Punctuated Ethos: Addressing Trust, Credibility and Expertise in Times of Crisis

by

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Author's Declaration

I hereby declare that I am the sole author of this thesis. This is a true copy of the thesis, including any required final revisions, as accepted by my examiners. I understand that my thesis may be made electronically available to the public.

Abstract

Trust, Communication, and Crisis: Rhetorical Lessons from COVID-19

Trust, the earning, sustaining, and loss of it, is at the center of public responses during a health crisis like the COVID-19 pandemic. This dissertation explores how trust functions not merely as a social or institutional ideal, but as a rhetorical construct negotiated through language, ethos, and public discourse. Drawing on rhetorical theories of *ethos*, from Aristotle's character-based model to Hyde's concept of ethos as dwelling, the project introduces the concept of "punctuated ethos" to analyze how rhetorical credibility is constructed, fractured, and recalibrated at key moments of crisis. Through a rhetorical analysis of Canadian responses to COVID-19, grounded in a corpus of local news media coverage, this study investigates how political and public health authorities communicated protective measures such as lockdowns and vaccination campaigns, and how acts of resistance, such as the Trinity Bible Chapel (2020-2021) defiance and the "Freedom Convoy" (2022) protest, contested institutional credibility and reshaped public narratives of trust.

In early 2020, Canadian acceptance of public health measures was initially high. However, prolonged lockdowns, pandemic fatigue, and vaccine controversies fractured public trust, leading to increased polarization and protest. Emerging communication technologies further complicated trust-building by amplifying mis/disinformation and undermining traditional media authority. This dissertation applies a rhetorical approach to health risk communication frameworks (Leiss, 2004; Witte, 1992), alongside theoretical tools such as Huiling Ding's epidemic rhetoric (2014), Stephen Katz and Carolyn Miller's rhetorical model of risk communication (1996), and rhetorical analyses of appeals, topoi, and public argumentation (Fahnestock, 1998; Miller, 1989; Perelman, 1982; Sontag, 1978, Bitzer, 1968; Goodnight, 1982; Burke, 1969). These frameworks support an examination of how the public validates expertise (Mehlenbacher, 2022) and how trust becomes rhetorically shaped, disrupted, or re-established in moments of crisis.

Chapter 2 offers a historical context for Canada's public health communication, from the 1918 Spanish influenza pandemic through SARS (2003) and H1N1 (2009), showing how

trust was constructed, destabilized, and unevenly distributed across racialized and marginalized communities. Chapter 3 surveys relevant rhetorical, medical, and communication literatures, framing trust as a contingent rhetorical achievement rather than a stable condition. Chapters 4, 5, and 6 form the core case studies, analyzing pandemic rhetoric, vaccine rhetoric, and protest rhetoric, respectively, each applying grounded theory and rhetorical analysis to trace how communicators used strategies like fear, hope, and ethos to shape audience responses. These chapters also identify the shifting roles of local media as amplifier, skeptic, or translator of public health messages. The final chapter proposes a symbolic formulaic framework to model how emotional appeals, perceived efficacy, and media functions interact rhetorically to either sustain or fracture public trust.

Key findings highlight the importance of localized, community-centered messaging, the strategic use of emotional appeals, and the need for credible, transparent communication. Public health communicators must anticipate rhetorical outcomes by aligning emotional resonance with timing (kairos), community values (topos), and credible ethos. Authorities, professionals and communicators must develop critical literacy practices to prepare for future crises, including audience analysis, myth debunking, and media testing. Policy considerations, such as regulating mis/disinformation and enhancing journalistic integrity, are essential to supporting effective communication frameworks.

This research underscores that rhetoric is not an afterthought in crisis communication, it is the mechanism through which trust is built, challenged, or lost. Grounded in rhetorical theory and applied to contemporary media and health contexts, this dissertation offers actionable strategies for health professionals, communicators, educators, journalists, and policymakers to design resilient, trustworthy communication in times of crisis.

Acknowledgements

This dissertation reflects the culmination of years of professional experience, academic inquiry, and personal growth. Before beginning my doctoral studies, I spent over two decades as a communications professional, an experience that deeply shaped my interest in rhetoric, public discourse, and the complex interplay between language, trust, and public understanding. The shift from practice to research was both challenging and rewarding, and I am grateful to the University of Waterloo for providing a space where interdisciplinary thinking could flourish.

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List of Abbreviations

1. AI – Artificial Intelligence
2. CCA – Council of Canadian Academies
3. CDC – Centers for Disease Control and Prevention
4. COVID-19 – Coronavirus Disease 2019
5. EPPM – Extended Parallel Process Model
6. ERS – Emergency Room Services
7. H1N1 – Hemagglutinin type 1 and Neuraminidase type 1 (influenza strain)
8. IM – Intensive Medical (context inferred for emergencies)
9. mRNA vaccines – Messenger RNA vaccines
10. MDM – Mis/Dis/Malinformation
11. OHL – Ontario Hockey League
12. PHAC – Public Health Agency of Canada
13. PR – Public Relations
14. PSA – Public Service Announcement
15. SARS – severe acute respiratory syndrome
16. TRuST – Trust in Research Undertaken in Science and Technology
17. UN – United Nations
18. WHO – World Health Organization.

