation management by future healthcare leaders when the inevitable infectious disease strikes (Fauci, 2022). Specific research questions are as follows:

RQ1: What type of newspaper article (e.g., news article, opinion, letter to the editor) carried Dr. Fauci as a primary topic.

RQ2. What themes were identified in Fauci posts.

RQ2a. Supportive posts.

RQ2b. Denigrating or negative posts.

RQ3. What types of character attacks or reputational attacks can be identified and described (using Benoit and Stein, 2021 in Image Response Theory and Coombs, and Tachkova, 2023 for moral outrage).

Organization of Results

I present the results first verbally, that is, listing each research question, and outcomes, as in Research Question 1 (RQ1) the type of posting, as shown below. Secondly, I present data numerically with descriptive statistics, as in the frequency tables and visualization using word clouds. And finally, I use thematic analysis to identify themes in various domains for Dr. Fauci and propose the types of character attacks or reputational attacks.

RQ1: Identification of Type of Newspaper Article by Frequency

The results indicate that almost two thirds of the one or two paragraph postings with the subject Anthony Fauci (selected to make a complete thought) were identified through placement in the news or general contribution area of the newspapers. However, 47 fell into other categories, often described so as to separate themselves from other types of content, such as “podcast column,” which was found once. Eight other identifications were found once. The author could not determine the type of content for seven entries, which subjectively seems to be remarkable.

Self-Identified Type of Newspaper Posting

Analysis	3
News/Article	96
Article Politics	1
Article Sports	1
Briefing	1
Guest Essay	1
Interview	1
Opinion	17
Opinion Letter	1
Opinion Podcast	1
Perspective	1
Podcast	7
Podcast column	1
Unknown/undetermined	7

RQ2: Themes Identified in Fauci Posts

Textual Analysis

In this textual analysis individual words are the unit of analysis. I describe the results verbally and present the textual analysis using frequency tables and a word cloud. The 40 most frequently mentioned words are shown below in Table 2 and in the word cloud in Figure 1. The search term “Anthony Fauci” with these eight primary American newspapers yielded 1677 unique words, and the large majority of the postings included Fauci’s first and last name, which would be expected using “Anthony Fauci” as the search term in the George Mason University library’s eight selected newspaper database for the January 2020 to May 2023 time frame. His title of “dr” was mentioned 105 times, the third most frequent word, following “fauci” (183) and anthony (117). Frequencies quickly dropped to 60 with a long tail of low frequency words.

To summarize by textual content, these results indicate that Dr. Fauci was the focus of the newspaper articles, followed by his title, “dr.” Word frequency then quickly turned to the virus and the pandemic as subject areas, followed by references to the breadth of concerns, as with terms “national,” “told” and “united.” Perhaps surprisingly, terms for former president Trump and current president Biden were found at the 32nd and 39th frequency, indicating that these two figures were not the primary concern of these newspaper articles, at least by frequency of inclusion.

Table 2

Top 40 most frequent words of 1677 unique words, selected to include current and former presidents.

Word	Frequency
fauci	183
anthony	117

dr	105
said	60
infectious	58
national	45
diseases	41
pandemic	38
coronavirus	38
institute	37
director	31
top	29
covid-19	29
allergy	28
expert	28
president	26
health	26
disease	21
nation	21
country	19
states	18
house	17
people	17
public	17
white	17
told	16
vaccine	16
medical	15
monday	14
adviser	14
government	14
trump	14
tens	13
united	13
thousands	13
sunday	13
biden	13
chief	12
day	12

Figure 1

Word Cloud Frequency of “Anthony Fauci” for Newspaper Postings from January 2023 to May 2023

Diversity and Society	163
Expertise	57
General	128
Politics	133
Values	110
Workforce dynamics	43
Wuhan Lab	7

RQ3: Types of Character Attacks or Reputational Attacks Identified and Described

RQ3 concerned Dr. Fauci’s attempt at reputation repair or at least to defend himself in the face of name calling, motivation questioning, and challenges, such as Senator Rand Paul, also a physician, questioning Fauci’s credibility and trustworthiness. Dr. Fauci forcefully confronted Senator Paul in one senate hearing, when Dr. Fauci reportedly called another senator a “moron” in a not-so-dead microphone. In one article, “Dr. Anthony Fauci and Sen. Rand Paul renewed their feud during a congressional hearing Tuesday, and this time the presidential medical adviser went on the offensive. Fauci accused the Kentucky Republican of endangering his life by repeatedly attacking him for political reasons, and even fundraising based on his stance against the renowned infectious disease expert. Paul’s website calls for Fauci’s firing.” These attacks on credibility and trustworthiness were addressed by Dr. Fauci by attack.

