"It's (Not) Like the Flu": Expert Narratives and the COVID-19 Pandemic in Mainland China, Hong Kong, and the United States*

Larry Au,[1] (iD) **Zheng Fu,[2]** (iD) **and Chuncheng Liu[3]** (iD)

We trace the crafting of expert narratives during the initial months of the COVID-19 pandemic in Mainland China, Hong Kong, and the United States. By expert narratives, we refer to how experts drew different lessons from past disease experiences to guide policymakers and the public amidst uncertainty. These expert narratives were mobilized in different sociopolitical contexts, resulting in varying configurations of expertise networks and allies that helped contain and mitigate COVID-19. In Mainland China, experts carefully advanced a managed narrative, emphasizing the new pandemic akin to the 2003 SARS outbreak can be managed while destressing the similar mistakes the government made during the two crises. In Hong Kong, experts invoked a distrust narrative, pointing to a potential coverup of COVID-19 similar to SARS, activating allies in civil society to pressure policymakers to act. In the United States, experts were mired in a contested narrative and COVID-19 was compared to different diseases; varying interpretations of COVID-19's consequences was exacerbated by political polarization. In expert narratives, the resonance of the past is emergent: the past becomes a site of struggle and a cultural object that is presented as potentially useful in solving problems of the present.

KEYWORDS: COVID-19; culture; expertise; global health; networks; resonance.

INTRODUCTION

Sociological studies of global health and pandemics note the importance of culture and history in shaping cross-national variation in responses to disease outbreak (Dingwall et al. 2013; Harris and White 2019; Zinn 2021). But how culture and history matter remains under-specified. In this study, we draw on recent conceptualiza-

[1] Department of Sociology, The City College of New York, New York, NY;
  e-mail: larry.au@columbia.edu
[2] Department of Sociology, Columbia University, New York, NY;
  e-mail: zf2205@columbia.edu
[3] Department of Sociology, University of California San Diego, La Jolla, CA;
  e-mail: chchliu@ucsd.edu

tions of cultural resonance (McDonnell et al. 2017) to highlight the cultural work that experts perform in crafting expert narratives that are then used to enlist allies that form the expertise network that attempts to confront the emerging crisis. Our study examines expert narratives, which we define as the ways in which experts compared and drew different lessons from past disease experiences to guide policymakers and the public amidst uncertainty. The COVID-19 pandemic, with its first case identified in December 2019, infected millions worldwide and posed a challenge to experts globally, as they grappled with the radical uncertainty over not only how to treat and manage the novel coronavirus, but also how to mitigate the social, political, and economic disruptions. In our study, we ask the following: *How did past experiences with disease outbreak inform emerging expert narratives in the initial two to three months of the COVID-19 outbreak?*

We argue that when encountering uncertainty, actors propose solutions based on lessons from the past. Expert narratives play a critical role in this moment to convince policymakers and the public of the measures that needed to be taken. One way expert narratives resonate is the use of past experiences to help the audience understand the uncertainties faced in the present. Experts draw on the past to offer lessons, plans, and solutions for the present and, in certain cases, to help predict the future, either through statistical modeling or through analogical reasoning. However, the past is not a fixed object. Work needs to be done to explain why the past is comparable. This, we contend, is an emergent process contingent on sociopolitical context. The past becomes contested as experts debate *what* the relevant past is and *how* the past should be interpreted. We draw on three cases of expert narratives in media coverage of the pandemic in Mainland China (China), Hong Kong (H.K.), and the United States (U.S.). We show how past disease outbreaks became cultural objects used in expert narratives. While a COVID-comparable past disease outbreak matters, the same event can resonate differently in various sociopolitical contexts. As Robinson (2017) notes, cross-national comparisons in the sociology of global health should not be done in pursuit of narrow hypotheses testing. Our analysis does not seek to provide a causal account, nor do we attribute different responses to macro-level differences like "authoritarian" or "democratic" or treat them as the result of path dependency. Rather, we explore "resonance in motion" (McDonnell et al. 2017) by offering a meso-level account of the dynamic process of expert narrative formation. We move beyond previous studies of resonance that focus on successful cases by offering both successful and failed cases to develop a symmetrical analysis.

In China and H.K., the 2003 severe acute respiratory syndrome (SARS) outbreak was used in expert narratives that urged for vigilance against COVID-19. However, how the past provided lessons for the present differed. For China, invoking SARS memories without the state's permission encountered repression. Experts had to be strategic, resulting in a *managed narrative* that emphasized the state's success in combating SARS while ignoring its role in its cover up. For H.K., a *distrust narrative* achieved resonance among the public in the context of civil society mobilizations, as experts hinted that the Chinese authority was covering up the COVID-19 outbreak as they did with SARS. Civil society actors in H.K. organized to pressure policymakers to enact stricter anti-epidemic measures. In contrast, experts in the U.S. drew on a wide range of diseases, including the flu, Swine Flu, Ebola, and

HIV/AIDS, to learn what to expect from COVID-19. In what we call a *contested narrative*, where different comparisons to past diseases were pitched against each other, experts were initially unable to reach a consensus on the best path forward, and the diversity of interpretations was exacerbated by political polarization.

EXPERT NARRATIVES, PAST EXPERIENCES, AND EXPERTISE NETWORKS

Our theoretical framework focuses on the work that goes into the crafting of expert narratives at the onset of crisis. Our starting point is Eyal's (2013) definition of *expertise* as the "networks that link together objects, actors, techniques, devices, and institutional and spatial arrangements" (864) mobilized to accomplish a task. In our study, we argue that past experience can be understood as a cultural object that the expertise network used during the COVID-19 pandemic to help accomplish the task of persuading others to act. To galvanize and yoke together this expertise network, experts first needed to craft compelling narratives that could aid in the recruitment of allies. This rhetorical and discursive work of recruiting allies, we argue, can be seen in the expert narratives that draw on lessons learned from past experience with disease. By tracing expert narratives in our study, we begin to see expertise networks-in-the-making. Expert narratives, from our conceptualization, are also a genre of "outbreak narratives" (Wald 2008) that shape social responses to disease outbreaks. The ability of expert narratives to sway and influence these broader cultural narratives is dependent on the position and status of experts in different sociopolitical contexts. In societies where experts are held in high esteem expert narratives have a greater bearing on the outbreak narratives that permeate popular imaginaries of the pandemic (Hagen 2019; Liu and Graham 2021).

To examine expert narratives further, we draw on McDonnell et al. (2017) pragmatic conceptualization of cultural resonance. Resonance is not simply congruence with past experience; instead, it is "the ability of cultural objects to help actors solve puzzles they face" (2). In the initial months of the pandemic, there were no predetermined, well-defined preferences; thus, it was impossible to maximize means given specific ends (Whitford 2002). The resonance of expert narratives can be facilitated by widely shared experiences of previous outbreaks. A society's stock of knowledge shapes how individuals prioritize and think about infectious disease (Cerulo 2006; Olick and Robbins 1998; Zerubavel 1997). More concretely, comparable past disease experience provides "templates for action" as well as "the same technologies, logics, and target populations" (Robinson 2017, 7); however, "even though history influences current-day outcomes, it does not solely determine them" (205). In other words, the past becomes a cultural object that is usable, offering a set of tools for experts to deploy in the present (Swidler 1986). The past is also mutable and an object of struggle; the same set of historical "facts" can be interpreted differently at various points in time (Sewell 1990). Thus, the past becomes entangled with political struggles of the present (Wagner-Pacifici and Schwartz 1991; Xu 2017). Furthermore, despite experts' best intentions and designs, efforts at communicating with imagined audiences in public health campaigns inevitably run up against constraints,

as "people will always misinterpret and misuse campaign objects" (McDonnel 2016, 5). As we show, the resonance of expert narratives is enabled by widely shared past disease experiences, but it is constrained by the sociopolitical contexts that experts operate within. In other words, past experience does not guarantee the acceptance of these measures in the present. Through our cases, we show how the same past disease experience offers multiple lessons—some more useful than others—for experts to pick and choose from when crafting their expert narratives.

