CHAPTER 6

When Authority Goes Viral: Digital Communication and Health Expertise on *pandemi.no*

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Abstract One of the most pressing questions concerning pandemic preparedness and response today is how digital media can and will change pandemic communication: In a future pandemic, effective use of digital media could mean the difference between marginal and massive loss of human lives. In this chapter, we are interested in how medical experts can retain their status in an environment where many—partly because of digital media—have come to distrust mainstream expertise. We study the Norwegian health authorities' emergency web page, *pandemi.no*, and argue that it failed to use the affordances of the medium to develop features that acknowledge the actual concerns and voices of the public.

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Instead, it relied on a particular, fictional member of the public, which kept the website within a traditional—outdated—paradigm of public health communication.

Keywords COVID-19 · Digital communication · pandemi.no · Medical expertise · Media affordances

One of the most pressing questions concerning pandemic preparedness and response today is how digital media can and will change pandemic communication (Dosemagen and Aase 2016; Xiang et al. 2017). While our knowledge in this area remains sketchy (Wilson and Jumbert 2018), the stakes could hardly be higher: In a future pandemic, effective use of digital media could mean the difference between marginal and massive loss of human lives. Even though the full consequences of these media are not yet apparent, we cannot postpone the effort to think through what difference they might make for pandemic communication.

In traditional public health communication, the ideal message was one that caused a sufficient number of the public to take appropriate action, reducing as far as possible the loss of human lives. To this end, the health authorities took dissemination of "correct knowledge" to be a crucial aim of any sound containment strategy (Wagner-Egger et al. 2011: 462), and they saw themselves as the keepers of this knowledge. Their typical media of choice were posters, brochures, propaganda films, and—not least—the mass media (Angeli 2012: 203). In message as in medium, traditional public health communication assumed that the relation between experts and non-experts was decidedly *asymmetrical* and one-way. To simplify, with Collins and Evans, "it was inconceivable that decision-making in matters that involved science and technology could travel in any other direction than from the top down" (2002: 239).

With the coming of the World Wide Web, this paradigm of public health communication—which had already been under pressure for some time—appeared to be definitively overtaken by a successor paradigm that promised a more dialogical mode, one that would further ideals of "democratization of science" and "co-production of knowledge" (see Jasanoff 2004). As Gesser-Edelburg and Shir-Raz (2017) note in a recent book, there is today an increasing skepticism of scientific expertise, and digital media have played a central role in furthering this tendency. Digital media, they argue, presents an opportunity for "anyone"

to share knowledge and communicate with practically any other, thereby generating a "wisdom of the crowd" (2017: 2). Whether or not *wisdom* is really the right word for the content that digital media generate (see e.g., Reagle 2015; Shanahan 2018), most now assume that these media are somehow caught up in—if not to say one central cause of—a shift toward greater symmetry between experts and non-experts.

This new situation presents pandemic communication with a conundrum, however, which Collins and Evans (2002) dub the "the expertise problem." In short, this refers to the issue of how science-based advice can—and whether it should—stand out from the supposed wisdom of the crowd. Gesser-Edelburg and Shir-Raz formulate the problem clearly: "[I]n a digital world where the public's voice is growing increasingly strong, how can health experts best exert influence to contain the global spread of infectious diseases?" (2017: xx). A central question for pandemic response today is thus how experts can retain their status as such in a media environment that works toward leveling the relation between experts and non-experts. To put it differently: How, in this new environment, can authorities still be seen as authoritative?

In this chapter, we start from the assumption that pandemic response only works if it rests on relevant expertise, but also that expertise only works if the health authorities can establish their authority vis-à-vis the public. In our view, this rhetorical task—which is traditionally conceived of as the *ethos* function of rhetorical discourse (see Prelli 1989)—always takes place within a particular social and cultural context. For example, it must be performed differently in a situation where many have come to question expertise than in one where experts are generally revered. Further, the function of establishing authority must necessarily take place with or through or from within the materiality of a particular medium, whether one's own voice in an open-air theatre, a printed book, the television, or a social media app. If we want to understand how certain actors come to be seen as credible, we cannot separate the acts of invention, arrangement and style (the three first "canons of rhetoric") from the particular medium that records and circulates our rhetorical creations. These two aspects—form and content—are necessary and intertwined elements of any act of communication.