With the additional attacks and corresponding defense, Fauci asserted that he was only “following the science,” and on other occasions labelled misinformation toward biomedical research (and himself), asserting that following these “prescriptions” saved millions of lives through vaccinations and behavioral restrictions.

In summary, it appears that Dr. Fauci used apologia and in at least one case resorted to attack to discredit his opponents. In the Senator Paul exchange, he accused the senator of placing him and his family in danger by “kindling the crazies” (Finn, 2022, January 11).

The following themes and description illustrate both RQ2, positive and negative comments, and RQ3, character or reputational attacks.

Theme 1: Communication (frequency 100). This theme encompasses general information about Dr. Fauci, such as his early years at NIH and mentoring by Dr. Sidney Wolff, an early director. It seemed to overall be more benign than the more critical or laudatory articles.

Theme 2: COVID-19 (179). The COVID-19 theme seemed to be more straight forward than other themes, often providing Fauci’s reporting of virus rates, such as the rate of infection increasing in spring 2020 but also in May 2020 with a CNN interviewer, “I think we’re heading in the right direction” which did not mean “total control” over the virus. Illustrating the complicated nature of coding, this quote was also coded for COVID-19 Pessimism and under the Diversity and Society theme, uncertainty and pessimism subthemes.

Theme 3: Diversity and Society (163). This category or theme, which holds the second largest number of codings, includes a variety of subthemes, such as aging, differing perspectives on the virus, and criticism. For example, one July 2020 New York Times reader opinion piece advocated: “It’s Time, Dr. Fauci. A reader calls on the infectious disease expert to speak up and to resign from the president’s task force.” The Diversity

theme also included various perspectives on criticism, such as resigning as well as “calling out” President Trump for what was termed misinformation.

Theme 4: Expertise (57). Dr. Fauci was almost uniformly acknowledged as a world expert on AIDS, and then COVID-19. For example, the follow quote acknowledges expertise, longevity and handling the pandemic, “Today, we speak with Dr. Anthony S. Fauci, the nation’s leading expert on infectious diseases, about his experience in the trenches of the government’s response to the coronavirus crisis. Dr. Fauci has had a long career as a public servant and has advised presidents of both parties during previous pandemics.”

Theme 5: General (128). General comments referred to “how things work” in Washington, DC, and in the government/politics, but often included other categories such as social media and general media. The following February 22, 2023, comment in a Los Angeles times opinion piece said a Fox News host could, “Cause a stir, get a TV show; 'Five' co-host Jesse Watters given own Fox News slot after anti-Fauci comments.”

Theme 6: Politics (133). This theme included the subtheme of division in the country. One opinion writer opined that you knew whom “you voted for” by whether one favored or disagreed with Dr. Fauci and his positions. Politics also included personal attacks, rather famously as in the waning days of the 2020 election, when then President Trump called Fauci “an idiot” and that “people were ‘tired’ of hearing about the virus and wanted to be left alone.” In another, pointed criticism, “email correspondence from the early days of the pandemic have ignited a spate of recriminations over masks and the doctor’s celebrity. But what really matters is that some of the emails raise more questions about the origin of Covid-19.”

Theme 7: Values (110). The Values theme included some communication and general themes, as well as the career development of Dr. Fauci through the Dr. Sheldon Wolff introduction. That particular item was also found in the Influence Career and Workforce Diversity comments. Other Values items include reflection on Dr. Fauci for his many years of government service and the opportunity to serve humankind.

Theme 8: Workforce Dynamics (43). This theme included an article which indirectly acknowledged aging by Dr. Fauci, comparing the age of the federal government workforce with the age of workers in society at large. One article was incorrectly sampled, and its information has been deleted from the analysis.