In our first two cases, China and H.K., we focus on how expert narratives draw lessons from the 2003 SARS epidemic. SARS, like COVID-19, was caused by a coronavirus. Moreover, it accumulated 5,327 cases in China and 1755 in H.K., with 348 and 298 deaths, respectively. This is in contrast to 75 cases and 0 deaths in the U.S. While the number of cases seems minuscule compared with COVID-19, it should be noted that the memory of SARS was salient among people in China and H.K., who associate the disease with great social, economic, and political consequences. China's delayed and ineffective initial response to SARS lacked transparency, which intensified the epidemic (Huang 2004), but it also sparked a host of public health reforms that provided tools to deploy for future epidemics (Mason 2016). H.K. government's response to SARS was also marked by missteps that left a considerable imprint on the city's institutions and collective memory (J.-W. Lee and McKibbin 2004). Additionally, the lack of transparency in the Chinese response to the 2003 SARS outbreak created distrust in H.K. over the veracity of the claims from Chinese officials at the onset of the COVID-19 pandemic (Chan 2021).

In contrast, the U.S. did not suffer as much from SARS; instead, SARS was largely seen as a successful instance in which the global health security apparatus mobilized "the culture of negative asymmetry" to avert disaster (Cerulo 2006, 196). Meanwhile, other disease outbreaks, such as the AIDS epidemic, despite its long-lasting impact on the LGBTQ community, did not spark widespread social panic and national emergencies (Baldwin 2007). Furthermore, experts' reactions to the 2009 Swine Flu were painted as an "overreaction" for causing unnecessary social panic (Dingwall et al. 2013; Zinn 2021). As a result, to inform the present, U.S. experts drew on multiple comparisons to past disease experiences and did not cohere on the same sets of comparisons and lessons. A summary of the expert narratives and the resulting expertise networks in our three cases is shown in Table 1.

DATA AND METHODS

Following Robinson (2017) call for studies in the sociology of global health to "identify broad patterns" (24) from cross-national case studies, we argue that the crafting of expert narratives is one such process that impacts societal responses to disease outbreaks. It is important to emphasize that we focus on experts' *initial* responses—the first 2–3 months of 2020—to COVID-19, a time of uncertainty when experts were faced with many unknowns and were tasked with recognizing what type of problem COVID-19 posed (Zinn, 2021). The dynamics at play at the outset of the pandemic are different from sustaining a robust response in the long term, as uncertainty subsided and what was considered a credible claim to expertise changed (Au

Table 1. Expert Narratives in Mainland China, Hong Kong, and the United States

	Mainland China	Hong Kong	United States
Leading experts	SARS heroes	SARS experts	Diversity of experts
Expert narratives	Managed narrative: Narrative has to be managed by the government. SARS is invoked, and COVID-19 is seen as an immanent catastrophe that can be managed by the state if decisive action is taken.	Distrust narrative: COVID-19 is seen as an immanent catastrophe, but memories of the coverup of SARS are invoked, and distrust of Mainland Chinese authorities is promoted.	Contested narrative: SARS is seen as a successful case, and a wide range of past diseases are invoked, including Ebola, HIV/AIDS, Swine Flu, and the seasonal flu. Experts debate over what comparison is the most appropriate.
Expertise networks	Warnings to the public were repressed, but once top-level policymakers were persuaded, decisive action was taken and the public was enlisted to aid in the battle against COVID-19.	Policymakers were reluctant to take on stronger measures against COVID-19, and an already distrustful public was mobilized to pressure policymakers to take further action.	Anti-scientific political leaders and political polarization made potential alliances shaky and unstable, fracturing effective responses to COVID-19 until a compromise to promote voluntary social distancing measures.

and Eyal 2022). Our case selection is based on a modified most-different case design. We select cases that are different both in past experience and sociopolitical contexts. Both China and H.K. were selected because of the immediate relevance of SARS as a past experience with disease that stands in sharp contrast to the U.S. However, different from China, H.K. and the U.S. are similar, as they both have a vibrant civil society that is autonomous from the state (Riley and Fernández 2014) and enjoys freedom of the press (as of the first half of 2020). Through the comparison between China and H.K., we show that the existence of past encounters with disastrous diseases only set the stage for the work required to draw lessons from the past, and the comparison between H.K. and the U.S. demonstrates that freedom of the press and the mobilization of a civil society that is autonomous from the state do not necessarily lead to contested narratives. Instead, all three cases demonstrate that across diverse contexts, both past experiences and sociopolitical contexts come together in a pragmatic fashion to impact the process through which expert narratives are crafted.

Expert discourses in the media can be understood as public interventions (Eyal and Buchholz 2010; Carduff 2015). We consider the expert narratives presented in the media as a reflection of the combined work of the experts being cited, the media, and other actors (Hänggli 2012). Media reports are commonly used in studies of resonance (McDonnell et al. 2017) and expertise (Eyal and Buchholz 2010). To trace how expertise circulated and resonated, we collected 12,507 articles from six popular news sources in China (*Caixin* [1597] and *Global Times or GT* [618]), H.K. (*South China Morning Post or SCMP* [2101] and *Apple Daily or AD* [1452]), and the U.S.

(*New York Times or NYT* [6120] and *Fox News* [619]) based on their contrasting ideological stances and target audiences. In China, *Caixin* is a news source that is known for its relative autonomy from the state, while *GT* is a newspaper that frequently takes a nationalist tone. In H.K., the *SCMP* is an English language newspaper that is read by the business community, while *AD* is a Chinese-language tabloid newspaper known for its anti-establishment tendencies. In the U.S., the *NYT* is a liberal leaning newspaper, while *Fox* is known for its conservative stance. We used a set of keywords to search the media articles that constituted our sample.[5] We selected time periods that ended with the initial response of each society, which we defined as when societies recognized COVID-19 was a problem to be confronted and began to enact public health interventions.[6] Each author was in charge of analyzing one case: beginning with a random sample of 100 articles for each case, which we manually coded to identify experts, policy prescriptions, and comparisons to past diseases. From there, we relied on automated assisted coding to apply our codes to the entire corpus of news reports (Deterding and Waters 2018). We then relied on regular discussions over the course of a year to compare cases and articulate our theoretical framework in an abductive fashion, where we compared alternative explanations of what we observed from our data (Tavory and Timmermans 2014). From there, we also collected social media postings, government reports, and transcripts to supplement our analysis.

MAINLAND CHINA: SARS AND THE MANAGED NARRATIVE

By managed narrative, we refer to two characteristics of the COVID-19 expert narratives in China. First, the managed narrative refers to the state's efforts to control experts and expert narratives through symbolic and physical violence. We identify how experts coped with this management and crafted resonant narratives to spread information. Second, the managed narrative argued that COVID-19, like SARS, could lead to catastrophe but could be managed if decisive actions were taken with the cooperation of the public. This narrative quickly dominated the public space after policymakers recognized COVID-19 as a problem through the state's selective invocation of SARS memories via the voices of experts who were portrayed as "SARS heroes."

Managing Expert Narratives

In mid-December 2019, clinical and genetic evidence suggested that a SARS-like virus had started spreading in Wuhan.[7] However, the similarity between SARS

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[5] We used the following keywords: coronavirus (*guanzhuang bingdu*), COVID-19, pneumonia (*feiyan*), plague (*wenyi*), outbreak (*yiqing*), and pandemic (*daliuxing*).
[6] For China, we selected the period from December 1 to February 1, one week after the Wuhan lockdown; for H.K., we selected the period from December 31 to February 29, after mandatory quarantines were imposed on China and other major COVID-19 hotspots; and, for the United States, where there was no landmark of strict disease control on the national level aside from social distancing guidelines issued in mid-March, we selected the period from January 1 to April 30.
[7] 高昱 et al. 2020. "新冠病毒基因测序溯源:警报是何时拉响的" Caixin. February 27.

and COVID-19 did not automatically resonate with policymakers as requiring public action. Infectious disease reporting protocols developed after SARS were discarded, and outbreak information was hidden by the Wuhan health authority.[8] With the progression of the outbreak and growing rumors, the Wuhan health authority acknowledged the virus's existence on December 31, 2019. Yet, it still claimed that the virus was not transmissible between humans and downplayed the similarities between the new virus and SARS, which spread easily between humans and had fatal effects. Until mid-January 2020, local health authorities monopolized information disclosure and only officials were quoted in media reports. Individual experts rarely appeared in media reports, and none dissented.