In this chapter, we apply this way of seeing to *pandemi.no*, the Norwegian pandemic emergency web page, which went live during the 2009 pandemic. Focusing on how the specific technical features of the website combined with the rhetorical labor performed by

the health authorities—that is, on how the health authorities took advantage of the so-called "affordances" (Hutchby 2001) of this particular medium—we will argue that *pandemi.no* demonstrably failed to develop features that acknowledge public voices. Instead of allowing the actual voices of the public to be seen and heard, the website made a stylized version of a fictional member of the public, which appeared most prominently as an implicit poser of questions in a Q&A section, but also more generally, as model reader of the site (Eco 1979). This meant the website remained firmly within a traditional paradigm of public health communication. One might find this communications strategy somewhat paradoxical, but, as we will argue, this conclusion is no longer as obvious if we see the website as part of a wider rhetorical landscape, which is precisely what the Norwegian health authorities did. Ultimately, though, we will argue that *pandemi.no* illustrates the need to use digital media to adjust to the view of expertise that has been emerging in our society—what this website failed to do.

Webs of Experts and Publics

The role of digital media as a means of civic engagement with science and technology has emerged as a favored topic in a wide variety of social science and humanities disciplines (Castells 1996; Beer 2009; Beer and Burrows 2013; Küchler 2008). Likewise, the use of digital media by authorities, including public health officials and organizations, has received increased attention in social studies, public health studies and communication studies (see e.g., Heldman et al. 2013; Thackeray et al. 2012; Neiger et al. 2012; Angeli 2012). As Ruppert and her co-authors have argued, however, theories of how digital media affect the relation between experts and non-experts often seem to lack a certain specificity, as they tend to see digital technologies as forces of "epochal change" (see Ruppert et al. 2013).

In contrast to such sweeping theories, we believe our attempts to understand how digital media rework expert-non-expert relations should be concrete, and that we should pay more serious attention, as Hilgartner argues, to "the techniques, props, and procedures that advisors deploy to build credibility, paying special attention to self-presentation and 'information control'" (Hilgartner 2000: 9). These insights then propose a need to address concrete empirical sites where digital technologies are in use, and pay attention to their productive capacities in specific situations (cf. Ruppert et al. 2013: 28). We need,

in other words, to shift our attention to the specificities of digital technologies and study how they generate a new set of circumstances for authority.

By studying a concrete case of how digital platforms and devices are used to communicate and inform in the event of pandemics, we can begin to question ideas of the supposed "epochal change" ushered in by digital media, and instead place into view what Ruppert et al. call the "emerging stabilizations and fixities being performed in cascades of […] devices in particular locations" (2013: 34). This, they point out, means also to explore how digital devices take part in the making of contemporary sociality (ibid.), which in our case means to explore how the authorities leverage these media in their enactment of themselves *as authorities.*

As noted, one implication of this is that we cannot conceive of authority by means of *ethos* as traditionally understood—where that concept denotes an effort to enact the credibility of the specific speaker in question. Rather, the authorities establish their authority by creating and leveraging the materiality of a specific technology, so that a space is made in and through which they can perform as the proper authorities to speak on the issue at hand. Authority comes, in other words, from a successful combination of rhetoric and materiality, from filling a particular form with the right content. Updating the *ethos* function as a combination of rhetorical creativity and the specific materiality of a particular medium, will allow us to see how authorities reconfigure their expertise in digital media (ibid.: 40). It allows for a view of how the materiality of digital communication technologies entangle with particular rhetorical strategies, to create new forms of address, new types of relations between, say, health authorities and citizens. As importantly, however, it allows us to discover that the hypothesized outcomes of digital media—the "epochal changes"—are *not* always to be found.

Old Mishaps, New Website: *Pandemi.no*

The 2009 pandemic in Norway presents a particularly pertinent case with which to explore these issues, not only because it is the latest pandemic on record and the first one to take place after the advent of the Internet, but because this particular move towards digital media was both deliberate and planned, as part of official preparedness strategies. In line with the Norwegian National Preparedness Plan for Influenza,

which had been revised in 2006, the government aimed to ensure the best possible adherence to and results from the governmental measures, through "evidence-based and coordinated information at the right time, on all levels" (HOD 2006: 7). The document introduced a plan for a new website that would have the domain name "pandemi.no." The website was to be activated in the event of a pandemic, to ensure the *efficient* distribution of *consistent* and *evidence-based information*, and was presented as the "main tool" for ongoing broadcasting of information during a pandemic (2006: 26). After the World Health Organization (WHO) declared a pandemic, on 11 June 2009, the web portal went live under the name "Pandemi – Myndighetenes nettside om pandemisk influensa [Pandemic – The Government's Website on Pandemic Flu]."