Theme 9: Wuhan Lab (7). This theme centered around the origins of the virus, and a few newspaper articles specifically mentioned that Fauci approved “gain of function” research, which possibly helped the Chinese virology lab in releasing the virus or causing it to be released. When a FOIA request of Fauci emails yielded what some saw a downplaying of the Chinese lab in production or release of the virus then that indicated for some a possible cover up.

Discussion

Summary

To consolidate the three research questions and findings, perhaps the most important was the singularity of focus upon Dr. Anthony Fauci during this time of COVID-19 pandemic, even after he left office. He was almost uniformly acknowledged as a world health expert first in HIV in the 1980s, to SARS in the 2010s, and then early in 2020 to SARS-CoV2 infection progressing to COVID-19. However, that expertise and laudatory public service of 38 years and seven presidents as NIAID director was at least in part undermined. He became the face of the pandemic with anger, attitudinal and contrary behaviors for some to vaccination mandates and behavioral restrictions such as social distancing and school closures. This study identified the types of positive and negative themes for Dr. Fauci and suggests how to identify negative themes for future health and healthcare

scientists and communicators, how to build positive regard and reputation, and how to reduce the possibility of character attack in future health infections and emergencies.

This content analysis study investigated newspaper articles mentioning Dr. Anthony Fauci during his term as Director of the NIAID and shortly afterwards for COVID-19 newspaper articles, focusing upon content which included his name in select paragraphs. The purpose of the study was to elucidate the types of newspaper articles mentioning Dr. Fauci, what positive and negative content was shared, and finally, how he responded to these at times attacks using a reputation management perspective.

The first research question concerned Anthony Fauci COVID-19 newspaper content from eight of the largest subscribed U.S. newspapers. I found that two-thirds self-identified as news articles, as well as many other types of articles. I could not identify the type of article for seven of these 150 articles. In summary, 14 categories of newspaper articles seems remarkable. Perhaps it is a comment upon the fractionalization of the “newspaper” industry and content creation in general. As this content was reported in formal newspaper postings, then it speaks to breadth of the types of content created concerning Dr. Fauci and the need for public health officials to be aware of the types of publics (Botan, 2017) which may be attending to health communication.

The second question concerned Dr. Fauci’s positive and negative comments in these newspaper articles. Generally, positive reflections centered on Fauci’s exemplary long years of public service as well as expertise stemming from that service. COVID-19 and past work on AIDS and work history also reflected positively on him. Negative reflections concerned the need for COVID-19 restrictions, vaccinations, and Dr. Fauci’s presumed seeking aggrandizement or personal desires to receive publicity. A few comments were deeply and directly insulting, such name calling (“an idiot,), his needing to retire due to age, and allegations of lying or misleading the public and/or lawmakers.

The third question formed around character or reputation questions toward Dr. Fauci. Besides the negative information mentioned above, he often responded by pointing to past accomplishments, the need to “follow the science” or seek objective bases of decisions, as well as good intentions (saving lives) and occasional name calling directed to his accusers. In one case inferred that a senator “kindle the crazies” (Finn, 2022, January 11).

Limitations

Sampling

This convenience sample of newspaper reports may neither represent the public at large nor portions of the public, those who may be underrepresented as readers of newspaper articles. More direct measures of public perception, such as social media, may have provided more direct information of their knowledge, affect, and behaviors. In addition, racial and ethnic digital factors divide COVID-19 social media postings (Campos-Castillo and Laestadius, 2020) and may apply to these newspaper articles. Social media has been shown to be used differently by different groups and this may apply to those responding to the news in general. How accurately journalists reflect popular perspectives is a separate question.

The content in this content analysis study was derived from newspaper articles and not directly from non-paid contributors or consumers, although the line between “professional content,” such as employed authors or journalists, and other content creators probably is blurred. Citizen authors (not identified as professionals) increasingly provide content, as indicated by the variety of opinion-related and even sports articles mentioning Dr. Fauci. The study measured newspaper content, including few identified opinion pieces or letters to the editor content. Therefore, this convenience sample was not a direct measure of public opinion concerning Fauci during this time. Newspaper content might not reflect public views as a whole. Furthermore,

although this was not a focus of this study, newspaper content seemed to vary by newspaper. For example, the New York Times lamented interference in COVID-19 restrictions while the New York Post had pieces on origins of the COVID-19 virus and revelations found in Fauci emails.