But local experts who saw the clinical and genetic evidence—mostly physicians—did not agree with the official evaluation. For example, Li Wenliang, a doctor at Wuhan Central Hospital, saw an internal diagnostic report of a suspected COVID-19 case and realized its similarities with SARS on December 30, 2019. He warned people within his personal networks that SARS cases were identified. Reactivating the "raw" SARS memories without first going through the authority was considered impermissible, even more important than the uncertain outbreak, as it challenged the government's official narrative and could result in social panic, painted the local government as incompetent, and might impact the political career of officials (Gu and Li 2020).

As a result, local authorities tried to repress the unofficial information about the new virus and its severity, while experts like Li had little leverage. Doctors in China are managed by hospitals, which are, in turn, governed by local health authorities. Meanwhile, the local health authorities are under the supervision of two institutions: the central health authorities and the local government. In practice, the latter often has more power, and in this case, the local government decided to censor the information (Gu and Li 2020). People who spread warnings about the SARS-like nature of the new virus were disciplined, and news about their punishment was widely circulated. Li was admonished by the local police for "spreading rumors." Leaders of the Wuhan Central Hospital forbade doctors from wearing personal protective equipment (PPE) to prevent social panic, which was partly responsible for the high casualty rate among doctors there, including Li, who died from COVID-19 in February 2020.[9] No news articles were published about the emerging virus, and social media posts on related topics were limited and constantly censored (Lu, Pan, and Xu 2021). These early expert narratives failed to reach the broader public.

While attempts to alert the public to a new SARS-like virus directly were repressed, some experts took a different approach by carefully notifying high-level policymakers while taking steps to prepare for potential catastrophe. This is seen in the example of Wang Xinghuan, the head of Wuhan's Zhongnan Hospital who'd had a front row seat to SARS as a doctor at the 2003 epidemic's center, Guangzhou. When Wang received evidence showing the similarity between the new virus and the SARS virus on January 2, 2020, he recalled, "I felt something horrible was going to happen, SARS is back."[10] Like Li, Wang dismissed the authority's claim about the

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[8] 信娜 et al. 2020. "传染病网络直报系统投资了7.3亿，为何失灵了28天?" Caijing. February 25.

[9] 包志明 et al. 2020. "李文亮所在医院为何医护人员伤亡惨重?." Caixin. March 10.

[10] 萧辉 et al. 2020. "武汉疫情中的中南医院." Caixin. April 12.

virus. Unlike Li, Wang did not spread his concerns publicly. He mobilized the hospital to train employees, reorganized the hospital space, and prepared more PPEs—all according to the needs of another SARS epidemic—before the government acknowledged anything.[11]

Meanwhile, Wang carefully invoked a different kind of narrative with local officials. He sent government officials lists which compare the virological similarities of SARS and COVID-19 as well as the disastrous consequences of the delayed SARS response. Particularly, he highlighted how government officials who hid the SARS information were punished, trying to persuade officials that he had their best interests in mind: a quick response to the new virus was the safest way to preserve the governmental officials' political futures. Wang was only partially successful, as the local authority still refused to see the connection between the new virus and SARS and warned him to be silent. Wang then tried to relay epidemic information to the central government, which sent a national team of experts in charge of the COVID-19 investigation to Wuhan on January 18, Wang secretly reached out to two members of the team, Li Lanjuan and Zhong Nanshan, to convince them of the similarity between SARS and the new virus and to suggest that major steps be taken to control the spread of the virus.[12] The turning point of China's response to COVID-19 happened on January 20, 2020. Although it is unclear how important Wang and other local experts were in the final instance, the national expert team went back to Beijing that day and confirmed to the central authorities that the new virus is a serious problem. Xi Jinping spoke about the outbreak for the first time. In 3 days, social media posts about COVID-19 increased by more than 100 times (Lu et al. 2021).

The comparisons between COVID-19 and SARS made by experts in Wuhan shows how similar past disease outbreaks can help transform an uncertainty into a knowable object. However, the memory of past disasters does not speak for itself. The different approaches and contrasting outcomes of Li Wenliang and Wang Xinghuan reveal the obstacles to, as well as clues for, successfully mobilizing the past and making expertise resonate within China's repressive sociopolitical context. Chinese experts need to find the "right" audience and emphasize the "right" aspects of the past. They need to avoid directly communicating the SARS analogy to the public and work within the political system to make their claims resonate with policymakers. Failure will not only impede the spread of their warning, but will also endanger the experts who try to do so.

Promoting the Managed Narrative

No infectious disease can be controlled covertly. After experts and policymakers came to a consensus, they turned to the problem of how to craft expert narratives that will resonate with the public. The multifaceted and collective SARS memories was a challenge. On the one hand, SARS memories represent China's ability to control an outbreak with intensive efforts and public collaboration. On the other hand, SARS memories are connected with the Chinese government's mishandling of SARS

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[11] 徐炳楠, and 高翔. 2020. "多点战疫, 担当救治骑兵" *Health News.* March 30.
[12] 萧辉 et al. 2020.

by hiding information at first, with devastating consequences for society. Raising awareness without causing panic and dissatisfaction toward the government required a skillful and balanced expert narrative. A "SARS-like but not SARS" frame was developed.

Zhong Nanshan, a Guangzhou-based pulmonologist who made his reputation as a "SARS hero" during the SARS epidemic, was seen as the most credible expert at this stage. He was the most cited expert in the media during this time. Zhong gained his reputation not only for developing an effective treatment for SARS, but also, and more importantly, for challenging public health officials over the severity of the SARS epidemic and urging for more transparency at the beginning of the outbreak. The Chinese central government and media later framed his challenges as objections to corrupt local officials. Having Zhong as the public face of experts somewhat mediated the tension between the two aspects of SARS memories. His mere presence suggested that there must be no cover-up because he did not criticize the government for cover-ups like he did during SARS.

Zhong strategically used the media to reactivate the managed narrative comparing COVID-19 to SARS. In a national TV interview on January 20, 2020, Zhong overturned the local health authority's judgment by stating that the virus was transmissible between humans. SARS was highlighted during his talk. However, he also carefully noted the differences between the new coronavirus and SARS, trying not to embarrass the Wuhan authority for punishing doctors who claimed "SARS is back" in the early stage:

> It is natural to connect the coronavirus with SARS. Yet the current coronavirus is different from SARS [...] It's a virus of a completely different nature [...] Compared with SARS, the infectivity is not so strong, and the toxicity is not so great.

At the same time, Zhong emphasized the uncertainty of the virus and left room for both him and the authority to adjust their assessments:

> The infection with the new coronavirus has just begun and is still in the climbing stage. As for what will happen in the future, the current case fatality rate cannot be comprehensive; it depends on its development [....] so we still must be vigilant.[13]

Zhong's carefully calibrated statement shows that when facing COVID-19, the memory of SARS had to be addressed in China. This "SARS-like but not SARS" reference was common among experts with mostly clinical backgrounds with the support from most media outlets. Only the managed side of SARS memories were activated. Although SARS was mentioned constantly, the narrative always relates to how the Chinese government effectively controlled it, such as building a hospital in a week.[14] *GT* emphasized Zhong's and other experts' judgment regarding the virus's relatively weak toxicity and stressed that contemporary China differs from China during SARS. An editorial published in late January argued that the government's delayed response did not mean that it was "hiding something" but, rather, that it was the result of being "accurate and steady." After all, China has "learned from the

[13] 陈宝成. 2020. "钟南山:新型冠状病毒肺炎肯定人传人." *Caixin*. January 20.
[14] 李司坤 et al. 2020. "小汤山启用引发关注." *GT*. March 17.