Chapter 1:
Introduction – Rhetorics of Trust in COVID-19

Trust is not only a moral or philosophical ideal but a practical necessity for democracy and crisis management. It underpins the ability to act collectively, ensures acceptance with protective measures, and enables societies to adapt to complex and evolving challenges. This dissertation examines trust from the critical perspective of rhetorical theory and studies, particularly as it pertains to language and argumentation in persuasion. The outcomes from this dissertation include arriving at a rhetorical model for health risk communication.

Punctuated ethos, as developed in this dissertation, refers to the unstable, event-driven construction of rhetorical credibility that arises in crisis communication. Unlike classical notions of ethos as a relatively stable character trait (Aristotle), or contemporary models that view ethos as relational and emergent (Hyde, 2004; Erhard 2007), punctuated ethos captures how credibility is constructed, fractured, and renegotiated at key moments of disruption. In public health crises like the COVID-19 pandemic, credibility is not continuously accumulated but instead built and broken in response to specific rhetorical events, such as press conferences, protests, or public revelations. These punctuated moments recalibrate public trust and speaker authority, often dramatically. This concept advances existing ethos theory by foregrounding temporality, contingency, and media circulation as core conditions under which rhetorical authority is made and unmade. To situate this intervention within the broader scholarly conversation, it is important to revisit how rhetorical studies have traditionally theorized ethos and its relationship to trust.

Scholars have long emphasized the importance of trust in fostering audience engagement and acceptance of a speaker's message. Aristotle's rhetorical theory situates trust within the framework of *ethos*, underscoring how credibility, moral character, and goodwill shape the effectiveness of persuasion (Aristotle; Johnston, 2018). Contemporary rhetorical research continues to explore how trust functions as a foundational element in communication, particularly in contexts requiring public acceptance or collective action (see Anderson and Rainie, 2021; Brown and Meyer, 2015; CanTrust "Special Report," 2023; CCA Reports, "Fault Lines," 2023; Chen et al., 2021; Coulson, 2022; Dubé et al., 2020; Leiss and Powell,

1998, 2004; Majid et al., 2021; Witte, 1992).[1] Despite the centrality of trust in rhetorical theory, its nuanced role in facilitating persuasion, particularly in crisis contexts such as the COVID-19 pandemic, remains underexplored. While existing studies (see "emotion and pathos" Kim & Niederdeppe, 2013; and Perloff, 2017; "emotional appeals" Nabi, 2022; Dillard & Shen, 2005: Cho & Salmon, 2007) address the importance of logos and pathos appeals used in argumentation, fewer examine the ways in which trust, as constructed via ethos, operates to build emotional connections to increase acceptance or adherence to health and safety measures, remove barriers to vaccine hesitancy and reduce resistance. Furthermore, the connection between trust and contemporary challenges, such as mis/disinformation and public skepticism, has yet to be fully articulated within rhetorical frameworks.

This research begins from the premise that public health communication during a crisis is not simply a matter of information delivery, but a fundamentally rhetorical act, shaped by persuasion, trust, credibility, and audience engagement. Drawing on rhetorical theory, particularly Aristotle's concept of ethos as credibility enacted in response to audience expectations (*Rhetoric*, 1356a) and extended through contemporary scholars such as Jeanne Fahnestock (2004), Carolyn Miller (1979, 1989, 2006), and Huiling Ding (2014), this project argues that trust is not an empirical guarantee, but a rhetorical construct negotiated through discourse. Concepts such as identification (Burke, 1969), audience adherence (Perelman and Olbrechts-Tyteca, 1969), and the framing of scientific knowledge as both provisional and persuasive (Gross, 1990) allow us to understand public response not as irrational, but as shaped by the persuasive dynamics of language, context, and values.

In this study, trust is examined through the classical rhetorical lens of ethos, a speaker's or institution's projected character, while also attending to the constellation of contemporary terms that signal trustworthiness in public discourse. Concepts such as credibility, reliability, authority, and expertise often serve as proxies for trust, especially in health communication and journalism. For instance, the term "credible sources" implies a complex negotiation of

[1] The Proof Strategies CanTrust Index studies and analyzes topics (on a 7-point scale), institutions, events and population segments unique to Canada, recognizing that trust is highly contextual, and influenced by Canadian values.

expertise, ethical conduct, and audience perception. In rhetorical terms, credibility is not simply a pre-existing attribute but a performed and interpreted quality, constructed through language, context, and the perceived alignment between message and messenger. This view aligns with Perelman and Olbrechts-Tyteca's notion of adherence (1969), which frames persuasion as dependent on the audience's acceptance of an argument based on values they recognize and trust. Thus, this research explores how trust is not only a communicative outcome but also a rhetorical strategy, gained, lost, or sustained, through appeals to ethos, audience alignment, and symbolic action in the press and public sphere.