Time Frame

The breadth of these articles covers the time COVID-19 was identified as a threat and then pandemic, January 2020, until it was declared no longer a pandemic, May 2023. Content mentioning Dr. Fauci might have varied during the early recognition, later active grappling with vaccination and behavioral restrictions, and eventual receding from public attention. As this is a convenience sample and not random sample, making conclusions about the progression of crisis communication—even a three-year crisis—cannot be done. One Dutch study of young adults (Groot Kormelink & Klein Gunnewiek, 2022) found specified phases of COVID-19 crisis communication, but this study only concerned the 2020 – 2021 time and the results may not reflect longer term reactions.

Limited to Individual

Thirdly, besides sampling and time frame, the study was limited to one individual during a 100-year world pandemic. Other healthcare leaders with less visibility and different personal characteristics may have been perceived differently. Therefore, the results may not be generalizable even to other healthcare leaders in times of health crisis.

Implications and Applications

Uncertainty

Many of the nine content categories point to uncertainty of COVID-19, initially in origin and then later to prognosis (how it will end) and amelioration or protective measures, including the need for vaccinations and behavioral restrictions such as avoiding others and wearing masks (Taylor & Asmundson, 2021). How to speak to uncertainty for when the evidence base is not known and therefore the prospective ameliorations cannot be assured to be effective remains a problem. In one study Kreps and Kriner (2020) suggest gauging the level of information to the expertise of the audience such that expressing doubt with expert audiences may increase credibility, while it could reduce credibility for less expert audiences through avoiding making predictions. Similarly, changing mask and other guidance may lead to increased doubt with regards to the expertise and trustworthiness of the expert. Presumably, both making predictions and changing guidance exacerbate the difficulty of health communication, given the varying levels of virus and healthcare expertise in the American population.

Besides “tritrating” the level of information to the knowledge or expertise of the audience, perhaps Dr. Fauci could have conceived his communication as part of a strategic campaign (Botan, 2017) and particularly a strategic **socially mediated health campaign**, complicated because it was a crisis (Jin & Austin, 2017). Health communicators expressing uncertainty throughout this process would seem to require assessing what the public knows and what they want to know, how risk is gauged, and how that risk can be turned into outrage.

Conducting focus groups with consumers and particularly those who would not deem COVID-19 a risk may lead to the development of future socially mediated health campaigns. As in SARS-CoV2, Dr. Fauci would not have to be overexposed to uncertainty and scrutiny, ultimately leading to some rejection of the need for health measures or even to communication on the topic.

Although focus groups could provide the “why” of COVID-19 and other viruses, public surveys of the “what” knowledge as well as the preferred actions could lead future spokespersons to be aware of these domains. In the case of COVID-19 basic knowledge and acceptance of the need for immunizations increased dramatically over the course of

the pandemic, to

Trustworthiness. As mentioned at the beginning of this writing, trustworthiness would seem to be the sine qua non of healthcare and for science as well. When Dr. Fauci became the public face of COVID-19 pronouncements then he entered the world of behavior change, sometimes mandated, as indicated by large numbers of codings in Politics (133), Diversity and Society (163) and Values (110). However, the vast majority of Expertise codings (63) mentioned his long length of service and earlier well-earned reputation from the AIDS epidemic (for which there is still no vaccine (HIV.gov, 2023, January 20)).

Increasing trustworthiness in the time of a pandemic, by definition a crisis, can be difficult. Trustworthiness is dependent in part on knowledge and reducing uncertainty, partially covered above. Again, focused groups may yield valuable information and engagement on both what has been said or advocated as well as who is saying it. Any action which could reduce trust in the healthcare leader places future discourse at risk. Assessing trustworthiness in a crisis could be the place to start, particularly in a socially mediated crisis. Aspects of trustworthiness could be assessed through a combination of surveys for magnitude followed by focused groups on individual interviews to provide qualitative information on what could increase or decrease trust in a fast-moving situation.