SARS experiences and has the capacity to control new diseases."[15] However, what were the lessons learned from SARS? *GT* never explicitly stated them, as elaborating on lessons learned would inevitably lead to discussions of the mistakes made. Only when local government leaders were discharged by the central government in February did *GT* implicitly mention similar government failures that happened during SARS.[16]

However, critical media outlets and experts outside of China were more willing to make a direct comparison to SARS and eschew the balance of expertise and politics. Guan Yi, a virologist from the University of Hong Kong, argued that the emerging pandemic was not manageable with the current strategies and drew an explicit connection between COVID-19 and SARS. In a January interview with *Caixin*, he argued that the similarity was not only virologically but also politically, reminding the government's cover up during both SARS and COVID-19. Guan's warning became stronger when he returned from a 2-day trip to Wuhan after the first interview. He emotionally claimed that the upcoming pandemic would not be like SARS, but much worse than SARS:

> Wuhan cannot control the outbreak [. . . .] I can say that I have experienced a hundred battles . . . But for this new coronavirus, I feel extremely powerless. There is no way to compare it with the SARS epidemic [. . . .] Most of them [previous diseases] were controllable, but this time I am scared.[17]

Zhong's managed narrative eventually became more widely taken up compared to Guan's pessimistic take, who was not interviewed by other media outlets despite the heated discussion he provoked on social media. However, the central government's sudden accelerated move to control the disease showed that top policymakers were still influenced by the "more-than-SARS" warning and the worries of an unmanaged future. At midnight on January 23, Wuhan suddenly announced a strict lockdown. In all, 17 cities in Hubei province followed in 2 days. Such lockdowns were decisions made by the central government and unprecedented in strictness and scale. China's powerful state machinery was finally fully operating to combat the disease.

HONG KONG: SARS AND THE DISTRUST NARRATIVE

H.K.'s past experiences with SARS were crucial in its response to COVID-19. However, expert warnings did not initially resonate enough with policymakers for them to activate the toolkits left by SARS, and experts resorted to openly criticizing policymakers for not adopting stronger anti-epidemic measures. Unlike the Mainland Chinese experts who glossed over the state's role in suppressing information about the 2003 SARS outbreak, H.K experts invoked a distrust narrative that pointed to the potential for a similar coverup with COVID-19. Expert warnings of a "SARS-like virus" resonated with a public that was already distrustful of policymak-

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15 环球时报. 2020. "防控好新型肺炎，让春节更祥和". *GT*. January 20.
16 樊巍 et al. 2020. "中国抗疫之战迎来新局面" *GT*. February 14.
17 王端. 2020. "管轶:新冠肺炎发展曲线与SARS高度相似." Caixin. January 20; 王端, and 文思敏. 2020. "管轶:去过武汉请自我隔离." Caixin. January 23.

ers in Hong Kong and Mainland China, motivating parts of civil society, such as nurses' and doctors' unions, to go on strike to pressure policymakers to take on stronger policies to combat COVID-19. Policymakers eventually relented, heeding the advice of critical SARS experts and imposing border restrictions and quarantines for new arrivals.

Critical SARS Experts and the Distrust Narrative

During the initial weeks of the COVID-19 outbreak, policymakers frequently cited the SARS Expert Committee Report, which was completed in October 2003 and included recommendations for future outbreaks. Prominent experts in the media during COVID-19 were active during SARS and were referred to as "SARS experts." This was similar to the case in China, and in contrast to the diversity of experts featured in the U.S. media. Experts belonging to the H.K. government's COVID-19 expert advisory group formed on January 25 included Yuen Kwok-yung, a microbiologist who helped identify the SARS coronavirus; David Hui, a clinician at the Prince of Wales Hospital, which was at the epicenter of the SARS outbreak; Gabriel Leung, a noted epidemiologist who helped track the spread of SARS; and, Keiji Fukuda. Unlike the Chinese and U.S. cases, experts adopted critical stances publicly during the early phase of the outbreak. Despite their role as government advisors, these experts spoke out against what they perceived to be policymakers' inadequate response, and they advanced a narrative of distrust that pointed to the potential cover up of a worsening situation in China.

Experts advocated measures that they perceived to have helped during SARS. Their advice included wearing masks, setting up quarantine facilities, retrofitting isolation wards in public hospitals, and conducting health checks at the border. Ho Pak-leung, a microbiologist at the University of Hong Kong, was a proponent of mask usage as early as January 9:

> "The public should wear disposable surgical masks in crowded places," Ho said. "They should also clean their hands frequently." He added it was important to take note of good toilet hygiene, as according to past experiences in SARS and MERS, infected patients' urine and feces could carry lots of coronaviruses that could be spread to others.[18]

These warnings were given ahead of guidance issued by U.S.-based experts, who were still waiting for evidence in support of these precautionary measures. The SARS experts, therefore, did not simply draw on established science to guide their advice to policymakers and the public; instead, they relied on their experience combatting SARS to help contain COVID-19.

Even though H.K. policymakers initiated several measures to monitor the potential import and spread of the coronavirus from China, experts continued to push for stronger measures, fearing that a cover up was afoot. When news of cases of "pneumonia of unknown origins" broke in late December 2019, H.K. experts compared the mystery illness to SARS. While H.K. policymakers activated the "serious response level" on January 4, they faced criticism for doing too little. H.K. poli-

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[18] Cheung, Elizabeth. 2020. "Wuhan Pneumonia." SCMP. January 9.

cymakers came to know about the COVID-19 outbreak in Wuhan through the informal professional networks of H.K. experts in China. In an interview, Yuen recounted the role of informal information sharing with contacts in China that bypassed official channels:

> On Dec 31, 2019, I heard from some mainland researchers that a new virus had emerged, and it was suspected to be a SARS-like virus. I notified the [H.K.] government as soon as I got the word. [...] We did not know how serious the virus was at that time, nor did we know it was a new type of coronavirus, but because the virus appeared in the winter season and we were told it was related to SARS, we decided to be very cautious, and the Hong Kong government took our opinions seriously.[19]

Although policymakers heeded Yuen's initial warning, Yuen and other critical experts would come to criticize them for not doing enough to prevent a local outbreak. News reports in early January also latched onto the finding that the new virus was "80 percent the same as SARS,"[20] stressing the need to be vigilant. While the warnings did not achieve the desired level of resonance with policymakers, the analogy of COVID-19 to SARS and its implications for necessitating stricter public health measures achieved widespread resonance. Yuen compared COVID-19 to SARS in public remarks to the media on January 21:

> What we are worried most about is a large outbreak in the community that may cause a situation like what we experienced during SARS [....] We are worried that the super-spreading event might have occurred already [....] We need to see if sustained human-to-human transmission has happened.[21]

The potential for community spread was echoed by other experts in the media during this early period. The massive flow of people that accompanied the Chinese New Year festivities at the end of January further exacerbated experts' concerns that those returning to or arriving from China would import cases of the mystery illness.

Other experts also openly criticized policymakers, in part because they seemed too trusting of Mainland Chinese authorities. Hui urged the government to step up checks at the border and to punish those who lied on their health declaration forms. Ho, the outspoken microbiologist, sounded a warning in stark terms on January 23: "Hong Kong needs to wake up. We all need to wake up. The situation right now is very severe."[22] Leung, the epidemiologist, was interviewed on a local radio show on February 5 and was heavily critical of the indecisiveness of policymakers and the half-baked measures that they had rolled out thus far:

> Was it too late? If we are closing down the checkpoints, we should have done that in early January [....] The best public health measures should be rolled out in one go, rather than being announced in stages, especially when the stages were just days apart [....] Can we have stronger measures to contain the disease? The health declaration was done on an honor system, but was

[19] Li, Isabelle, and Zuoyan Zhao. 2020. "Q&A with HK Microbiologist Yuen Kwok-Yung." The Straits Times. March 10.
[20] AD. 2020. "基因圖譜網上曝光:武漢肺炎首宗死亡病毒八成似沙士." January 12.
[21] Cheung, Elizabeth. 2020. "Wuhan Virus a Step Closer to Full-Blown Epidemic, Expert Warns." SCMP. January 21.
[22] Siu, Phila. 2020. "Hong Kong Officials 'Not Doing Enough to Stop Spread.'" SCMP. January 23.

it enough? [. . ..] I am not sure whether we are in the mitigation or containment stage, but I know we are not in an early containment stage.[23]

These criticisms of the government's disease containment efforts resonated with a public that was already distrustful of the H.K. government and the Mainland authorities (see also Hartley and Jarvis 2020; Wan et al. 2020). This distrust was rooted in their mishandling of SARS in 2003, the perceived deference of the H.K. government to Mainland authorities, and the 2019 political upheaval in H.K. over the Extradition Law Amendment Bill.