In this view, institutions and people who represent these institutions, do not simply issue facts, they must establish ethos, adapt to public perceptions, and respond to the deeply held beliefs, fears, and experiences of their audiences. Especially in moments of uncertainty, when traditional sources of authority are under strain, rhetorical frameworks help us see how messages are received, interpreted, or resisted. As Judy Z. Segal (2009) contends, health rhetoric is not just about transmitting biomedical knowledge, but about navigating competing narratives of risk, identity, and agency. Rhetorical analysis thus becomes not only a method for studying risk communication but a framework for improving it, by highlighting the importance of context, credibility, emotional resonance, and participatory discourse. To ground this rhetorical approach in practice, it is important to recognize how Canada's public health communication system is organized, since its multi-level structure shapes both the flow of information and the sites where trust is negotiated.

Canada's public health communication is structured across federal, provincial, and municipal levels, with responsibilities distributed among different agencies. At the federal level, the Public Health Agency of Canada (PHAC), established in 2004 following the SARS outbreak, plays a central role in national coordination, surveillance, and risk communication, including the dissemination of official guidance during crises (Tam, 2018). Provinces hold primary responsibility for health care delivery and thus lead much of the operational communication about public health measures, often through their Chief Medical Officers of Health. Municipal and regional public health units further localize these messages, tailoring them to community contexts and delivering guidance on issues such as vaccination clinics, local outbreaks, and public compliance. In practice, these layers of communication often

overlap, creating both opportunities for message reinforcement and points of friction when federal, provincial, and local directives diverge. This dissertation situates its analysis within that layered system, focusing in particular on how local news media, such as the *Waterloo Region Record*, translated, echoed, and sometimes challenged official messaging during the COVID-19 pandemic. With this institutional and rhetorical context established, the remainder of the introduction clarifies how the project is structured and how each chapter contributes to examining rhetorics of trust in Canadian public health communication.

The first part of this introduction situates the research within broader concerns about trust in public health and democratic communication, explains the theoretical rationale for a rhetorical approach, and defines key terms such as ethos, adherence, and trust. The second half of this introduction provides an outline of the chapters with more detail on how a rhetorical approach can help bridge the gap between expert intention and public adherence during a health crisis.

1.1 Trust as a Democratic and Communicative Imperative

This dissertation draws on Aristotle's classical concept of *ethos* as a foundational lens to analyze how trust operates within persuasive communication, particularly in contexts characterized by complexity, risk, and uncertainty. In Aristotle's *Rhetoric*, *ethos* refers to the speaker's capacity to inspire credibility through perceived moral character, practical wisdom (*phronesis*), and goodwill (*eunoia*) (Bizzell and Herzberg, 170). While *ethos* remains a core element of rhetorical theory, modern conceptions of trust extend beyond the speaker's character to encompass relational, institutional, and affective dimensions shaped by socio-cultural and technological dynamics. Aristotle's framework provides a starting point, but I approach ethos less as a fixed attribute of a speaker and more as a dynamic, socially constructed judgment made by audiences within particular rhetorical and cultural contexts. As Carolyn Miller (2025) observes, "rhetoricians know trust as the communicative dimension that Aristotle called ethos … always made within and against the context of a relevant community" (285). This constructivist reading positions ethos simultaneously as individual and communal, shaped by *logos* (cognitive reasoning), *pathos* (affective appeals), and the broader socio-political environment in which persuasion takes place.

My approach to ethos therefore differs from strictly Aristotelian or Neo-Aristotelian readings by emphasizing relational and institutional dimensions of trust, especially as they emerge in mediated public discourse. Ethos is not only about the perceived character of individual speakers but also about how institutions, professions, and communities negotiate credibility, authority, and moral alignment. In this sense, I align with rhetorical scholars such as Hyde (2004) and Prelli (1989), who stress ethos as a process of communal judgment, while extending the conversation to include contemporary contexts shaped by media logics, misinformation, and crises of public trust. By framing trust rhetorically through this multi-layered conception of ethos, I examine how credibility is constructed, negotiated, and maintained across shifting communicative contexts, where the interplay of speaker, audience, institution, and medium continually recalibrates the grounds for persuasion.

This research positions trust not merely as an attribute of the speaker, but as a dynamic and multifaceted construct that mediates audience engagement, facilitates emotional resonance, and serves as a counterweight to mis/disinformation in public discourse. By framing trust rhetorically, this study explores how it is constructed, negotiated, and maintained across shifting communicative contexts. This introduction provides an overview of the multi-faceted components of trust rhetorics, examining the foundational role of trust through the lens of ethos (Aristotle; Johnston, 2018), persuasion and language (Burke, 1966; Miller, 1979, 1989, 2006; Katz & Miller, 1996), and the intersections of science, authority, and news media (Prelli, 1989; Ceccarelli, 2011; Mehlenbacher, 2019, 2022; Ding, 2014).