The website *pandemi.no* was thus part of already existing rhetorical strategies embedded in Norway's preparedness plans. What is particularly noteworthy about these plans is that Norwegian health authorities appeared to have a clear idea of what they wanted to achieve with the website—most notably, that the website could become an alternative to the loud and messy landscape offered by mass media. This idea appeared to have come in part as a response to previous missteps with the media. Prior to the 2009 pandemic, the Norwegian authorities had had several unfortunate encounters with mass media over its response to crises—including the 2004 tsunami and a more recent episode where the estimated number of fatalities from a future pandemic was made front-page news. Top health bureaucrats in the Ministry of Health and Care Services had been working hard to get on top of the situation before the revised version of the preparedness plans appeared in 2006, and *pandemi.no* was one measure they thought could help them avoid the mistakes of the past (see Brekke et al. 2017).

These circumstances on the one hand explain some of the motivations of the Norwegian health authorities, but at the same time, they suggest that the grand story we reproduced above, about digital media being bringers of democratization and symmetrical leveling of expert-non-expert relations, is much too simple. For one, although the mass media demonstrably work under an incentive of public information in cases like this, they never quite let go of another central purpose, namely discussion, debate, and digging for dirt (see Chapter 3 in this volume). Reversely, the effects of digital media do not run in a straight line towards democratization and symmetry. As we will see, *pandemi.no* was a digital medium designed largely to establish authority by retaining some

presumably outdated features of the expert-non-expert relation, most notably the assumption that the medical authorities would speak and the public listen.

A Depersonalized Form of Address

Aesthetically as well as technologically, *pandemi.no* is unexceptional, and the first impression one gets is that of an ordinary information website. By this, we mean that when one enters the site, one is presented mainly with text, which is ordered neatly and presumably to allow easy access and overview, and not with any "flashy" design elements or advanced technical features. The website has a white background with turquois font. The title of the website is placed in the upper left corner, below which is a menu bar that leads visitors to subpages titled "Vaccination"; "Limit infection"; "Are you feeling sick?"; "Treatment and medicines"; "Risk groups"; "Questions & Answers"; "Information material"; "Current"; "The Health Sector"; "Advice for Planning"; "Press"; and "Links." The main visual attraction on the website's main page, however, is four turquois-colored boxes entitled "VACCINES," "ILLNESS AND SYMPTOMS," "TREATMENT AND MEDICATION" and "RISK GROUPS." Their graphical presentation immediately invites you to click on one of them, and their visual prominence on the main page would seems to suggest to the visitor four immediate concerns you should have whenever the word "pandemic" comes up. Below these four boxes, there is also a menu bar covering the most recent (and or relevant) news on the pandemic and the Norwegian context.

Turning from the site's visual presentation to the text presented in its web of pages, it becomes clear that each of the tracks a visitor can follow on the site enacts more or less the same version of the relation between experts and non-experts. Overall, that relation is one where a literally impersonal expert speaks to a less-knowing audience. The information and advice on the page does not emanate from an individual expert, presented with, say, name and photo, but rather from an unidentified expert speaker, from a detached voice of science-based advice. The site contains hardly any personal pronouns, whether in singular or plural, images of concrete individuals, or designations of titles, backgrounds, or competencies. This form of presentation stands in clear contrast to the authorities' communication in the mass media, where the three relevant entities

of government from day one communicated through three identified spokespersons who—thanks to the frequency of their appearances in the media—quickly became household names. On *pandemi.no*, however, the message is delivered not by any *person*, but by the depersonalized collective voice of expert opinion. This works in concert with a rhetoric that consistently places data, evidence, and cold advice at the center, in an approximation of pure, factual "information."

With a few exceptions, the content provided on the website is not of a technical nature, but accessible to a wide readership, in a mode of popularization. The website assumes a reader which is hungry for information, but which seemingly has no particular leaning in her consumption of it. In other words, the website does not significantly factor in perspectives on the pandemic which are more than a little at odds with the one presented by its own impersonal expert voice. The model user of the website is one who is prone to accept the authority of the health authorities, and who will be further convinced upon meeting the unwavering and uniform advice on *pandemi.no*. Again, this presents us with a contrast to the mass media, where representatives of the health authorities had throughout the pandemic's duration to face challenges to their status and advice, criticisms and debate, and perspectives so at odds with their own that it seemed almost absurd. While the mass media was often a scene of conflict and contestation—not to say a certain communicative chaos (see Bjørkdahl and Carlsen 2017)—the website stuck to a plain and monologic style.