The distrust narrative advanced by H.K. experts also made use of models estimating the disease spread within China. Leung, the epidemiologist, estimated on January 27 that there were some 25,630 symptomatic patients in Wuhan and that this number would double in 6.2 days. This was in contrast to numbers put out by the Mainland authorities, which announced that the number of confirmed cases across the country was 2,800. Leung did not mince words:

> We have to be prepared that this particular epidemic may be about to become a global epidemic . . .. Substantial, draconian measures limiting population mobility should be taken immediately . . .. So, the question is not whether or not to do more . . .. The question really is, how can we make sure that it is feasible, implementable, and enforceable.[24]

The use of these models had two effects. First, Leung's model showed the need for early intervention if H.K. did not want to see a massive outbreak. Second, the contrast between Leung's numbers and the official numbers coming out of Wuhan exacerbated public distrust.

The Distrust Narrative and Civil Society

The distrust narrative advanced by H.K.'s critical experts resonated with the public. Reporting in *AD*—an outlet known for its anti-establishment views—was largely skeptical of information from Mainland Chinese officials and experts, stoking fears and anxiety about a SARS-like cover up among the public.[25] Reporting in early January in *AD* was often in the genre of undercover reporting, where journalists showed up in Wuhan in hopes of probing hospital workers, train station staff, and pharmacists about the "actual situation."[26] Rumors on Chinese social media were also cited in these news reports, and warnings about not repeating the 17-year-old mistake of trusting Mainland authorities were commonplace.[27]A January 3 *AD* report described H.K. residents looking for surgical and N-95 masks only to find that pharmacies had increased prices by over 30% and that some pharmacies had sold out of medical masks.[28]A January 7 *SCMP* report also described panic buying of face masks and price gouging because of widespread public anxiety of an impend-

[23] Cheung, Tony, and Gary Cheung. 2020. "Quarantine for All Arriving in Hong Kong from Mainland China." SCMP. February 5.
[24] Ting, Victor. 2020. "'Draconian Measures' Urged as Research Estimates 44,000 Virus Cases in Wuhan." SCMP. January 27.
[25] AD. 2020. "全城恐慌瘋搶口罩板藍根." January 2.
[26] AD. 2020. "春運旅客塞爆 車站零防疫少人戴口罩." January 11.
[27] AD. 2020. "武漢個案急增當局稱情況「可控」." January 20.
[28] AD. 2020. "市民撲口罩部份藥房斷貨." January 3.

ing outbreak in the city.[29] The distrust narrative resonated with the public's percep-tions that the local government was afraid to contradict Mainland authorities.

Professional organizations and unions took on the distrust narrative and helped pressure policymakers. Unlike similar groups in China that faced consequences for speaking out and weakened unions in the U.S., these professional groups held sway over the provision of key services necessary for combating the epidemic. During SARS, the city's medical staff were unprepared to deal with the infectious disease and many succumbed to it. Eager to prevent history from repeating itself, doctors and nurses, lar-gely from the Hospital Authority's public hospitals, organized quickly. Alfred Wong, a spokesman for a political advocacy organization in the medical sector Medecins Inspires, was quoted in *SCMP* on January 19, saying that H.K. needed to "stand firm and demand more information from China . . .. This is a key period for H.K. to prevent the spread. Even the U.S.—a whole ocean away—requires travelers from Wuhan to fill out health declarations. H.K. should have higher contact with Mainland authorities. We should be more well prepared."[30] Thousands of medical staff represented by the newly formed Hospital Authority Employees Alliance in H.K. went on a 5-day "anti-epidemic strike" in early February, demanding the government close the city's borders and supply more PPE. Carrie Lam, H.K.'s Chief Executive, ruled out the labor unions' proposals to close the border, calling this "inappropriate and impractical."[31] Other allied unions, such as the Flight Attendants' Union representing Cathay Pacific air stewards, echoed the concerns of medical staff and also called for their company to halt flights to and from China, threatening to strike on February 2. On February 4, Cathay Pacific responded to these concerns and announced that it would cut 90% of its China services while also modifying in-flight service protocols to reduce the risk of on-board transmission. This category of lay and professional experts who had outsider knowl-edge of the potential impact of an epidemic was featured prominently in news coverage during the end of January and beginning of February.

Existing distrust of H.K. policymakers and Mainland authorities prompted the wider public to take further action to pressure policymakers. Parents United, a con-cern group pressuring the government to suspend classes, noted that many parents were "frustrated by the Bureau's 'slow response'"[32] Eventually, Sophia Chan, H.K.'s Health Secretary, admitted that existing disease control was "not 100 per cent effective" and that the government was considering more drastic action, like border closures, but needed to consult with the Mainland authorities first.[33] More radical action was pursued, such as burning objects and throwing debris into the East Rail

[29] Zhang, Karen. 2020. "Hong Kong's N95 Stocks Low amid Wuhan Mystery Virus Fears." SCMP. Jan-uary 7.

[30] Low, Zoe. 2020. "China Coronavirus: Hong Kong Urged to Step up Measures as New Cases Sus-pected." SCMP. January 19.

[31] Lum, Alvin. 2020. "Hong Kong leader adopts advice from medical experts – but draws line at closing border with mainland China." SCMP. January 25.

[32] Chan, Ho-him. 2020. "Pressure Mounts on Education Bureau to Suspend Classes after Holiday." SCMP. January 24.

[33] Chan, Ho-him. 2020. "H.K. health minister admits Hubei entry ban 'not 100% effective', ahead of meeting to discuss new measures against contagion." SCMP. January 27.

line, which connects Kowloon to the Shenzhen border.[34] Explosive devices were also detonated at the Caritas Medical Center in Cheung Sha Wan, and a message from the perpetrators was posted anonymously on Telegram, saying "We will act on our word. Go on strike immediately if you don't want to die. We will take more actions to call for the closing of borders."[35] It is unclear how these extreme actions factored into policymakers' thinking. Nonetheless, the social pressure certainly helped convince policymakers in H.K. to adopt stricter border checks and quarantine measures for new arrivals in the city by mid-February. Ultimately, the distrust narrative was able to achieve resonance with the broader public, forming an alternative expertise network where the public played a critical role in pressuring policymakers to act.

THE UNITED STATES: MANY DISEASES AND THE CONTESTED NARRATIVE

U.S. experts from vastly diverse backgrounds drew on many different comparisons with past diseases. Even when experts referred to the same past disease, their interpretations also differed. There was no dominant consensus regarding the implication of COVID-19 in expert narratives, resulting in a *contested narrative*, in which experts preoccupied with comparing COVID-19 to different diseases came up with contested implications. When the consequences of COVID-19 became clear to experts and the past offered no clear implications for the future, experts shifted from comparisons to modeling future predictions. Undoubtedly, the Trump administration played an important role in undermining the imminent threat of COVID-19. But the inherent uncertainties in future predictions provided ample ground for mobilizing contested expert narratives. Contested expert narratives from earlier periods were also drawn upon to undermine the credibility of models.