1.1.1 Trust as Rhetoric: Ethos and Persuasive Character

Trust is rhetorically constructed through ethos, the speaker's credibility, moral character, and alignment with audience values. For Aristotle, *ethos* is not an inherent trait but a habituated performance of character,[2] a rhetorical construct shaped by consistent behavior, perceived virtue, and audience recognition. He argues that a speaker's character must be established

[2] While Aristotle considers that rhetoric does not play a role in absolute truth (only available through scientific demonstration), dialectic, a rigorous form of argumentative dialogue between experts, can test whether absolute truth has been achieved and can also convey absolute truth to the ignorant. Thus, the value of rhetoric lies in the theoretical and methodological study and analysis of how it aids in reaching agreement on questions of values or preferences that demand immediate action in everyday life (Bizzell and Herzberg, 170).

through the speech itself and judged credible by the audience (Rhetoric 1.2.1356a).[3] Contemporary rhetorical scholars such as Bourdieu (1977), Erhard (2007), and Hyde (2004) extend this conception by framing ethos as a "moral habitat" or "dwelling place," where a speaker co-constructs persuasive authority within shared cultural and rhetorical spaces.[4] Ethos becomes a dynamic and dialogical process that adapts to shifting contexts and community expectations.

During COVID-19, this dynamic process was exemplified by Dr. Theresa Tam, Canada's Chief Public Health Officer. Her character and credibility (ethos) were cultivated through consistent, accessible communication and her alignment with scientific reasoning and public concern. Her use of inclusive language (e.g., "we") and metaphorical framing (e.g., describing the pandemic as a marathon) helped establish her ethos (Ling, 2020; Weeks, 2020).[5] However, the pandemic's evolving nature and the proliferation of conflicting voices led to a contested rhetorical space. Her credibility was both reinforced and challenged by media narratives and public perceptions. News outlets questioned her decisions and approach, often portraying her as caught between public protection and individual freedom (Chase, 2020; Gollom, 2020). Her rhetorical success depended not only on her biomedical expertise, but on the public's recognition of that expertise as credible and trustworthy, a dynamic that, as Hartelius (2011) argues, is central to how scientific authority is rhetorically constructed and maintained (6).

This genre-ing of Dr. Tam as an expert relied on a pattern of meeting public information needs and reinforcing her authority through consistent, scientifically grounded messaging, an example of what Hartelius (2011) describes as the rhetorical performance of scientific

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[3] In Aristotle's *Rhetoric,* he instructs on the process of speech composition, including how arguments are structured, including the invention process and the modern study of the psychology of the individual and the group (Bizzell and Herzberg, 31). Included in the invention process are the appeals to logos (reason), pathos (emotion), and trust in the speaker's character (ethos). Ethos, the ethical appeal, "evokes the speaker's moral authority ('I am old and wise and of a noble family') or the shared concerns of speaker and audience" (31).

[4] Pierre Bourdieu (*Outline of a Theory of Practice*, 1977) expands on Aristotle's notion of ethos through his concept of *habitus*, which emphasizes the socially ingrained dispositions and practices that shape a speaker's credibility within a specific cultural and historical context. His term habitus refers to "a subjective but not individual system of internalized structures, schemes of perception, conception, and action common to all members of the same group or class," which contribute to an individual's shared worldview and their interpretation of the world in which they exist (86).

[5] See Ling, "How Theresa Tam Became the Face of Canada's Fight Against COVID-19," (Maclean's, April 24, 2020).

expertise (6). According to Miller (2006) and Mehlenbacher (2022), we trust those who demonstrate goodwill, appropriate moral qualities, and possess knowledge that addresses our problems. This creates a sense of sustained engagement, an evolving character with credibility and substance, again, an example of what Hartelius (2011) argues accomplishes this work (Hartelius, 10). Ethos thus acts as a space for contestation and persuasion, requiring sustained engagement with public expectations and values. During COVID-19, this nurturing of trust between the public and our political and health authorities, signifies a moral stance or authority as an appeal to the speaker's reputation and credibility. The more contemporary understanding presumes that this quality of the speaker is not the speaker alone, but "negotiated between the speaker and audience through repeated interactions" (Walsh, 2013, 4). News media often portrayed Dr. Tam's challenges as news, featuring stories questioning her role and advice with "balancing public protection with individual freedom" (McSheffrey, Globalnews.ca, February 2022) or counterattacks about her efforts towards normalcy, where political opposition and Canadians have called for "more sustainable approaches to COVID-19" (Barton, April 2020). When this trust is punctured, by conflicting news information, perceived overreach, or political antagonism, the rhetorical community that sustains ethos becomes fragile. This dissertation explores how ethos is negotiated, stabilized, or disrupted through local media discourse in the *Waterloo Region Record's* coverage of pandemic, vaccine, and protest rhetorics.

1.1.2 Institutions, Democracy, and the Breakdown of Trust

Trust is foundational to democratic governance. According to David Johnston, former Governor General of Canada, "Trust is the bedrock of democracy. Democracy in Canada and in countries around the world depends on a rule of law that strives toward justice," and that rule of law depends on trust (2018, 2). Similarly, the 2023 CanTrust Index asserts that "trust is the currency of democracy" and that without it, laws lose legitimacy and institutions become suspect (5). In times of crisis, trust in democratic institutions becomes even more critical, as governments must make rapid, often difficult decisions requiring widespread public acceptance of the measures.

During the COVID-19 pandemic, this trust was strained. Public health mandates such as masking, lockdowns, and vaccine uptake required citizens to believe in both the necessity and efficacy of these measures. The 2022 World Happiness Report (WHR) indicated that countries with higher levels of trust in their institutions had greater adherence to health measures and better public health outcomes.[6] The opposite was also true: where trust was lacking, public resistance grew, misinformation spread, and acceptance deteriorated.

