# Media and COVID-19

# Media and COVID-19:

## *Journalistic Coverage, Journalists' Perceptions, and Social Media*

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# ABSTRACT

The COVID-19 pandemic introduced unprecedented challenges to communication. Journalists covering the pandemic faced a unique and formidable task: reporting on an invisible, global adversary. This study is the first of its kind to analyze the communication dynamics during the pandemic, focusing on both the professional and personal impacts of covering such a crisis. The research examines communication issues from three key perspectives: the media's coverage of the pandemic at the onset of the crisis, the content generated on social media during this period, and the perceptions and insights of journalists as they navigated the unfolding pandemic.

This study examines the coverage of the first wave of the COVID-19 crisis in Israel, focusing on both mainstream media and social media. It investigates how journalists reported on the official health and scientific responses to the pandemic and assesses the professional and personal impact on the journalists themselves. Additionally, the research explores how social media platforms functioned as spaces for disseminating health and science-related information, often used for personal and political purposes during the crisis.

The book has three main chapters: two of the chapters (the first and the third) focus on the coverage of the COVID-19 crisis in official and professional journalism, both written and broadcast, and delve into the experiences of the journalists who investigated and reported on the heart of the pandemic. The second chapter examines the characteristics of rumor communication on social media during the crisis outbreak.

In the first chapter of this research, I examined how the Israeli media covered the COVID-19 crisis during its first wave. A total of 213 articles from leading media outlets were analyzed over a seven-day period in March 2020. Four distinct characteristics emerged: coverage of the establishment's preparations, coverage of morbidity, criticism of the establishment, and information provision. The study found that media coverage during a health crisis closely mirrors coverage during a security crisis. In times of national crisis, a sense of national identity shapes the reporting, with the media

initially aligning with the government's stance. However, as the crisis unfolds, the media often shifts to a more critical role, acting as a watchdog to uphold the public's right to know. In other words, at the onset of the crisis, the media aligns with the establishment, offering positive coverage of the official response. Over time, however, it returns to its critical role, scrutinizing the establishment's actions.

In the second chapter of the study, we analyzed the key characteristics of rumors about COVID-19 that circulated on social media in Israel during the first wave of the pandemic. The research found that most rumors were related to health and medical contexts, rather than political or economic ones. Three main features were identified. The first was that rumors predominantly focused on the body—specifically, on virus transmission and methods of preventing infection. The second feature involved the source of the rumors—many were attributed to experts or institutions to enhance credibility. The third feature related to the distortion of the pandemic's scope—either downplaying or exaggerating its severity. The study revealed that more rumors minimized the pandemic's impact, portraying the situation as less severe, compared to those that exaggerated its gravity.

The third chapter of the study explored how coverage of the first wave of COVID-19 affected the interviewed journalists. The research is based on interviews with 20 prominent Israeli journalists from various media outlets, including print, broadcast, and online. Two main themes emerged from the interviews. The first theme underscores the importance of scientific and health information in reporting on the virus and delivering credible, evidence-based data to the public. To fulfill this role, the journalists became a kind of "human Wikipedia," tirelessly searching for accurate information about a new and unfamiliar pandemic. The second theme highlights a shift in the journalistic work format, resembling a hybrid model. Due to concerns about the pandemic, journalistic coverage transitioned from outdoor, on-the-ground reporting to remote or indoor work to minimize exposure. According to the interviewees, this approach may become an adopted and enduring method for working in the field.

# INTRODUCTION

The year 2020 will be remembered in Israel and around the world as the "Year of the Coronavirus." The COVID-19 pandemic caught Israel by surprise. The Prime Minister, government ministers, and the heads of the health and security ministries appeared on the main news broadcast every evening, delivering instructions and messages to a bewildered public in need of guidance and hungry for information. The information provided by politicians served as the foundation upon which the media built its extensive investigative work. The information included alarming statistics and reports of crisis in hospitals, particularly in the emergency rooms. There were reports of shortages in respiratory equipment and expressions of concern about mass infection, the disease's spread, and the possibility of a high death toll. The concerns arose from what was known – the understanding that this was a severe virus – and more from what was unknown – the virus was unfamiliar, and no one knew for certain how it was transmitted and what precautions should be taken. The prevailing atmosphere was one typical of states of emergency and crises (Bates & Callison, 2008; Sweetser & Metzgar, 2007; Coombs, 2007; Ulmer et al., 2019; Reynolds & Seeger, 2005; Sellnow & Seeger, 2013; Seeger et al., 2003).

The COVID-19 pandemic has evolved into a global crisis, unprecedented in many aspects of life, and it is no surprise that the coronavirus has captivated the academic world as well (World Health Organization, 2020; Anderson et al., 2020). This study examines the communication aspects of the pandemic, focusing on the initial outbreak in Israel. It explores the working methods of journalists and the challenges they faced, such as the difficulty of obtaining reliable information in a reality marked by uncertainty, information gaps, and the absence of clear tools or guidelines for navigating this new landscape.

Additionally, the anxiety that gripped the public also affected the journalists. Many felt exposed to danger and unable to protect themselves when leaving their homes—now their workplace—to gather necessary information in the hazardous public sphere (Osmann et al., 2021; Internews, 2020; UNESCO, 2021; Smith et al., 2021; 2020). They were not only concerned for their own health but also for their families, including young children and elderly

members, who might contract the disease they could unknowingly bring home. As a result, the boundaries of journalistic coverage became blurred, and the journalistic workspace transformed into a hybrid model (Dailey et al., 2005; Hallin, 2021; Kolodzy, 2006; Newman, 2022; Quinn, 2005).