Contested Comparisons to the Past

COVID-19 grabbed the attention of public health experts and the media in the U.S. long before it started to spread in the U.S. In late January, Anthony Fauci published an article comparing SARS-COV-2 with SARS-COV and MERS in a scientific journal, emphasizing the severity and international panic caused by SARS (Paules et al. 2020). Similarly, in this early phase of the pandemic, when COVID-19 was largely outside of the U.S., SARS was mentioned quite often by experts in multiple media outlets, including both *Fox* and *NYT*, although in a much less alarming tone compared to Chinese and H.K. media. On *Fox*, economic expert Larry Kudlow suggested that like SARS, COVID-19 was a "Chinese pandemic" unlikely to impact the U.S. economy.[36] This sentiment was shared by Marc Siegel, a physician and Fox News contributor, who described the flu as more worrisome than the new coron-

[34] Leung, Kanis. 2020. "Hong Kong Protesters Disrupt Railway, Declare 'Dawn of Anti-Epidemic' Action." SCMP, January 29.
[35] Cheung, Tony, and Christy Leung. 2020. "Police Suspect Hospital Bomb Linked to Hong Kong Protests." SCMP. January 27.
[36] Fox. 2020. Live Event. January 29.

avirus in the U.S.[37]Although *NYT* did not share this sentiment of American exceptionalism, they nevertheless presented SARS as a *positive* example in which a "SARS-like scare" could turn out to be a "blip in epidemic history."[38] The sacrifices made and the horror experienced in China and H.K. during SARS that made the elimination of SARS possible was not part of the U.S. experience. The closest example that experts could find when imagining a serious respiratory pandemic was the Spanish flu, on both *Fox* and *NYT*. Thus began the contested narrative, as experts became preoccupied with the appropriateness of different historical comparisons.

Before the travel ban was announced in late January, *Fox* host Sean Hannity invited Fauci to join his show to discuss the severity of cases in China. During this interview, he praised Fauci's expertise, saying, "I've watched you over many decades, and I know this is your wheelhouse."[39] At this early stage, there was no sign among *Fox* hosts of dismissing public health experts as being overly cautious. Indeed, there were even some political reasons why *Fox* was interested in highlighting the seriousness of the disease. *Fox* host Tucker Carlson, complaining that COVID-19 was not covered enough in other media outlets even though it could be more infectious than SARS, remarked, "In America's newsroom, impeachment is all that matters."[40] Nevertheless, that attitude was directed primarily at countries other than the U.S. While the virus was described as catastrophic in China and other countries with "weak health systems," in the U.S., a chief correspondent on Fox suggested that "the flu … is a much bigger threat than coronavirus."[41] SARS, MERS, and Ebola were also brought into the conversation through comparisons by *Fox* experts who reminded the audience of how past encounters with diseases often originated from foreign countries. SARS and MERS were brought up as examples of diseases contracted by humans when they eat exotic animals, suggesting that cultures of non-Western countries—specifically, China—are to blame for epidemics.[42] SARS, Ebola, and Zika were brought up together as examples the American public health system's effectiveness in controlling novel diseases.[43] Although past diseases were sometimes mentioned as success stories of less stringent disease control measures[44], the primary lessons drawn from the comparisons with past diseases on *Fox* were marked by xenophobia and self-congratulatory confidence in the U.S. public health system.

Like *Fox*, experts featured in the *NYT* used the contested narrative to help readers understand COVID-19. But unlike *Fox*, experts in the *NYT* cautioned against

[37] Fox. 2020. Tucker Carlson Tonight. January 29.
[38] Werb, Dan. 2020. "To Understand the Wuhan Coronavirus, Look to the Epidemic Triangle". NYT. January 30; Denise Grady. 2020. "As Coronavirus Explodes in China, Countries Struggle to Control Its Spread". NYT. January 31; Manhoo, Farhad. "Beware the Pandemic Panic". NYT. Jan 29; Fox. 2020. Live Event. January 29.
[39] Fox. 2020. Hannity. January 27.
[40] Fox. 2020. Tucker Carlson Tonight. January 28.
[41] Fox. 2020. Tucker Carlson Tonight. January 30.
[42] Fox. 2020. Tucker Carlson Tonight. January 23 and 24.
[43] Fox. 2020. The Five. Feb 7.
[44] Fox. 2020. The Five. Jan 28 & 29.

overreacting through draconian measures, especially mindful of potential racism and xenophobia.[45] In an article titled "Health Experts Worry Trump May Overreact to Epidemic," Trump's reactions to Ebola were highlighted as the author recounted Trump's critique of the Obama and his demands for draconian measures like "canceling flights, forcing quarantines and even denying the return of American medical workers who had contracted the disease."[46] The article went on to argue that public health experts were worried that Trump's xenophobic inclinations "could be a dangerous mix" in his handling of COVID-19. *NYT* columnists, quoting psychologists, warned against irrational overreactions and cautioned readers against "pandemic panic." Articles cautioned against "travel bans, overboard quarantines," with one citing examples of the long-lasting AIDS stigma, drawing connection between COVID-19 and the forementioned disease as they were all "panic about a foreign virus" and offered "another chance to target marginalized people"; and another contrasted COVID-19 to 2017 flu season that caused a lot of deaths in the U.S. but did not trigger a travel ban, arguing that the travel ban was the result of "othering" non-Western cultures.[47] Another article compared COVID-19 to the flu and argued that the flu was more serious, although without the American exceptionalism frequently found in expert narratives on *Fox*:

> The virus had killed about 1,100 worldwide and infected around a dozen in the U.S. [....] but a much more common illness, influenza, kills about 400,000 people every year... the metrics of public health might put the flu alongside or even ahead of the new coronavirus [....] it illustrates the unconscious biases in how human beings think about risk.[48]

It should be noted that *NYT* reports featured a wide range of experts. The claim that COVID-19 would become a pandemic and spread like H1N1 was raised as early as February 2.[49] However, a significant number of opinion articles written by a wide range of experts in this period continued to argue for less stringent measures, highlighting the importance of staying calm, washing hands, and not deviating much from life as usual. The caution against past experiences of stigmatizing minority groups and overreaction of *NYT* formed a strong contrast with *Fox*.

From the Past to the Contested Future

On February 25, Nancy Messonnier, the director of the CDC's Center for Immunization and Respiratory Diseases, issued a warning that community spread of COVID-19 was almost certain and proposed measures like social distancing, closing schools, and working from home. While the *NYT* article covering Messonnier's statements was sympathetic to her general judgment, her claim was presented with-

[45] Goldstein, Joseph and Singer, Jeffrey. 2020. "Lunar New Year Events Canceled Over Fears" NYT. Jan 29; Rich, Motoko. 2020. "As Coronavirus Spreads, So Does Anti-Chinese Sentiment" NYT. Jan 31; Barron, James. 2020. "Without Chinese Tourists, Business Sags". NYT. Feb 4.

[46] Crowley, Michael. 2020. "Health Experts Worry Trump May Overreact to Epidemic." NYT. Feb 11.

[47] Manjoo, Farhad. 2020. "Beware the Pandemic Panic." NYT. Jan 29; Spinks, Rosie. 2020. "Who Says It's Not Safe to Travel to China?" NYT. Feb 5.

[48] Fisher, Max. 2020. "Coronavirus 'Hits All the Hot Buttons' for How We Misjudge Risk." NYT. February 13.

[49] McNeil Jr., Donald. 2020. "Wuhan Coronavirus Looks Increasingly Like a Pandemic, Experts Say." NYT. February 2.

out any comparison to past diseases.[50] Although Anne Schuchat, principal deputy director of the CDC, agreed with this judgment, she then compared the expected toll of COVID-19 to a bad flu year and the 2009 swine flu, stating, "I think to help Americans frame what to expect, it's helpful to think about a bad flu year, or even the 2009 pandemic."[51] She also appeared during *Fox* coverage of White House briefings, saying that the coronavirus "spreads in a similar way to the common cold or to influenza . . . everyday sensible measures that we tell people to do every year with the flu are important . . . not very exciting measures . . .but really important."[52] In *Fox* covered White House press briefings, the flu was frequently mentioned, whereas SARS was not mentioned at all. COVID-19 suddenly turned from less than flu into serious like the flu.

Interpretations of Messonnier's warning differed drastically even among commentators within the same media outlet. On February 25, after quoting Messonnier's stern warning, *Fox* host Tucker Carlson cited a Harvard epidemiologist who predicted that the coronavirus was likely uncontainable and went on to state that "America is not ready for this or for any major epidemic . . . Thanks to the CDC's flawed rollout of coronavirus testing."[53] However, on another *Fox* show on the same day, Fauci stressed the need for preparation, saying that "the chances of there being spillover into our country[. . .] a pandemic [. . .] you have to prepare for it," but the conclusion that *Fox* host Brett Baier drew was, "do what you always do."[54] Even as public health experts began to gradually accept Messonnier's warning, they had difficulty developing an expert narrative that could convey the severity of the situation based on past analogies. Instead, experts turned to modeling and predictions to convey the potential for catastrophe. However, faith in models can be easily contested, especially since predictive models cannot be completely accurate.