The pandemic did not create this crisis of trust but amplified it. Years of political polarization, the spread of digital misinformation, and growing public skepticism toward authority had already eroded the trust necessary for a democratic and civic life (Majid et al., 2021). For example, in the years leading up to the pandemic, the rise of *YouTube* and *Twitter* (or "X") influencers promoting anti-globalist and anti-establishment narratives, such as questioning the legitimacy of the United Nations or portraying public health as governmental overreach, fueled a rhetorical climate for COVID-19 conspiracy uptake (Dow et al., 2021). This rhetoric was echoed in Canadian contexts, where populist discourse increasingly framed public institutions, including health agencies and mainstream media, as elitist and unaccountable (McKay, 2022). The growing popularity of ideologically polarized alternative media outlets, such as *Rebel News*, helped disseminate mainstream narratives of "freedom" versus "compliance," eroding public consensus on health policy and trust in scientific expertise (Littler, 2022). These interlocking dynamics underscore the urgent need for a rhetorical approach to risk communication, one that emphasizes transparency, empathy, and the inclusion of diverse voices in decision-making processes.

1.1.3 Trust: Expertise and Authority in Crisis

Ethos is especially critical when assessing the credibility of experts during a crisis. The case of Dr. Tam illustrates how trust in expertise is a performance constantly subject to public

[6] In the 2022 WHR, their analysis of international differences shows how different features of national demographic, social, and political structures, when combined with the consequences of policy strategies and disease exposure, can help explain COVID-19 death rates (15). However, a central finding about trust is related to the extent to which people trust their governments and have trust in the benevolence of others, which supports their happiness before, during, and after the pandemic. Countries where people trusted their governments and each other experienced lower COVID-19 death tolls and set the stage for maintaining or rebuilding a sense of common purpose to deliver happier, healthier and more sustainable lives.

judgment. Her communication strategy relied on ethos, her qualifications, rhetorical delivery, and perceived alignment with the public's best interest. However, ethos was not solely determined by her expertise. Public recognition of her role, media framing, and evolving scientific developments shaped the audience's willingness to trust her. This reflects Hartelius's (2011) argument that, "expertise is not merely a function of possessing technical knowledge, but of having that knowledge publicly recognized and legitimated within specific rhetorical contexts" (199). The key to expert status depends not only on possessing knowledge but also on being recognized as an expert by the public. As the pandemic evolved, competing voices emerged, and the expert field became more complex. Ethos was punctuated, meaning rhetorical credibility was not stable or cumulative, but instead negotiated in response to specific rhetorical events, stabilized in some moments, contested or fractured in others. This fluctuation in public trust demonstrates the fragile space of rhetorical credibility or authority in a media-saturated, politically divided environment. A rhetorical framework helps explain how trust in expertise is constructed, tested, and reconfigured in public discourse.

1.1.4 Trust: Perspective, Perception, and Opinion

Trust is not easy, and we tend to think little about trust until it is gone. It is not a given quality but rather acknowledged and cultivated with the hope of growing stronger over time. In her foreword to Johnston's book *Trust,* the Right Honourable Beverley McLachlin writes that "public confidence in individuals and institutions is under siege" (Johnston, x). Trust measures, including the CanTrust Index, Edelman Trust Barometer, and Environics Public Trust Barometer, reveal that Canadians are less trusting of political leaders and institutions, though trust in healthcare professionals remains high (Environics, 2023). According to the Environics study (2022), more than two-thirds of Canadians considered the country's healthcare system to be in a state of crisis, attributed to the pandemic's pressure shining a light on the state of long-term care and increased hospitalizations (8). Those who consider the country's health system to be in a state of crisis are more likely to base their opinion on

reports they have read or seen in the media (Environics, 2022, 26).[7] These variations are closely linked to how information is received and interpreted. Canadians who rely on media are more likely to see the healthcare system as in crisis, while those relying on personal experience tend to view it more positively (Environics, 2022, 9).

Generational divides also shape trust: younger Canadians, driven by economic and political uncertainty, report lower levels of institutional trust (Proof Strategies, 2023, 18). These findings underscore the importance of perspective in risk communication. Perspectives, shaped by demographics, education, and social context, influence how individuals perceive information (Holland et al., 2024). Perception, in turn, becomes the lens through which opinions are formed. When these opinions reinforce initial perspectives, a feedback loop develops. For example, someone skeptical about vaccines may seek confirming evidence, deepening their resistance. Thus, rhetorical approaches to trust must attend not only to message design but also to the perceptual frameworks that audiences bring with them.[8]

1.1.5 Trust: Language and Persuasion

Language plays a central role in shaping trust. The rhetorical use of structure, tone, figures, and appeals influences how people perceive threats and whether they act on expert recommendations. Johnston (2018) observes that learning and trust are intertwined, and that "any society that is eager to learn and work together in an inclusive manner will see a sense of mistrust replaced by a sense of hope" (7). His work highlights how inclusive, dialogic communication styles, not just what is said, but how it is said, contribute to a rhetorical

[7] According to the Environics (2022) report, speculation that the media has a role in shaping public perception and opinions can be observed in how Canadians view our health system. Considering the differing opinions/perceptions on the state of healthcare between those who read media reports versus direct experience speaks to the quality of media coverage. They suggest that, depending on whom you ask, some may say that the media has helped to reveal vulnerabilities in our health system that the public should be aware of, while others fear this is a message that's been overplayed (26).