The aim of this research is to examine the coverage of the first-wave COVID-19 pandemic in Israel across various communication channels and to explore how news professionals coped with the challenges posed by a health crisis of this magnitude, which was unprecedented. The study investigates how Israeli journalists assessed the preparedness of the establishment at the outset of the virus outbreak, how they reported on the establishment's handling of information dissemination and explanation, and, most importantly, how they professionally confronted the lethal and unfamiliar pandemic (Osho, 2020).

A particular aspect that arises in this research pertains to a relatively new communication channel – social media. The study demonstrates the rapid dissemination capability of rumors on these platforms, free from the legal and ethical communication norms that journalists in a democratic country are clearly bound by. The research examines the content of rumors spread across social media. Understanding the types of rumors may contribute to an awareness of their influence during a pandemic and the ability to protect oneself from them, especially in times of crisis (Cohen, 2019).

The research highlights the new communication landscape shaped by social media during the COVID-19 pandemic. Unlike previous global outbreaks such as avian flu, Spanish flu, Ebola, and SARS, social media was not as prevalent, and people relied on slower communication methods for news updates (Xiang et al., 2017; Reynolds & Seeger, 2005; Sellnow & Seeger, 2013; Seeger et al., 2003; Coombs, 2007; Ulmer et al., 2019). In contrast, today's social media platforms are fast and efficient but also serve as channels for spreading information that is not always credible and, in some cases, can be harmful (Nyozika et al., 2020; Vosoughi et al., 2018; Lazer et al., 2018; Pennycook & Rand, 2019; Shu et al., 2017; Allcott & Gentzkow, 2017).

The first chapter investigates the coverage of COVID-19 in articles across print, broadcast, and online media. We found that newspapers primarily focused on examining how the establishment prepared for and coped with the first wave of the COVID-19 crisis. The study illustrates how journalists approached the healthcare crisis in a manner similar to their handling of security crises.

The second chapter examines the key characteristics and contents of rumors about COVID-19 that spread on social media during the first wave. The research investigates the features of rumors circulated on social media in the healthcare and scientific domains, as well as the use of institutional names and experts' names to lend an air of credibility to these rumors for online users.

The third chapter explores journalists' perceptions of their experiences during the COVID-19 crisis. The research examines their primary motivations for covering the pandemic during its first wave and the lessons learned for the future. It highlights how coverage of the pandemic, driven by the threat of the deadly virus, transformed traditional journalistic practices and contributed to a renewed appreciation of professional expertise. Additionally, the study investigates how the fear of infection and the risk of transmission influenced the surveyed journalists to adopt hybrid work models, which may persist even after the pandemic.

## Journalism in Crises

In a democratic society, it is customary to define two central roles of the media: (a) delivering reliable information to the public; (b) safeguarding freedom of expression and democracy, including the overall role of scrutinizing the government or other entities when they use their authority and power improperly (Lasswell, 1948; Schudson, 2008; Curran, 2011; McQuail, 2010; Bennett & Livingston, 2018; Pickard, 2020).

Crisis events such as wars, terrorist attacks, or natural disasters pose a recurring threat to civilian populations worldwide. A crisis is defined as a situation that arises from a dramatic and extreme change in reality, where the familiar is replaced by the unfamiliar, and the ability to make sense of what is happening becomes elusive. Concepts that once conveyed meaning lose their power to do so. Research indicates that media consumption during traumatic events plays a crucial role in such crises. The mass media serves as an intermediary, conveying reality, interpreting it, and explaining its implications to the public, thereby influencing the public's ability to cope with the crisis—either by strengthening or weakening it (Shoshani & Slone, 2007; An & Gower, 2009; Houston et al., 2012; Ball-Rokeach & DeFleur, 1976; Lowrey, 2004; Seeger et al., 2003).

The media's role in crisis situations within a democratic society presents significant challenges, often involving difficult dilemmas. First, they may be subject to oversight mechanisms, such as censorship, and may receive

incomplete or incorrect information. Second, journalists often experience internal conflict between their loyalty to professional standards, which require them to critically scrutinize the establishment, and their sense of patriotism, which discourages customary criticism of the government during times of emergency (Council of Europe, 2020; International Media Support, 2004; Sissons, 2017).

Common characteristics of media coverage during crisis events include dramatization and personalization—focusing on identifying culprits (Cho & Gower, 2006; Bennett, 2003; Olsson et al., 2015; Houston et al., 2012; An & Gower, 2009; Seeger et al., 2003), presenting one side as the victim, using fear-inducing and threatening descriptions, adopting a sensational style, and promoting misconceptions (Tierney et al., 2006; Altheide, 2002; Wahlberg & Sjoberg, 2000; Kitzinger, 1999; Graber, 2002; Glassner, 1999). In such times, the public seeks information to help them make sense of the event and understand its causes, hoping to alleviate uncertainty. They turn to the media as the primary source of this information (Weimann, 2000; An & Gower, 2009; Houston et al., 2012; Ball-Rokeach & DeFleur, 1976; Lowrey, 2004; Seeger et al., 2003).

However, this search for information does not always result in accuracy. Crisis events can foster incorrect conclusions, as most people tend to focus on warning signs and negative developments rather than positive news (Feinberg, 2001; Soroka, 2006; Trussler & Soroka, 2014; Shoemaker, 1996; Rozin & Royzman, 2001; Baumeister et al., 2001). Additionally, during emergencies, the media often mirrors the unfolding situation and highlights deficiencies. This focus can amplify feelings of helplessness and fear in the public as they confront the harsh reality (Tierney et al., 2006; Wahl-Jorgensen, 2020; Garfin et al., 2020; Pfefferbaum et al., 2014; Goodwin et al., 2011; Holman et al., 2014).