As a whole, it would be no exaggeration to say that *pandemi.no* leverages the materiality of this digital medium to enact a relation between expert and non-expert that, according to the standard story alluded to above, should have been made obsolete by the advent of digital media. To use Collins and Evans' phrase, it seems to have been inconceivable for the makers of *pandemi.no* that advice on the pandemic "could travel in any other direction than from the top down" (2002: 239).

This summary might seem to run counter to our insistence at the start that an act of communication necessarily involves a particular rhetoric in combination with the materiality of a particular medium, for *pandemi.no* might appear to have failed in taking advantage of the materiality of the website as a medium. This would be a misunderstanding, however. Despite the general claims that digital media will lead to democratization and symmetry, etc., it is demonstrably one of the affordances of the website as a medium to enact a hierarchical relation between expert and

non-expert, to enact—with both form and content—a relation expert where the former is the maker and keeper of knowledge, and the latter his eager listener. Far from failing to utilize the materiality of the website to establish its authority, *pandemi.no* does precisely that.

Creating a Network of Credibles

To see that this is the case, we can look at the site's use of a central element of this medium, namely hyperlinks. An important aspect of digital communication is of course that it provides opportunities of instant "networking" by way of links. In contrast to analogue texts, where the rather restricted scope of such networking is illustrated by the use of references in reports and scientific publications, digital texts can easily and immediately write itself into a large network of other websites, texts, audio, video, and more.

This was an opportunity that the authorities took advantage of at *pandemi.no*, primarily to establish a network of credible information sources and expertise—assembling, as they themselves describe in the preparedness plan, the necessary and relevant sources of information on the epidemic. This network included the WHO, several (other) entities within the Norwegian health authorities, as well as European expert institutions (like the European Center for Disease Prevention and Control, ECDC). Also attached to this network were official Norwegian information leaflets on epidemic diseases, and ditto on pandemics in different languages. Finally, links forwarded visitors to video and audio material, some of which featured prominent medical scholars from the National Institute of Public Health.

This "network of credibles" provided visitors with even more information than what could be found on the site itself, but that was not all it did. For a start, there appears to be nothing haphazard about this network; rather, it is carefully designed to consolidate further the authority of the voice behind *pandemi.no*. Each node in this network fits criteria that also describe *pandemi.no*: These are all actors that represent a health authority; that speak in a depersonalized and professional tone; and that care more for disseminating "correct information" than for listening to whatever concerns the public might have. In other words, *pandemi.no* places itself into a network of other entities much like itself, and the effect is arguably to consolidate indirectly the authority that the rest of the site establishes more directly. By having its own descriptions and

recommendations of the pandemic appear in a much larger network of sites that make much the same descriptions and recommendations, the site suggested that the depersonalized voice on *pandemi.no* was in fact the voice of a long range of institutions, or possibly even of "the health authorities" as such. *Pandemi.no* thus appeared as a showroom that demonstrated the expertise of the health authorities. The great mass of information assembled on the site and in its network left no doubt that the impersonal collective of experts from which the site took its descriptions and recommendations had answers to "every" possible question concerning the pandemic.

Here, we might again note, however, that the website's presentation was somewhat at odds with what went on in other media and contexts. For while the impression one gets from the site is that of *one unified voice*, emanating from an impersonal collective of medical and public health experts, there were actually several cases of medical experts speaking out against the authorities' handling of the pandemic. For one, the two responsible agencies, The Directorate of Health and the Institute of Public Health, did not see eye to eye in every particular; many at the research-oriented Institute felt that the administration-oriented Directorate was taking a too dramatic, too proactive stance (Brekke et al. 2017). Such disagreements within the ranks of medical experts also reached the public sphere on a number of occasions: For example, professor of social medicine, Per Fugelli, wrote an op-ed in August 2009 where he stated that "there are signs that the NIPH and the Directorate are trying to 'crush the rebellion' [people not wanting to get the flu shot] by help of bogeymen, threats and moralizing," and argued that the health authorities should instead take a more "democratic" approach (Fugelli 2009). A professor of medical ethics, Jan Helge Solbakk, told a tabloid newspaper that, "It is crazy to spend this amount of money on a vaccine for the whole of Norway's population" (Lundh 2009), a statement he followed up the year after, when he dubbed the pandemic "one of the biggest medical research scandals in the modern age" (Christensen 2010).