[8] Additional trust research (Fishman & Casarett, 2006; Henderson et al., 2020; Clark et al., 2020; Hamlin et al., 2020; Yuan et al., 2022; Zhao et al., 2020) suggests that (1) trust in media sources may shape health-related attitudes and beliefs, which may, in turn, affect health behaviors; (2) public trust in the information communicated by governments, healthcare providers, and the media is one of the most important factors determining the widespread uptake and acceptance of public health recommendations in the COVID-19 pandemic; and (3) trust in the government is associated with increased compliance with government-implemented rules and observing protective behaviors.

climate in which public hope can emerge, and mistrust can be reduced. This complements the focus on rhetorical form by reinforcing that language itself, when used collaboratively and responsively, can serve as a trust-building tool. Building on previous research that highlights the rhetorical dimensions of crisis communication, the University of Waterloo's TRuST Network stressed in the aftermath of COVID-19 that trust is essential for social capital, democratic stability, and coordinated crisis response. Crucially, the Network links this trust to language itself, arguing that collaborative, transparent, and inclusive communication styles are not ancillary but foundational to both recovery and preparation for future crises (TRuST, 3).

Aristotle's concept of ethos underpins the persuasive power of trust. For him, the speaker's character, moral integrity, practical wisdom (*phronesis*), and goodwill (*eunoia*), is often more influential than logic or emotion alone (Bizzell and Herzberg, 170). A speaker who demonstrates these traits is more likely to inspire audience trust (Aristotle, II.1.213). This ethical framing of persuasion aligns with Aristotle's broader philosophy of human flourishing: rhetoric succeeds when it aims at the public good, delivered by virtuous individuals (*Nicomachean Ethics*, I:4). During COVID-19 many public communicators struggled to maintain this balance amid competing narratives and shifting public sentiment. This section argues that trust is not only about message clarity or emotional appeal, but also about aligning persuasive efforts with the moral expectations of the audience.

1.1.6 Trust: Identification and Truth

The COVID-19 pandemic also called attention to the ways trust emerges from shared identification. Kenneth Burke's (1969) rhetorical theory offers tools to understand how symbolic action fosters cooperation or division. Language functions not merely to describe reality but to act upon it, what Burke calls "symbolic action" (44). Through "terministic screens," or Burke's idea that language functions as a screen through which we perceive and interpret reality, such as the terms we choose to describe events, people, or issues direct our attention toward certain aspects of reality while deflecting attention from others. In this way,

language directs attention in specific ways, shaping public understanding (Burke, 44, 46).[9] More critically, Burke highlights "identification" as the key process through which speakers align themselves with audiences. This creates a rhetorical bond built on shared values and experiences, essential for trust. However, when a speaker and audience do not share the same cultural, demographic, or experiential background, this bond becomes more difficult to establish. Differences in language, worldview, and social position can hinder identification and mutual understanding making it especially hard to establish trust between a speaker and audience who come from different socio-demographic backgrounds.

Trust, in this sense, is not just cognitive or emotional; it is relational and symbolic. When audiences perceive that a speaker understands their concerns and affirms their worldview, trust is likely to follow. This requires not only rhetorical technique but also sincerity, ethical alignment, and what Comer et al. (2020) describe as a bond of faith and hope. In moments of uncertainty, audiences seek voices they can believe in, not only because those voices are logical or emotional, but because they feel morally and socially grounded.[10] Trust, then, becomes a bridge between symbolic identification and practical collaboration. This section advances the claim that trust in crisis rhetoric is a fusion of ethos, identification, and the affective pull of shared truth.

1.2 Science, Experts, and Expertise in the Pandemic

In times of crisis, especially a global health crisis, both authorities and the public rely heavily on science for guidance and assurance. Historically, science has been seen as a source of certainty, its authority resting in rationality, empirical evidence, and a tradition of problem-solving. Lynda Walsh (2013) describes how scientists are often treated as "prophets" in

[9] Kenneth Burke's concept of *terministic screens* refers to the idea that language is not merely a neutral conduit for conveying facts, but a symbolic filter that selects, reflects, and deflects aspects of reality. By choosing specific terms, communicators direct audience attention toward certain interpretations while obscuring others. This rhetorical function of language is especially critical in crisis communication, where word choices can frame risk, assign responsibility, and influence public perception (Burke, *Language as Symbolic Action*, 44, 46).

[10] According to the 2018 "Principles for effective communication and public engagement on climate change" (A Handbook for IPCC authors), our worldviews, values, and social norms dictate how we receive information and apply it to our own lives. Effective communication relies on the fact that the messenger is as important as the message, meaning the speaker needs to connect with the audience based on shared values to build trust between the communicator and the audience (3-4). The Handbook offers guidance to IPCC scientists on how to make public engagement as impactful, effective and evidence based as possible.

media discourse, called upon to interpret events that transcend human control. This rhetorical framing, science as prophetic, is not new but takes on heightened urgency during crises such as pandemics and climate change. According to Walsh, when events are beyond rational calibration, the public turns to science to supply "manufactured certainty" (37). I expand on Walsh's points in Chapter 3, *Literature Review*.