Furthermore, in emergency times, the public often views the media as the bearer of disastrous tidings, and some draw unwarranted and extreme conclusions. They see the media not only as the messenger of disaster but, to some extent, as those responsible for it, pointing accusatory fingers at the media (Feinberg, 2001; Wahl-Jorgensen, 2020; Houston et al., 2012; An & Gower, 2009; Seeger et al., 2003). This public perception creates a dilemma for journalists regarding how to report distressing news to the public.

Thus, during times of emergency, journalists face a professional dilemma: whether to act out of social responsibility for the public good by "rallying around the flag," or to serve as "watchdogs" safeguarding the public's right

to know. This tension arises from the gap between freedom of expression and the demands of a national-security state. Rather than viewing the media as either aligned with or opposing the establishment, researchers suggest that journalists operate on a spectrum between two poles of belonging and identity. In other words, even if a sense of national identity dominates their coverage during a national crisis, as political processes and governmental actions unfold, they are expected to adopt a more assertive stance toward the authorities and engage in critical coverage (Wolfsfeld, 2004; Hallin, 1986; Bennett et al., 2007; Entman, 2004; Zaller & Chiu, 1996; Lawrence, 2000).

Some researchers argue that in a democratic society, there is no justification for withholding criticism of the government and politicians during a crisis. Dor (2001) contends that it is the media's duty to dig deep and present the harsh facts to the public in real-time, even when this runs contrary to mainstream public opinion. Media reporting during a crisis contributes to drawing lessons for future events and should not be left solely to investigative committees, whose findings often come too late. The media's role becomes especially crucial during crises, when familiar realities are upended, and the public seeks as much information as possible to reduce uncertainty (Feinberg, 2001). When official information channels fail to calm the public or accurately reflect the situation, informal channels step in to fill the gap (Starbird et al., 2012; Palen et al., 2009; Sutton et al., 2008; Vieweg et al., 2010; Hughes & Palen, 2009; Mendoza et al., 2010).

In such moments, journalists are expected to fulfill two key roles: First, the classic journalistic role of delivering accurate reporting, even when the facts are difficult, upholding the public's right to know. Second, the social journalistic role, which involves helping the public to cope with the crisis by providing reassurance and aiding in navigating the challenges it presents (Mellado et al., 2020; Seeger et al., 2003; Vasterman & Ruigrok, 2013; Wahl-Jorgensen, 2020; Zelizer, 2020).

Gans (1979) argued that journalism, as a profession, parallels other empirical disciplines in its commitment to the principle of objectivity. Journalists aim to describe situations from their perspective while focusing on objective facts and avoiding distractions from the central issue. However, maintaining objectivity and detachment from societal influences is more of an ideal than a practical reality (Clutterbuck, 1983; Gans, 1979; Schudson, 2001; Tuchman, 1972; McQuail, 1992; Gitlin, 1980).

## The COVID-19 pandemic - a national emergency crisis

A national crisis can emerge in various domains, including security, the economy, social circumstances, or natural disasters. A pandemic-induced national crisis has distinct characteristics that significantly affect the country and its citizens.

In a national crisis of a different nature, such as a war, it is customary to have a leader who guides and manages the situation at the national level. This leadership role is inherent in the defined structure of such crises. In contrast, during a national crisis caused by a pandemic, the regular healthcare system lacks a central figure to lead the response, as such leadership is not embedded in the system's structure and workflow. Consequently, the healthcare system cannot adequately prepare for the crisis, as the source of the new pandemic is unknown, necessitating a process of learning and adaptation as the situation unfolds (Boin et al., 2013; Dwyer & Tsai, 2020; Kuhlmann et al., 2021; Lal et al., 2022; Reece, 2019).

While the pandemic originates from a disease generator, the resulting crisis extends beyond the healthcare field, representing a multi-faceted challenge that impacts all aspects of life. Its main characteristics include pervasive uncertainty and a high level of hidden risk. Therefore, this qualifies as a national crisis that requires political decision-making as well.

As previously noted, during global health crises, the public actively seeks information to help them comprehend the unfolding events and the reasons behind their uncertainties (Feinberg, 2001; Case et al., 2005; Lambert & Loiselle, 2007; Niederdeppe et al., 2007; Rains, 2007; Zhao & Zhang, 2017). The media is often perceived as the primary source of this information (Weimann, 2000). However, this search does not always result in accurate information. Crisis situations are often fertile ground for drawing incorrect conclusions, with many people tending to focus more on danger signs and negative predictions rather than on positive news and updates (Feinberg, 2001; Soroka, 2006; Trussler & Soroka, 2014; Shoemaker, 1996; Rozin & Royzman, 2001; Baumeister et al., 2001).

As previously mentioned, during global health crises, the public seeks information to help them understand the events and the reasons behind them, often causing fear among readers. Furthermore, this search for clarity can lead to the spread of misinformation and even fake news (Basch et al., 2020; Cinelli et al., 2020; Kouzy et al., 2020; Tasnim et al., 2020; Zarocostas, 2020; Pulido et al., 2020). New media channels—including

regional and local television and radio, internet websites, and social media (Phillips, 2010)—play a crucial role in disseminating information and shaping the public's perception of health crises worldwide.