The point here is not necessarily that the critics and skeptics—of which there were quite a few—were right, but that they were neither heard nor acknowledged on *pandemi.no*. The reason they were not, was probably twofold: On the one hand, the health authorities believed they were right and the critics wrong, and while they were willing to engage with critics in the mass media and elsewhere, they had

defined *pandemi.no* as a space where they would present their view on the pandemic in a clear, unified voice. This space, if no other, would be one where the authorities could disseminate "correct information." Paradoxically, one might say, they used this new, digital medium to enact a traditional, top-down mode of public health communication that had already become hard to pull off in the mass media.

Seen with a narrow scope, we must acknowledge that *pandemi.no* succeeded in meeting the aim laid down in the Preparedness Plan from 2006, which was to be clear and unambiguous in their communication. While the mass mediation of the pandemic was somewhat schizophrenic and confusing (see Bjørkdahl and Carlsen 2017), the authorities' communication on the site was clear, unequivocal, and steadfast. By keeping the design in an unflashy aesthetic; by using a depersonalized, authoritative form of address; and by assembling a network of credible associations, *pandemi.no* did in fact take advantage of the affordances of the website. They gave the site's user an authoritative account of the threat, as well as a set of unequivocal recommendations about how to meet it. Yet, while the site succeeded in attracting a certain number of the public away from the "messy" mass media, it arguably did not succeed in establishing a dialogue with that public.

Virtual Questions and Answers

For an illustration of this point, we can look more closely at one particular element of the site, which we believe illustrates its general tendency to establish authority in the mode of traditional public health communication. This element is the Q&A section, which one might think is a token of the site-makers' wish to engage the public, to invite them in, as it were, and take steps towards a dialogic mode. Questions and answers are, after all, the stuff of dialogue. This assumption does not hold up, however, as the Q&A in this case rested on much the same assumption about experts and non-experts as the site as a whole.

Clicking on the Q&A link in the menu bar, another page appears which features a new menu bar directing visitors to answers to a range of specific concerns. The total number of questions is sizable, but the range is limited to ten categories: general information on influenza; vaccines; contamination; illness and symptoms; children and influenza; contact with persons with influenza; treatment of ill persons; travel; returning from affected areas; as well as protection and hygiene advice. Clicking

on the "vaccines" link, for example, forty-two questions and corresponding answers appear. Questions include "Why vaccinate?," "I have good health, should I vaccinate?," "How is the pandemic vaccine produced?," and "Does the vaccine contain live virus?" The Q&A thus covers general and practical questions as well as some very specific ones. Interestingly, this section, as the site as a whole, touches on many issues that, outside the website, were very controversial, and some of which were the cause of skepticism or criticism of the vaccine.

For instance, questions of how vaccines are produced and of what they contain have historically been and still are crucial concerns for people who are skeptical of vaccines and the vaccine industry. Yet in the Q&A section, the issue is presented as uncontroversial and routine. One answer places vaccine production into a historical continuity: "The vaccine is produced by a traditional, well-tested method, of virus cultivation on eggs." They go on to describe the actual process, including how model vaccines are first made, and how it is tested clinically to ensure satisfactory immune response and safety.

Another example is the question: "Can thiomersal be found in the vaccine?" Presumably, the question speaks to a concern expressed by some members of the public about the content of vaccines, particularly mercury. Here too, though, the answer is framed uncontroversially, by referring to rigorous laboratory work as well as already-established, rigorous practices of vaccine production, concluding that, "Thorough risk assessments of the inclusion of thiomersal have been conducted, a substance which have been used in vaccines for over 70 years. These studies show that thiomersal do not cause health damage."

The same section also includes a question about who is responsible for procuring a pandemic vaccine, to which it answers that the Institute of Public Health, on instructions from the Ministry of Health and Care Services, "in 2008 entered into an agreement with the producer GlaxoSmithKline (GSK) about delivery of a vaccine in the case of a pandemic flu. In total, Norway has an order of 9,4 million doses of pandemic vaccine." Not a word is said to address the concerns that the public and the media had expressed with both aspects of this response, first, that Norway had outsourced vaccine manufacture to a big pharmaceutical company, and second, that Norway—due to its well-off economy—had prioritized access to a surplus of vaccine doses while many poor countries had none at all (Bjørkdahl 2016).