This trust in science is not abstract. It is built on tangible relationships, between experts and publics, between institutions and communities, and between the information provided and the values held by those receiving it. As Segal (2005) notes, medical rhetoric functions not just through data or clinical authority, but through the means of persuasion, employing a rhetorical "unmasking," that analyzes how health knowledge is communicated, interpreted, and acted upon (19). Trust, then, arises not solely from the content of scientific claims, but from the credibility of those delivering them (ethos), the context in which they are received, and the resonance they hold with a public's lived experiences. Rhetorically, this makes trust a performative and relational construct, shaped by consistency, transparency, shared values, and the perception that experts understand and respect public concerns. In times of crisis, as Huiling Ding (2014) argues, communicators must work not only to inform but also to make connect, by making connections and crafting messages that respond to emotional as well as rational needs. Trust in science, then, depends as much on the integrity of these rhetorical relationships as it does on the accuracy of the information conveyed.

Canadian trust metrics consistently show high public confidence in healthcare professionals, such as doctors, nurses, and pharmacists (Environics, 2022; CanTrust Index, 2023). Yet these same studies reveal persistent skepticism toward government competence and political messaging. Notably, younger Canadians report lower overall trust levels, influenced by economic and political dissatisfaction and a heavier reliance on social media, platforms more likely to host alternative or non-traditional sources of expertise (Proof Strategies, 2023). These dynamics highlight the rhetorical challenges of conveying scientific authority across a fragmented media environment and a public increasingly shaped by digital and generational divides.

Canada's faith in science is rooted in classical traditions that separate science (*epistēmē*) from craft (*technē*), the former associated with systematic inquiry and the latter with practical action. Prelli (1989) argues that science constructs a distinctive ethos, a normative identity formed through both methodological rigor and moral integrity. This ethos is rhetorical, accomplished through speech acts that align the speaker with institutional legitimacy. As Segal and Richardson (2003) note, the authority of science is performed through practices and personas that embody institutional credibility and social responsibility (141). The public places trust in scientists not just for their technical knowledge, but for their perceived adherence to ethical and communal values.

The COVID-19 pandemic thrust scientific ethos into the spotlight. Public health authorities, including Dr. Theresa Tam, became mediators between evolving scientific evidence and urgent public health decision-making. The fast pace of vaccine development and shifting recommendations on public health mandates exposed the non-linearity and provisional nature of science, which, while normal within scientific communities, challenged public expectations of certainty and coherence. When science failed to deliver unified narratives, "manufactured controversy" filled the vacuum, and competing claims were amplified by political agendas, misinformation campaigns, and rhetorical appeals to skepticism (Ceccarelli, 2011, 196).[11]

Ethos, as a site of character, credibility and ethical performance, offers a framework for understanding how experts gain or lose public trust. Trust is not merely earned through credentials. It is a relational achievement cultivated through communication that balances confidence with humility, certainty with transparency. Mehlenbacher (2019) argues that expertise is inherently rhetorical, a performance that negotiates epistemic authority within specific social and cultural contexts. This perspective suggests that expert status is achieved through a balance of *phronesis* (practical wisdom), *epistēmē* (scientific knowledge),

[11] A scientific controversy is "manufactured" in the public sphere when an arguer announces that there is an ongoing scientific debate in the technical sphere about a matter for which there is actually an overwhelming scientific consensus. Ceccarelli claims that the manufactured scientific controversy can be seen as a special type of "public scientific controversy" in which "strategically distorted communication" works to corrode the democratic process (Ceccarelli, 196).

and *eunoia* (goodwill), qualities that resonate with Aristotle's ethos triad (Mehlenbacher, 2022, 3).

The erosion of trust in science has consequences. Research by Salvi et al. (2021) shows that during the pandemic, emotional and cognitive vulnerabilities, such as fear, overclaiming, and susceptibility to fake news, reduced the public's ability to assess credibility. This destabilization allowed pseudo-experts to claim authority and reframed skepticism as moral resistance (Salvi et al., 1). Leah Ceccarelli (2011) describes how "skeptics as heroes" narratives invert the ethos of science, casting mainstream scientists as dogmatic and marginal voices as truth-tellers (198). In this climate, ethos must do more than assert credibility, it must actively broker trust across ideological divides.

In times of crisis, rhetorical strategies that foreground ethos become crucial to public health efforts. When scientific authority is questioned, public acceptance diminishes, and institutional legitimacy erodes. The pandemic illustrated that ethos must be continually reaffirmed, not only by individual experts but also by the institutions and media systems that present them to the public. The ability to foster trust in science requires not only good science but also rhetorical awareness: sensitivity to audience concerns, an understanding of the persuasive landscape, and an ethical commitment to public dialogue. Ultimately, this research underscores the importance of integrating rhetorical analysis into our understanding of science communication. Trust in expertise depends on how scientific knowledge is framed, who delivers it, and how it resonates with audience values and expectations. As the pandemic demonstrated, rhetoric is not peripheral to science, it is central to how science operates in public life.