Similarly, these new communication channels focus on mediating the actions of health and government institutions aimed at resolving the crisis. Therefore, it is essential to understand the dynamic role of these media in providing information about emerging infectious diseases. They cover a wide range of sources, perspectives, and strategies for news coverage during health crises (Pan & Meng, 2016). Non-scientific information may also emerge in the form of rumors and conspiracy theories, which complicate public health issues. Some people express fears and suspicions, rejecting official explanations and introducing unrelated or inaccurate interpretations of events (Alkhodair et al., 2021; Enders et al., 2021; Romer & Jamieson, 2020; Freeman et al., 2020; Imhoff & Lamberty, 2020; van Prooijen & Douglas, 2017).

Coultas and Falade's (2017) research examined how both scientific and non-scientific information influences public perceptions of public health, focusing on the case of Ebola. Their findings revealed that media coverage is a significant driver of public anxiety. Moreover, non-scientific discourse played a crucial role in discussions, particularly regarding the various risks highlighted in the media. To enhance public engagement, they emphasized the need for science communication to foster interactive information-sharing processes, especially in emergency contexts where fear is prevalent (Coultas & Falade, 2017).

One of the key issues in health reporting is that journalists often lack the specialized knowledge or training required for accurate and comprehensive coverage (see Chapter 3). Without expertise in medical and healthcare science, journalists may face challenges in effectively reporting on these topics. Despite their professional training and adherence to ethical standards, they typically do not have the full medical education needed for precise reporting (Andsager & Powers, 1999).

In addition, some journalists may occasionally rely on sources with vested interests, such as business entities, pharmaceutical companies, and public relations personnel. During a medical crisis, medical reporting often relies on professional and credible information, which may sometimes reveal previously undisclosed deficiencies. However, despite the goal of providing accurate information, journalists without specialized knowledge in health may occasionally report on unfamiliar subjects. Expanding journalists'

scientific understanding could improve their ability to accurately convey the risks associated with epidemic infections, facilitating the implementation of effective public health measures (Guerrier et al., 2015).

# Health Reporting in Emergencies

The role of communication is crucial in public health, encompassing disease prevention and health preservation. People rely on various sources of information regarding risks, including written, broadcast, and visual media, as well as friends, the internet, and social media.

Risk communication, a subset of health communication theories and research, focuses on health risks caused by human activities, industrial hazards, natural disasters and pandemics (Covello & Sandman, 2001; Glik, 2007; Lundgren & McMakin, 2018; Reynolds & Seeger, 2005; Seeger, 2006). It is essential in fostering broad collaboration, managing pandemics, and providing necessary care (Covello & Sandman, 2001; Reynolds & Seeger, 2005; Glik, 2007; Seeger, 2006; Vaughan & Tinker, 2009). As a relatively new field, risk communication encompasses societal, cultural, health, and communication aspects. It involves government bodies utilizing communication strategies to deliver messages to target audiences. The World Health Organization (WHO) defines risk communication as providing real-time information, advice, and expert opinions to people facing threats to their environment, health, economy, or social situation.

In regional or global pandemic events, risk communication plays a critical role in public health management and preservation. Its functions include educating the public and guiding them on how to deal with crisis situations (Vaughan & Tinker, 2009; Reynolds & Seeger, 2005; Glik, 2007; Seeger, 2006; Covello & Sandman, 2001).

Similar to other countries, Israel is vulnerable to natural disasters and health threats such as influenza and avian flu. Today, there are numerous technological tools and predictive capabilities for natural disaster mitigation. Dealing with these threats requires an understanding of human behavior, especially in emergency situations (Gesser-Edelsburg & Zemach, 2012). Barry (2009) and Sandman (2006) argued that risk communication is of great importance. Vaccination is one of the most critical weapons against the next pandemic, and communication plays the second most vital role.

Key points of crisis communication are: (1) The risk is often unknown to the public and sometimes even to the scientific community. Consequently, decision-makers frequently must act with incomplete information. (2) The situation is dynamic, requiring those in leadership roles to adapt to various scenarios rapidly. (3) Multiple organizations collaborating during crises necessitate extensive coordination to avoid duplication of efforts, conflicting opinions, and inefficiencies that can lead to public anxiety and confusion (Fischoff, 2004)

When a crisis event occurs, the familiar reality changes, and a threat to the stability of life is perceived by the public (Moscovici, 1984; Weick, 1988; Smircich & Stubbart, 1985; Olaniran & Williams, 2001; Lerbinger, 1997; Perrow, 1984). Therefore, in such situations, communication plays a crucial role in the information it provides, and the public relies on this information. The management of epidemics heavily relies on mass communication for message distribution. To ensure quality communication coverage, the Centers for Disease Control and Prevention (CDC) has established communication networks. However, communication activities during health crises are often limited and tend to depend on past epidemics and predefined crisis categories (Ofir, 2018; Reynolds & Seeger, 2005; Glik, 2007; Seeger, 2006; Covello & Sandman, 2001; Vaughan & Tinker, 2009).

Ofir's research, a socio-scientific study, examined 5,000 articles from three major U.S. newspapers covering three different epidemics. The study, based on the Crisis Emergency Risk Communication (CERC) model's guidelines, revealed a significant mismatch between the CDC's goals for epidemic communication and the information actually conveyed to the public (Ofir, 2018).

Currently, several models are used for crisis communication, including the CERC model (Rudd et al., 2003). Developed by the U.S. Centers for Disease Control and Prevention, this model emphasizes two-way communication between the organization and the public.