Contested expert narratives subsided somewhat in mid-March, as a compromise among public health experts and the Trump administration emerged, when Trump declared a National Emergency over the Covid-19 outbreak on March 13, 2020 and began recommending social distancing and other voluntary measures for the public to adopt in efforts to help "stop the spread." However, this did not mark the end of contested narratives, especially on the issue of for how long lockdown measures should continue. The COVID response of Trump administration intensified the contestation. House of Representatives investigations on the Trump administration's handling of COVID-19 discovered that Trump administration blocked CDC's request to hold briefings for 3 months following Messonnier's February 25 warning that "angered" Trump.[55] Almost 3 weeks after Messonnier's warning, *NYT* reported on internal CDC models. Although experts interviewed explained that they did not disclose those results because doing so may lead to public panic, this article highlighted the importance of authoritative expert predictions, "Without an under-

[50] Belluck, Pam, and Weiland, Noah. 2020. "C.D.C. Officials Warn of Coronavirus Outbreaks in the U.S." NYT. February 25.
[51] Rev. 2020. "Transcript: U.S. Health Officials on Response to Coronavirus." February 25.
[52] Fox. 2020. Special Report with Brett Baier. February 26.
[53] Fox. 2020. Tucker Carlson Tonight. February 25.
[54] Fox. 2020. Special Report with Brett Baier. February 25.
[55] Select Subcommittee. 2021. "More Effective, More Efficient, More Equitable, Overseeing an Improving & Ongoing Pandemic Response."

standing of how the nation's top experts believe the virus could ravage the country and what measures could slow it, it remains unclear how far Americans will go in adopting [. . .] socially disruptive steps that could also avert deaths. And how quickly they will act."

Fox and NYT had very different approaches to models. NYT's approach acknowledged the limitations of data, information and assumptions as part of the modeling process, and emphasized the effect of disease control interventions on future predictions.[56] NYT collaborated with epidemiologists on March 25 to create model predictions of the curve if the country reopens immediately after Trump suggested reopening the country on March 23 and also published interactive articles highlighting the importance of social distancing measures, as readers could play with different model predictions under different measures.[57] In contrast, while experts and hosts on Fox did not completely disregard the legitimacy of modeling, they emphasized that some models, based on "incomplete data and faulty assumptions," overestimated the negative effect of COVID-19.[58] Specifically, the early model made by Imperial College London in March predicting more than 2 million COVID deaths in the U.S. that was later demonstrated by an article on Lancet to be a "significant overestimation" was mentioned several times on Fox as the exemplary wrong model and was criticized by some as fearmongering.[59] When public health experts acknowledged the uncertainties in modeling, it was distorted as evidence that it was difficult to know the true effects of disease control measures in changing the curve, undermining the measures suggested by experts.[60] Attacks on public health officials were also launched, with National Institute of Health experts described as "working with China . . . didn't want to get China upset," which would "bury many Americans . . ."[61] Fox host Tucker Carlson also changed his tune. Although Carlson initially urged caution, he began to argue against vigilance following a market selloff and Trump's repeated statements on the need for reopening. Carlson quoted Fauci's earlier stance, "people ought to worry more about 'the real and present danger of the annual flu' than about coronavirus,"[62] making the argument that experts in the NYT had made 2 months earlier, that "Human beings frequently underestimate risk, particularly risk on the horizon. Then they . . . in turn overreact to risk once they identify it." He went on to undermine the models that experts relied on to predict that hospital beds would fill up as overestimations. As such, the contested narrative, which began as debates between experts on what the most appropriate past disease experience was and what lessons can be drawn for COVID-19, quickly became a debate over the accuracy of modeling and future predictions within the first few months of the pandemic. Although contestations subsided in mid-March with the

[56] Quoctrung Bui et al. 2020. "Best Case to Worst" NYT. April 25.
[57] Kristof, Nicholas, and Stuart Thompson. 2020. "Trump Wants to 'Reopen America.' Here's What Happens If We Do." NYT. March 25; Patrick, Honner. 2020. "7 Ways to Explore the Math of the Coronavirus." NYT. April 2.
[58] Fox. 2020. The Ingraham Angle. April 2.
[59] Biggs, Adam, and Lanny Littlejohn. 2021. "Revisiting the Initial COVID-19 Pandemic Projections." The Lancet Microbe 2(3); Fox. 2020. The Story with Martha MacCallum. March 26 & April 28; Fox News Sunday. April 26.
[60] Fox. 2020. Tucker Carlson Tonight. April 2.
[61] Fox. 2020. Tucker Carlson Tonight. April 15.
[62] Fox. 2020. Tucker Carlson Tonight. April 04.

tenuous consensus where the Trump administration began to promote voluntary social distancing measures, the contested narrative and political polarization would further fuel doubt and skepticism over the need for further public health interventions.

CONCLUSION

Our study explored different expert narratives in China, H.K., and the U.S. during the initial stage of COVID-19. In tracing the emergence of expert narrative, we help advance the study of "resonance in motion" (McDonnell et al. 2017) in a symmetrical view that analyze both successful resonance and failed ones. While looking back, it may seem as if certain groups of experts were successful in crafting expert narratives that resonated widely, by tracing expert narratives from the very beginning of their emergence, we were also able to surface moments of failure that would not have been as evident. The past is important, as it shapes the availability of different solutions for each society, and these solutions in turn shape the "ends-in-view." However, this does not mean that the future is "locked-in." How the past is made resonant is highly dependent on the different constraints that experts face within their sociopolitical contexts. For societies without comparable past experiences, these constraints in the present are even more critical.

In both China and H.K., experts relied on society's shared collective SARS memories, but these memories were invoked differently: in China, the managed narrative monopolized the public sphere and eliminated other narratives, emphasizing the importance of trusting the government, and in H.K., the distrust narrative pointed to a potential cover-up similar to 2003. This differed from the wide range of comparisons made in the U.S. that led to the contested narrative, which was further exacerbated by political polarization. Those different narratives, we argue, create different expertise networks that were then tasked with tackling the problem of COVID-19. There are limitations to our study. Cross-case comparisons often ignore sequence effects. How different societies respond to COVID-19 is not independent from how others respond. China and H.K. are also not fully separate societies, although anti-Beijing sentiment in H.K. remains high.

The expert narratives identified, while contingent and context dependent, can be seen in other societies. There were societies, such as South Korea, Singapore, and Taiwan, in which policymakers and publics heeded the advice of experts who advocated for strong measures of quarantine and social distancing based on past experience with disease outbreaks such as SARS and MERS. The fractured expert field and the lack of resonance of expertise observed in the U.S. can also, to a certain degree, be seen in the United Kingdom, which only reluctantly imposed harsher measures when projections showed an exponential increase in cases. However, there were also countries in which past experience with disease was not as apparent. In these cases, such as in New Zealand, local experts had to do double the work to convince policymakers and the public that harsh measures were needed. Additionally, as we demonstrated in our study, it is not enough that policymakers and the public "listen to the science," as seen in the case of Sweden, which, on the advice of a small

segment of local experts, pursued a limited mitigation strategy that was often described as aiming to produce "herd immunity." The content of expertise matters too.