While many of the questions in the Q&A section did gesture to the fact that members of the public might have concerns, this section did not acknowledge that many of those concerns were indeed controversies. The model user of the Q&A was one who simply lacked information, or who might even have heard or read something (e.g., "thiomersal is dangerous") that she was now looking to either confirm or contradict. This model user, however, was already disposed to accept the authorities' authority in the matter. The Q&A never referred to any particular controversy, and it did not address or respond to sources or actors that would have given other answers to the questions listed. The implication throughout was that the health authorities have all the answers worth caring about. By their use of the Q&A, they signaled that they possessed an authority in these questions that other, less credible sources and actors lacked. For instance, they drew on historical evidence and the legitimacy of scientific methods such as laboratory experiments to argue for the safety of the vaccines.

This failure to acknowledge controversy represents, one could say, a reluctance to really engage with the public, and is another example of how the site falls back on a depersonalized form of address. Controversy would threaten this form of address, because one enters a controversy as an identifiable individual, or alternatively institutional, *actor*. But, as we have seen, the premise of *pandemi.no* was precisely the opposite, that a depersonalized collective voice of expert opinion would issue correct information to an obedient and attentive public.

This failure to engage with the public is further underlined by the fact that the Q&A is the closest the website ever gets to an *interactive* feature. Interactivity is, of course, another affordance of the website as a medium, but this was one *pandemi.no* did *not* use. Those visiting the website had no opportunity, for instance, to post comments or add questions of their own. This arguably rendered the website more static and impersonal than it would have been, had a moderator been in place to care for the site and its users. This is somewhat peculiar, as this website was meant to do important health care work in a context of much uncertainty, skepticism, and even controversy. So although the site did include a Q&A, this hardly represented real interactivity. Instead of the public's actual voices, *pandemi.no* provided fictionalized, stylized approximations of them, stripped of any impulse toward disagreement or controversy.

Conclusion

Retrospectively, *pandemi.no* can be described as a paradox, perhaps even as somewhat of an anachronism. In the emerging social and cultural landscape, where there was growing skepticism of expertise, and where citizens increasingly were also becoming producers and disseminators of information—not least on digital media—the Norwegian health authorities' website combined rhetoric with material-technological features in a way that recalled the public health communication of times past—a top-down, one-way form of address where expert advice was seen as non-negotiable.

On *pandemi.no*, it was thus as if the status of the scientific expert had never been challenged, as if they need not bother with what Collins and Evans called "the expertise problem." With very few exceptions, the site enacted expertise in a strikingly traditional sense, assuming that when medical authorities spoke, the public would listen. In return, the website did promise to cover everything of relevance, all that the public needed to know. The flipside of this, however, was that they bypassed all critical or controversial opinions or concerns.

For the authorities, *pandemi.no* provided a space away from the "noise" they had come to expect from the media, an opportunity to take control of the message, and fulfill the old dream of disseminating "correct knowledge." In this way, the site did represent one way of taking advantage of this medium's affordances, not to mention that they largely succeeded in executing the directives in the preparedness plans. Successful as this strategy was on its own terms, though, it could of course not make conflict or controversy go away. While the website spoke in a unified and unambiguous—authoritative—voice, it was in fact surrounded by other media where the same issue was often framed as one of contestation and confusion, not to mention one of interests and agendas.

This case should make us reflect on what it should mean to *take advantage of digital media* in preparedness of future pandemics. In one way, the Norwegian authorities did just that during the 2009 pandemic, but, as we have tried to suggest, they did it in a way that did not account for what may be one of the most important features of digital media, namely interactivity—and, more generally, the actual participation of the public. Interactivity/participation is an essential feature to take advantage of, not simply because it is one among the many affordances

of digital media, but because this particular one actually responds to the increasing skepticism in our society towards traditional authorities. It is a thus feature with which we could take steps to deal with the "problem of expertise." This would require something more of the health authorities, however, than a willingness to use certain features of a particular medium. It would require a readjustment of their view of themselves and of their relation to the public. For, as one commentator noted in response to the authorities' handling of the 2009 pandemic, "It does not help to be present on Twitter or on television if you deep down think that an open discussion would be unfortunate" (Haug 2009).

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