The COVID-19 virus first emerged in December 2019 in China and was declared a global pandemic by the World Health Organization (WHO) in March 2020. In such crises, communication plays a crucial role in explaining the situation to the public and serves as a vital link between health authorities and the general population. The risk communication process begins with assessing the risks to the public, the systems that will be affected, how these systems will be impacted, the extent of the impact, when the impact will occur, and how long the impact will last (Courtney et

al., 2003; National Research Council, 1983; Covello & Sandman, 2001; Glik, 2007; Seeger, 2006; Reynolds & Seeger, 2005)

## Learning from the Past: The Spanish Flu and other Global Pandemics

The Spanish flu, much like the current COVID-19 pandemic, was a global outbreak. Though it did not originate in Spain, the Spanish media began extensively reporting on the flu's spread across the country in May 1918, even noting that King Alfonso XIII, the Prime Minister, and several ministers had contracted it. As a result of these reports, the pandemic—likely originating in the United States and spreading to Europe—became identified with Spain. The Spanish flu became a global pandemic for about a year, caused by an extremely virulent virus that led to a high death toll. Johnson and Miller (2002) estimated the death toll at around 50 million, with the possibility that the pandemic claimed up to 100 million lives in less than a year, while infecting over a billion people, more than half the world's population at the time. Medical records also documented unusual post-pandemic side effects, including encephalitis lethargica, a widespread outbreak of Parkinson's disease, and mental illnesses such as schizophrenia (Johnson & Mueller, 2002).

The Spanish flu unfolded in three waves. The first, in the spring of 1918, was relatively mild. The second, more deadly wave arrived in the fall and early winter, followed by a moderately severe third wave in early 1919. This flu was particularly devastating for young adults aged fifteen to thirty-five. With no known treatment for the virus, addressing the pandemic became a national priority. Countries implemented hygiene measures, such as discouraging spitting and coughing near others, prohibiting spitting in public, promoting handwashing, encouraging ventilation, and advising the sick to stay home and rest. Medical personnel and public service workers, including police officers, postal workers, and street cleaners, wore masks, while streets and public buildings were disinfected. Emergency regulations prohibited gatherings, closed schools, churches, and cinemas, and restricted assemblies (Barry, 2005; Crosby, 2003; Hatchett et al., 2007; Johnson & Mueller, 2002; Taubenberger & Morens, 2006).

The Spanish flu marked a turning point in the development of comprehensive medical policy (Barry, 2005). But despite the pandemic's catastrophic toll, claiming millions of lives within a year, it received limited media coverage. The modern medical establishment largely sought to erase

this "embarrassing" pandemic from collective memory. However, as new pandemics emerged—such as the Manchester flu in 1937, the Asian flu in 1957-1958, and the Hong Kong flu in 1968-1969—the medical world was forced to revisit and learn from the Spanish flu. Renewed interest arose out of fear of a future global disaster and the need to better address such crises.

In the years 1997-1998, global concern resurfaced with the destruction of two million birds in Hong Kong to prevent the spread of a deadly new strain of avian flu. This fear of pandemics deepened further in 2002-2003 with the discovery of SARS, a viral respiratory disease first identified in China, which quickly spread worldwide. Much like the Spanish flu, SARS presented with severe respiratory symptoms and raised widespread alarm. Another global outbreak, swine flu, emerged in 2009-2010, infecting over sixty million people, leading to the rapid development of a vaccine (Beiner, 2011). These events, along with renewed fears of pandemics, prompted increasing media interest in the often-forgotten Spanish flu (Beiner, 2011; Claas et al., 1998; Peiris et al., 2004; Dawood et al., 2009; Taubenberger & Morens, 2010; Uyeki & Cox, 2013).

Beiner, a leading historian on the Spanish flu, described it as a defining global pandemic. He noted that it wasn't until 1998—eighty years after the outbreak—that an academic conference on the Spanish flu was held, in Cape Town, South Africa. Since then, the pandemic has generated significant academic interest and research. Following the outbreaks of SARS and swine flu, media curiosity about the Spanish flu intensified. According to Beiner, rediscovering the history of the Spanish flu prepares us for future pandemics of similar magnitude, emphasizing the need for preparedness in the face of such global health crises.

## The Case Study: The First Wave of the COVID-19 Pandemic

The coronavirus pandemic, caused by the SARS-CoV-2 virus and resulting in the disease known as COVID-19, began in December 2019 in Wuhan, Hubei province, China. From there, it rapidly spread to most countries worldwide, including Israel, where the first cases were identified in February 2020. The likely origin of the disease is believed to be zoonotic, transmitted to humans in a market in China where live animals were sold for slaughter and consumption. COVID-19 is marked by human-to-human transmission and relatively high infection and mortality rates compared to

the flu (Andersen et al., 2020; Li et al., 2020; Wu et al., 2020; Zhou et al., 2020; Zhu et al., 2020).

This study focuses on analyzing the communication environment surrounding the first wave of the COVID-19 pandemic in Israel. The period from January to April 2020 is generally regarded as the initial wave of the outbreak. During this time, most patients were either asymptomatic or experienced mild symptoms, while severe cases involved respiratory failure, requiring mechanical ventilation and prolonged intensive care (Rothan & Byrareddy, 2020). On January 27, 2020, then-Minister of Health Yaakov Litzman issued an order under the Public Health Ordinance, adding COVID-19 to the list of internationally significant diseases requiring immediate notification of their outbreak.

In March 2020, Israel experienced the full onset of the first wave of the COVID-19 pandemic. During this month, 4,466 new cases were detected, with daily cases surpassing 100 for the first time, eventually peaking at 628 new cases per day by the end of the month. In an effort to curb the spread, the government intensified restrictions on movement and public gatherings. On March 16, localized lockdowns were introduced in areas with high infection rates, alongside emergency measures in the public sector. On March 20, Israel recorded its first coronavirus-related death, a nursing home resident.