We acknowledge limitations exist in our study. Our comparisons sacrifice detail and analysis of within-case variation. Our reliance on media reports also do not fully allow us to identify the intention behind expert narratives. However, this was limited by the challenge of conducting pandemic fieldwork, and we have traced the documentary trail across a variety of sources. Future work should make use of archival access, interviews, and observations of how various forms of expertise influenced decision-making in key organizations. Despite the limits, our findings have several implications for the management of future crises and for public health beyond COVID-19, such with climate change (Tavory and Wagner-Pacifici 2021). First, given the variety of experts identified by the media as relevant to COVID-19, there needs to be more transparency in the process of deciding what is relevant expertise. Both over-centralization and an overly diverse cast of public experts can be problematic: China's repression of experts at first led to a delayed response; the U.S.'s slower and ineffective response can be attributed not only to anti-science political leaders, but also to the crisis of expertise (Eyal 2019). Second, the experience of SARS that served China and H.K. well should have also informed the responses of the U.S. and elsewhere. As commentators note, there were information lags: scientific findings common in China were repeated months later in the U.S. (Yang 2020). This unevenness in the global field of public health privileges statements from elite and dominant scientists. Public health experts should pay attention to peripheral and marginal voices and consider how hard-to-codify experiential knowledge can be shared. Finally, struggles over how the early response to COVID-19 should be memorialized have also already started. The appearance of new variants also raised new debates on what the past waves have taught us. As such, we invite sociologists to investigate these dynamics in the deployment of expertise in moments of crisis, as well as to analyze how the politics of the past inform societal imaginaries of the future.

REFERENCES

Au, Larry and Gil Eyal. 2022. "Whose Advice is Credible? Claiming lay Expertise in a Covid-19 Online Community." *Qualitative Sociology* 45: 1: 31–61.

Baldwin, Peter. 2007. *Disease and Democracy: The Industrialized World Faces AIDS*. Berkeley: University of California Press.

Carduff, Carlo. 2015. *The Pandemic Perhaps*. Berkeley: University of California Press.

Cerulo, Karen A. 2006. *Never Saw It Coming: Cultural Challenges to Envisioning the Worst*. Chicago: University of Chicago Press.

Chan, Raymond K. H. 2021. "Tackling COVID-19 risk in Hong Kong: Examining Distrust, Compliance and Risk Management." *Current Sociology* 69: 4: 547–565.

Deterding, Nicole and Mary Waters. 2018. "Flexible Coding of In-Depth Interviews: A Twenty-First-Century Approach." *Sociological Methods & Research* 50: 2: 708–739.

Dingwall, Robert, Lily M. Hoffman, and Karen Staniland. 2013. "Introduction: Why a Sociology of Pandemics?" *Sociology of Health & Illness* 35: 2: 167–173.

Eyal, Gil. 2013. "For a Sociology of Expertise: The Social Origins of the Autism Epidemic." *American Journal of Sociology* 118: 4: 863–907.

Eyal, Gil. 2019. *The Crisis of Expertise*. Cambridge, UK; Medford, MA: Polity.

Eyal, Gil and Larissa Buchholz. 2010. "From the Sociology of Intellectuals to the Sociology of Interventions." *Annual Review of Sociology* 36: 1: 117–137.

Gu, Edward and Lantian Li. 2020. "Crippled Community Governance and Suppressed Scientific/Professional Communities: A Critical Assessment of Failed Early Warning for the COVID-19 Outbreak in China." *Journal of Chinese Governance* 5: 2: 160–177.

Hagen, Ryan. 2019. "Collisions Between Institutional and Populist Risk Imaginaries: The "Dark Side" of Negative Asymmetric Thinking." *Sociological Forum* 34: S1: 1235–1250.

Hänggli, Regula. 2012. "Key Factors in Frame Building: How Strategic Political Actors Shape News Media Coverage." *American Behavioral Scientist* 56: 3: 300–317.

Harris, Joseph and Alexandre White. 2019. "The Sociology of Global Health: A Literature Review." *Sociology of Development* 5: 1: 9–30.

Hartley, Kris and Darryl S. L. Jarvis. 2020. "Policymaking in a Low-Trust State: Legitimacy, State Capacity, and Responses to COVID-19 in Hong Kong." *Policy and Society* 39: 3: 403–423.

Huang, Yanzhong. 2004. "The SARS Epidemic and Its Aftermath in China: A Political Perspective," In Stacey Knobler, Adel Mahmoud, Stanley Lemon, Alison Mack, Laura Sivitz, and Katherine Oberholtzer (eds.), *Learning from SARS*: pp. 116–136. Washington, DC: National Academies Press.

Lee, Jong-Wha and Warwick J. McKibbin. 2004. "Estimating the Global Economic Costs of SARS," In Stacey Knobler, Adel Mahmoud, Stanley Lemon, Alison Mack, Laura Sivitz, and Katherine Oberholtzer (eds.), *Learning from SARS*: pp. 92–109. Washington, DC: National Academies Press.

Liu, Chuncheng and Ross Graham. 2021. "Making Sense of Algorithms: Relational Perception of Contact Tracing and Risk Assessment During COVID-19." *Big Data & Society* 8: 1: 1–13.

Lu, Yingdan, Jennifer Pan, and Yiqing Xu. 2021. Public Sentiment on Chinese Social Media During the Emergence of COVID-19. *JQD: DM*. 1.

Mason, Katherine. 2016. *Infectious Change: Reinventing Chinese Public Health After an Epidemic*. Redwood City: Stanford University Press.

McDonnel, Terence E. 2016. *Best Laid Plans: Cultural Entropy and the Unraveling of AIDS Media Campaigns*. Chicago: University of Chicago Press.

McDonnell, Terence E., Christopher A. Bail, and Iddo Tavory. 2017. "A Theory of Resonance." *Sociological Theory* 35: 1: 1–14.

Olick, Jeffrey K. and Joyce Robbins. 1998. "Social Memory Studies: From 'Collective Memory' to the Historical Sociology of Mnemonic Practices." *Annual Review of Sociology* 24: 105–140.

Paules, Catharine I., Hilary D. Marston, and Anthony S. Fauci. 2020. "Coronavirus Infections—More Than Just the Common Cold." *JAMA* 323: 8: 707–708.

Riley, Dylan and Juan J. Fernández. 2014. "Beyond Strong and Weak: Rethinking Postdictatorship Civil Societies." *American Journal of Sociology* 120: 2: 432–503.

Robinson, Rachel Sullivan. 2017. *Intimate Interventions in Global Health: Family Planning and HIV Prevention in Sub-Saharan Africa*. Cambridge: Cambridge University Press.

Sewell, William H. 1990. "Three Temporalities: Toward a Sociology of the Event," 37.

Swidler, Ann. 1986. "Culture in Action: Symbols and Strategies." *American Sociological Review* 51: 2: 273–286.

Tavory, Iddo and Stefan Timmermans. 2014. *Abductive Analysis: Theorizing Qualitative Research*. Chicago: University of Chicago Press.

Tavory, Iddo and Robin Wagner-Pacifici. 2021. "Climate Change as an Event." *Poetics* 1–11.

Wagner-Pacifici, Robin and Barry Schwartz. 1991. "The Vietnam Veterans Memorial: Commemorating a Difficult Past." *American Journal of Sociology* 97: 2: 376–420.

Wald, Priscilla. 2008. *Contagious: Cultures, Carriers, and the Outbreak Narrative*. Durham: Duke University Press.

Wan, Kin-Man, Lawrence Ka-ki Ho, Natalie W. M. Wong, and Andy Chiu. 2020. "Fighting COVID-19 in Hong Kong: The Effects of Community and Social Mobilization." *World Development* 134: 105055.

Whitford, Josh. 2002. "Pragmatism and the Untenable Dualism of Means and Ends: Why Rational Choice Theory Does Not Deserve Paradigmatic Privilege." *Theory and Society* 31: 3: 325–363.

Xu, Bin. 2017. *The Politics of Compassion: The Sichuan Earthquake and Civic Engagement in China*. Redwood City: Stanfrod University Press.

Yang, Zeyi. 2020. "Pandemic Coverage and Information Gaps." *Columbia Journalism Review*, accessed April 27, 2020. https://www.cjr.org/opinion/china-western-media-pragmatic-information-gap.php

Zerubavel, Eviatar. 1997. *Social Mindscapes: An Invitation to Cognitive Sociology*. Cambridge: Harvard University Press.

Zinn, Jens O. 2021. "Conclusion: Towards a Sociology of Pandemics and Beyond." *Current Sociology* 69: 4: 435–452.