Fatigue and Communication Fatigue. As the former President Trump vigorously opined in an above quote, the American people became tired of hearing about COVID-19. The anger, disappointment, and sometimes outrage directed at Dr. Fauci certainly made his job difficult and may have undermined his effectiveness. Psychological Reaction Theory (PRT) predicts such reactions when intentions are thwarted (Quick, Shen, & Dillard, 2013). sometimes producing cognitive, emotional, and behavioral reactions (Shulman, Bullock, & Riggs, 2021).

Perhaps COVID-19 fatigue could have been reduced by separating Dr. Fauci as the spokesperson and role of proposing policy recommendations and implementation of that policy. Fatigue may also be reduced by changing the message, changing the source of the message and avoiding bolstering and other image repair actions which may primarily increase anger and resentment toward the messenger and the message.

Image Repair and Moral Outrage. As mentioned above, Dr. Fauci used a variety of defenses for image repair, such as identifying and labeling his attackers, labeling misinformation, reporting laudatory motives for his behavior and pointing to outcomes such as projected lives saved. Image Repair Theory (Benoit, 2014) may be beneficial in anticipating image attacks and how to redirect the anger associated with it. Similarly, as in a character assassination attack on a recent Supreme Court nominee, the Theory of Persuasive Attack (Benoit, & Stein, 2021) points to how criticisms of an actor can be used to presume the validity of attacks. Perhaps future health and science spokespersons can speak to science while leaving others to speak to the policy and enforcing the strictures in behavior.

Assessing the effectiveness of Dr. Fauci's own efforts in image repair, and particularly dealing with moral outrage, can be problematic because there does not seem to be any systematic research on image repair and national health figures, particularly in a socially mediated health crisis. As shown in the recommendations above, healthcare research through focus groups may yield more information than surveys. Investigators could target the nexus between thwarted actions implicit in PRT with how criticism itself could be seen as confirming the validity of the criticism, as in the Theory of Persuasive Attack (Benoit, & Stein, 2021). Illustrating how criticism of a healthcare action or a person advocating an action

can be seen as expected and not necessarily confirming that criticism may help to blunt the attack. This would be an attribution approach (Botan, 2017) to health communication.

Future Research.

Future investigators may benefit from the content of both positive and negative postings for Dr. Fauci as well as the breadth and presumed lack of depth of most newspaper articles. For example, it seems inevitable that future infections, viral and otherwise, will affect American and the world. How can future healthcare scientists and government officials speak to their many publics (Botan, 2017; Botan and Sommerfeldt, 2023) while remaining true “to the science,” and at the same time express uncertainty, doubt and acknowledgement that actions require cocreation of meaning. I suggest elsewhere separating the science communicator from the implementor, and the research into the areas of management of uncertainty and psychological reactance to almost any restriction to perceived freedom would seem to be good places to start. Research into message framing and source of message may also be beneficial, but as shown in the long-standing COVID-19 crisis there could be phases of crisis and perhaps long standing “crises” requires a different framework than either crisis management or those of strategic health campaigns. Perhaps engaging long standing crisis necessitates a synthesis of skills and domains, but COVID-19 provided a field test of how strategic and health campaign may look in the future.

Each of the implications listed above outlines a problem identified in the study results for Dr. Fauci and briefly proposes action or investigation which may address those gaps in the research for that problem (fatigue, trustworthiness, etc.). Where to start or the level of investigation could be from the individual, family, affiliated social group or even the society (Gupta, Jai, & Yadav, 2021).

Secondly, examining what is communicated and who is communicating it calls for specific methodology. Surveys of knowledge as well as focus groups of Fauci critics, for example, could yield what they did not like about him as well as what they did not like about what he said. Earlier in this paper I wrote of message fatigue and suggested ways to address it. Separating those two factors may yield better ways to communicate for both person and message.

Final Considerations

Finally, this study may point to how future pandemics and those healthcare communication leaders in the spotlight may become more capable, more strategic in meeting the informational and emotional needs of the population at large. Old models, such as information deficit or command and control direction to publics, seemed to be largely discredited by the last almost four years, what will replace these models hopefully will be more cocreational. Future pandemic healthcare communicators will undoubtedly be tested and will probably receive much criticism. Examining newspaper content surrounding Dr. Anthony Fauci and COVID-19 may lead to better preparation for health communicators’ many roles. Directly measuring consumers’ perspectives can lead to greater acceptance, engagement, and reduced negativity.

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