The government's initial communication strategy, designed to influence preventive behavior, was centered around collective sanctions and threats, exemplified by the slogan "Comply or face a lockdown." On March 25, the first nationwide lockdown was implemented, restricting people from leaving their homes beyond 100 meters, with mandatory temperature checks at workplaces and public spaces. By the end of the month, participation in weddings and funerals was also prohibited.

Next, let me briefly outline the key points regarding the outbreak of COVID-19 in Israel and the official response measures. The period from January to April 2020 is considered the first wave of the COVID-19 outbreak in Israel. As the pandemic unfolded, the government introduced a series of restrictions through emergency regulations:

- **March 14, 2020:** The Prime Minister and the Minister of Health announced the closure of the entire education system, from early childhood programs to higher education institutions. Additionally, all

leisure activities were canceled, and limits were imposed on the number of people permitted in enclosed spaces.

- **March 16, 2020:** The then Minister of Finance, Moshe Kahlon, and Prime Minister Benjamin Netanyahu announced that the public sector would shift to emergency operations, while the private sector workforce was reduced by 70%.

- **March 17, 2020:** The Ministry of Health issued new guidelines, restricting movement outside the home to essential needs only.

- **March 19, 2020:** The government approved emergency regulations for movement restrictions, setting specific times for leaving home and limiting the distance allowed for outdoor activity. Law enforcement authorities were empowered to enforce these regulations.

- **March 20, 2020:** Israel recorded its first COVID-19-related death.

- **March 25, 2020:** Further restrictions were imposed on leaving homes, allowing only essential outings.

- **March 31, 2020:** Public gatherings, including religious prayers in open areas, were prohibited.

- **April 8, 2020:** A nationwide lockdown was declared in preparation for the Passover holiday, with 30,000 police officers, 1,400 soldiers, and 300 inspectors assigned to enforce the regulations.

- **April 12, 2020:** A directive mandating the wearing of masks in public spaces was implemented The State Comptroller, 2020-2021).

# CHAPTER 1

# COVERING A HEALTH CRISIS
# AS A MILITARY CRISIS?
# THE ISRAELI MEDIA COVERAGE OF
# THE FIRST WAVE OF COVID-19

## Abstract

The study analyzes the media coverage of the first wave of the COVID-19 crisis. The analysis of 213 items from leading television channels and newspapers revealed four main themes characterizing the coverage: coverage of the establishment's preparations, coverage of morbidity, criticism of the establishment, and information provision. By and large, the media acted as a "recruited press," encouraging the public to follow guidelines, but criticism of certain sectors of the public and individuals was almost absent. The study demonstrates that the phenomenon of "rallying around the flag" is common in both security and health crises.

## Introduction

Extensive research suggests that during emergencies, the media in Israel, as well as other countries, tends to become mobilized. Typically, the media refrains from criticizing the government's handling of the crisis, and journalists tend to adopt a more forgiving position towards the authorities' actions. Scholars have referred to this phenomenon as patriotic or mobilized journalism. This phenomenon has been observed in the British media during the "Blitz," the American media after September 11, and in the Israeli media during every war and crisis, including the "Protective Wall" operation (Neiger & Zandberg, 2004; Schudson, 2002; Zelizer & Allan, 2002; Wolfsfeld, 2004; Ginosar & Cohen, 2019; Hanitzsch, 2007; Nossek, 2007; Liebes, 1992).

The COVID-19 pandemic quickly escalated into a prolonged crisis. Given Israel's unique security context in the Middle East, the country has often served as a prime testing ground for media coverage during wars, terrorist attacks, and other emergencies (Barzilai, 1998; Lebel, 2005). The pandemic has now joined this list of crises, posing an ongoing public health emergency with far-reaching effects across economic, social, political, and other spheres.

This study examines the media coverage of Israel's initial wave of COVID-19 cases. It seeks to contribute to the theoretical literature by investigating whether, in the age of online and multi-channel communication, and with the crisis centered on health rather than security or military issues, the media still displays a "rally around the flag" effect, and if so, how this phenomenon manifests (Vaughan & Tinker, 2009; Gadarian et al., 2021; Porat et al., 2023; Zandberg & Neiger, 2005; Marciano & Yadlin, 2021; Gesser-Edelsburg et al., 2020).

## Coverage of crises in the media

The media's role during crises is particularly complex. Often seen as the "messenger of disaster," it is frequently blamed for exacerbating extreme events. In such challenging circumstances, the media plays an even more crucial role in safeguarding freedom of expression and delivering real-time coverage of unfolding events (Karniel & Wismonsky, 2006; Whittington-Woodring, 2009; Price & Thompson, 2002).

Journalists play a vital role in interpreting and explaining events to the public, and in doing so, they can either strengthen or weaken citizens' resilience in facing a crisis. During such times, their primary professional dilemma is whether to uphold their duty as providers of reliable information while ensuring the public's right to know, or to prioritize social responsibility (Tal-Bloom et al., 2019).

The security situation in Israel and the Middle East fosters a sense of societal insecurity that often galvanizes journalists. During wartime, Israel's deep ideological divides tend to diminish, and public discourse centers on the collective struggle against a common enemy. This sense of national unity often extends to the media, where journalists feel a responsibility to align with the country's defense efforts. However, this support for social solidarity is usually short-lived, and journalists eventually return to their professional roles, providing critical, balanced coverage of the government and its institutions (Biano & Cohen-Almagor, 2007).

Research indicates that in democratic countries, the media functions differently during times of crisis compared to ordinary periods. In a crisis, the media often aligns with the government for patriotic reasons, a phenomenon known as "rallying around the flag." The heightened sense of threat and uncertainty amplifies the media's societal role, which includes fulfilling the public's cognitive needs for information and interpretation, fostering solidarity, addressing emotional responses, and reinforcing social cohesion. This convergence around the flag reflects both the media's and the public's stance, as political leaders are often viewed more favorably during crises (Johansson et al., 2021; Baum, 2002; Baker & Oneal, 2001; Hetherington & Nelson, 2003; Mueller, 1970; Sibley et al., 2020).

Lavie-Dinor and Karniel's research examined how the press covers national crises originating in the health and medical field, using the example of former Prime Minister Ariel Sharon's illness. The study found that the lack of critical analysis during a medical-political crisis mirrors the media's approach during wartime and security crises. In this instance, the press primarily relayed information from government sources and, at the outset of the Prime Minister's medical crisis, failed to critically assess its potential impact on Israel's political landscape (Lavie-Dinor & Karniel, 2009). Although the media aims to provide reliable information, there are cases where journalists unfamiliar with health-related issues report on them, potentially leading to inaccurate portrayals of the situation (Kitzinger, 1999; Schwitzer, 2004; Dentzer, 2009; Kileo, 2022; Schwitzer, 2014).

Journalistic coverage of health issues presents unique challenges, largely due to the fundamental differences between the media and medical fields. Journalistic reporting is often driven by competition and external pressures, and as a result, scientific accuracy may not always be prioritized (Weimann, 2006; Dentzer, 2009; Schwitzer, 2014; Kileo, 2022). While the media plays an essential role in upholding the public's right to know, journalists, who are not medical experts, often struggle to provide nuanced interpretations of complex health issues without the assistance of professionals. Consequently, their reports tend to be broad and general. Media researchers suggest that in health-related coverage, journalists often act as conduits, transmitting partial or even trend-driven reports (Lavie-Dinor & Karniel, 2009).

# Studying the Media Coverage of the first wave
# of the Pandemic in Israel

In March 2020, Israeli media networks began extensive coverage of the government's efforts to combat the COVID-19 pandemic. As stated before, these actions included the development of economic assistance programs, preparation of the healthcare system to treat the population, assistance to the elderly, closure of the formal education system with a shift to distance learning, efforts to break the chain of infection, and, later on, the vaccination campaign (State Comptroller, 2020-2021).

Research from other countries has shown that media reports on the pandemic often induced fear and had negative emotional impacts on citizens, with some choosing to avoid the news altogether (Stolow et al., 2020). Emotions played a key role in how journalists framed the COVID-19 crisis, with alarming descriptions sometimes undermining the professional responsibility to provide accurate and timely information (Ribeiro & Schwarzenegger, 2022; Ogbodo et al., 2020; Aslam et al., 2020; Dorison et al., 2022; Dyer & Kolic, 2020; Semeraro et al., 2022).

This study analyzes how the Israeli press covered the first wave of the pandemic, focusing on the health and medical aspects of the crisis. Additionally, it explores whether the media coverage mirrored the "rallying around the flag" phenomenon commonly seen in times of security crises, where media often unites in support of government efforts during moments of national threat. By comparing the media's approach to the pandemic with its coverage during security-related events, this study seeks to understand the extent to which crisis journalism in Israel follows similar patterns, even when the crisis is health-related rather than security-driven.

To study the media coverage of the COVID-19 crisis during its first wave in Israel, we conducted a textual content analysis. The research population consisted of thousands of articles from leading media platforms, including print, online, and broadcast media, covering the first wave of the pandemic and Israel's response to it. These articles were collected by "Ifat," a company that monitors Israeli media. The media outlets surveyed included the major print newspapers "Israel Hayom," "Haaretz," and "Yediot Ahronoth"; the popular digital news site "ynet"; and the news broadcasts from television channels "Kan 11," "Keshet 12," and "Reshet 13." These platforms were selected due to their prominence within their respective fields in Israel. By incorporating a range of media outlets, we aimed to create a heterogeneous

sample that accurately reflects the coverage of COVID-19 in the Israeli media during this period.

After an initial review of the article database, it was filtered to include the most relevant articles for the research purposes. To ensure the study's accuracy, only articles that received prominent coverage and appeared in the headlines were selected. For the print media, this meant including only articles that appeared on the front page of the newspaper. The "principle of centrality" was similarly applied to broadcast media, with all sampled segments airing between 19:55 and 20:15, during the opening minutes of prime-time news broadcasts. For digital media, only articles featured on the homepage or at the top of the site were included in the analysis.

As mentioned earlier, the initial filtering of articles focused on those published during the first wave of the COVID-19 pandemic in Israel. The outbreak was marked by significant uncertainty and confusion regarding how to manage the crisis, making this period particularly dramatic from a media perspective. Therefore, we included articles published between March 15th and 21st, 2020. This timeframe corresponds with the implementation of the first lockdown in Israel, which marked the peak of the first wave. During this period, progressively stricter measures were introduced, culminating in a full lockdown.

While the media provided extensive coverage of the COVID-19 pandemic worldwide, the study focused specifically on articles covering the situation in Israel. Therefore, only articles relating to the impact of the pandemic within Israel were included in the sample.

Once the articles were filtered according to the stated criteria, all relevant articles were compiled to create a representative sample consisting of hundreds of articles. These articles were subjected to a thorough analysis in order to identify recurring themes that were present in a significant portion of the articles. During the initial mapping process, seven themes emerged from the articles. However, it was ultimately decided to focus the current study on the four most frequently occurring themes.

To analyze the texts, we employed a coding process to identify categories representing the topics discussed in the articles. Once the coding table was created, a joint and individual review was conducted by the coders until full agreement was reached. After analyzing the data and coding 310 instances from 213 articles, four main themes emerged :

1.  Organizational Preparedness - found in 127 articles.

2.  Morbidity - found in 80 articles.

3.  Criticism of the Establishment - found in 60 articles.

4.  Advocacy and Information Provision - found in 43 articles.

Three marginal themes were excluded from the study: criticism of citizens, criticism of sectors, and the voices of citizens.

Table 1 includes the themes included in the analysis below in order of frequency.

**Table 1. Distribution of Themes by media**

|  | Preparation of the establishment | Morbidity | Criticism of the establishment | Advocacy and providing information | Total |
|---|---|---|---|---|---|
| **Internet** | 69 | 41 | 30 | 29 | 169 |
| **Printed Press** | 26 | 15 | 15 | 5 | 61 |
| **TV** | 32 | 24 | 15 | 9 | 80 |
| **Total** | 127, 59.6% of all the articles sampled | 80, 37.5% of all the articles sampled | 60, 28.1% of all the articles sampled | 43, 20.1% of the articles sampled | 310 **Codings out of 213 articles** |

**Theme 1: The preparation of the establishment**

The predominant theme that emerged was the preparation of establishments to handle the COVID-19 crisis, comprising 127 articles (making up 59.6% of all the articles analyzed).

In response to an unprecedented and unfamiliar emergency situation, the media provided in-depth coverage of the measures taken by the government, the Ministry of Health, health funds, and other medical entities to address the crisis from a medical perspective.

The media extensively reported on the various modifications and adaptations made by these institutions, highlighting their efforts to combat the spread of the coronavirus and mitigate its impact on the general

population. As a result, the media reinforced the establishment's response to the outbreak, framing it as an urgent crisis requiring immediate action. Coverage focused on three key areas of the establishment's preparedness: regulatory measures, public guidelines and restrictions, and operational readiness, all aimed at effectively addressing the pandemic.

## A.  regulation

Some articles focused on the government's regulatory efforts to reduce the morbidity and infection rates of COVID-19. For example, the article "Government Approves Electronic Monitoring Mechanism to Curb Corona Spread" discussed the decision to implement electronic monitoring of patients and individuals in isolation to ensure compliance and prevent transmission. Another article examined the government's implementation of cell phone tracking regulations, emphasizing their potential to identify infected individuals and break chains of transmission.

> "As per the plan, the Shin Bet will track confirmed COVID-19 cases and their movements until they enter isolation or hospitalization. The technology will enable the Shin Bet to identify all individuals who were near the infected person during their travels, thereby allowing for direct notification to their mobile devices regarding potential exposure to the virus. The individuals will be advised to undergo testing and isolate themselves accordingly."

## B.  Guidelines and restrictions on the public

In addition to legislative changes, establishment leaders imposed restrictions on the general public to curb the spread of the virus. The primary measure was the implementation of Israel's first-ever quarantine, aimed at reducing morbidity. One article reported on the government's decision to close entertainment venues and preschools. Another article, published two days later, discussed newly imposed restrictions on public transportation to further limit citizen movement:

> "In an attempt to curb the spread of the coronavirus, public transportation services in Israel are operating on a reduced schedule."

As part of these restrictions, it was decided to reduce train traffic by 50%. The government also began implementing measures that impacted the economy, significantly reducing private sector activities and transitioning the public sector to emergency operations mode.

Another article highlighted the Ministry of Health's instructions urging people to refrain from leaving their homes for public places and instead stay with their immediate family:

> "The Ministry of Health released new guidelines today (Tuesday), urging individuals to stay at home unless necessary. The guidelines specifically prohibit visits to parks, malls, and beaches. Public spaces may only be accessed for essential purposes or with immediate family members and pets, as stated in the detailed guidelines."

In addition, the media has reported on the government's decision to restrict the number of individuals permitted in enclosed and open spaces. For instance, one article states that "the government has authorized new regulations limiting the number of employees in the workplace. "The media has also covered measures taken to ensure compliance with these restrictions, such as the installation of barriers on the Temple Mount in Jerusalem to reduce the number of visitors and promote adherence to safety guidelines.

> "Today (Friday), the police established roadblocks in Jerusalem's Old City and limited the number of Muslim worshipers permitted to attend the midday prayers at the Temple Mount. Only a few hundred individuals were granted entry."

## C. The operational preparation

Apart from the limitations imposed on the public and changes in legislation, a significant portion of the articles focused on the operational aspects of the response to the pandemic. For instance, the article "Increasing the Scope of COVID-19 Testing: Additional Labs and Round-the-Clock Work" provides details about expanding the number of laboratories and extending the working hours of teams to enhance the testing capacity for COVID-19. The article cites Dr. Ram Dolman, Director of the Laboratory Department at Sheba, who said:

> "Over the past two weeks, Israel has recognized the importance of widespread testing in reducing mortality rates, and we are working to increase our testing capabilities accordingly. That is why we were able to set up another laboratory in just four days, which will operate at twice the capacity of the Ministry of Health's original lab."

The government went as far as creating dedicated departments to care for COVID-19 patients, and the media has reported on these efforts. For instance, an article highlighted the government's preparations to handle a