1.2.1 Toward a Rhetorical Model of Risk Communication During a Crisis

This study proposes a rhetorical framework for analyzing trust in pandemic communication. Drawing on classical and contemporary rhetorical theory, including Aristotle's *ethos*, Burke's (1969) identification, and Miller's (2003, 2006) work on genre and style, it examines how language, expertise, authority, and perception shape the public's response to risk during a crisis. The rhetorical approach emphasizes audience-centered communication, grounded in ethos, context, and emotional resonance. By analyzing public health messaging and news

media representations through rhetorical lenses, this research identifies the strategies that cultivate or erode trust. These insights are essential not only for managing health crises but also for responding to broader challenges such as climate change, systemic inequality, and democratic erosion. I provide more evidence and discussion around the distinction between risk and crisis communication in Chapter 2, as well as how a rhetorical framework can provide more insight on the elements of risk that drive action.

This study employs a grounded theory approach to thematic analysis and qualitative coding, consisting of three stages: open, axial, and selective coding. During open coding, I identified recurring rhetorical features, such as appeals to fear, hope, social norms, and various forms of credibility (ethos), in the local news coverage. Axial coding allowed for clustering these features into broader categories, aligning with theoretical models like the Extended Parallel Process Model (EPPM) and stasis theory. Selective coding then refined these categories to isolate patterns in how rhetorical authority was constructed, contested, and disrupted. The corpus consisted of approximately 500 local news articles from the *Waterloo Region Record (The Record)*, categorized by rhetorical appeal, media function (amplification, critique, accommodation), and temporal positioning relative to key events. Through this method, the concept of *punctuated ethos* emerged as a critical insight, highlighting the time-sensitive, event-driven nature of trust in public health discourse.

As a researcher with a professional background in communications and media, I approach this project with an awareness, or preset notion of how newspapers construct authority, ethos, and transparency. My experience in media allows me to recognize patterns in how information is framed, repeated, or omitted, but it also shapes the lens through which I read, interpret, or analyze the texts. I am more attuned to institutional and journalistic voices, and I acknowledge that I may be less attuned to perspectives that fall outside of those conventions, such as oral, activist, or community-based forms of expression that are not typically represented in mainstream news. This positionality connects to the limitations of the study. By focusing on coverage in the *Waterloo Region Record*, my dataset reflects the voices that editors chose to publish and the audiences who engage with this particular local newspaper. As such, not all members of the community are represented, particularly those who may not

read or identify with mainstream print media, including in some cases those already marginalized or impacted by historical and/or systemic barriers. These silences and exclusions are important to recognize, since they affect how trust, risk, and resistance are made visible in public discourse. My analysis therefore reflects both the strengths and the limitations of examining local news as a window into rhetorical negotiations of trust.

1.3 An Overview of the Chapters: Declaring A Research Space

This dissertation investigates how trust is rhetorically constructed and contested during health crises, specifically through Canadian news media coverage of the COVID-19 pandemic. It applies a rhetorical lens to understand how persuasive strategies, such as schemes, tropes, and rhetorical motifs, shaped public responses to evolving health directives. The broader research analyzes the intersection of trust, expertise, and authority within political and public health communication, focusing on how language and argumentation function as tools to establish credibility during moments of uncertainty and crisis.

The dissertation draws on a three-year archive of more than 500 news articles from the *Waterloo Region Record*, covering key phases of the pandemic. The *Waterloo Region Record*, commonly referred to as "*The Record*," serves as the primary source of my research corpus, offering a critical lens into how local news media shape public discourse during times of crisis. Established as the *Berlin Daily News* in 1878, the newspaper has a longstanding presence in Ontario's Waterloo Region and remains a key outlet for local journalism. Canadian-owned by Torstar, a subsidiary of Nordstar Capital, the *Waterloo Region Record* has been published since 1998 by Metroland Media Group, a Torstar subsidiary. As outlined in its "Torstar Journalistic Standards Guide," the *Waterloo Region Record* "commits to responsible journalism that connects with readers through trusted content across both print and digital platforms" (therecord.com). The *Waterloo Region Record* provides coverage of Waterloo Region and its surrounding areas, playing a role in documenting regional responses to national and global events, including the COVID-19 pandemic. Like many Canadian newspapers, the *Waterloo Region Record* has faced declining print circulation, with numbers falling by 14 percent to 53,283 daily copies

between 2009 and 2015 (Montague, 2025).[12] However, as of June 2024, the newspaper maintains a total digital and print footprint of 273,700, which includes weekday print readership of 66,300, print circulation of 19,300, and a strong digital presence of 384,300 average monthly unique visitors complementing its traditional print format (Montague, 2025).

Under the leadership of Editor-in-Chief Jim Poling, the *Waterloo Region Record* offers an instructive case for examining local media's rhetorical strategies, community engagement, and contributions to public trust during a period marked by uncertainty, protest, and health-related risk. This research begins with the early response to COVID-19 from March to December 2020, then the vaccine rollout period from December 2020 to September 2021, and finishes with the wave of non-acceptance and protest activity from late 2021 through into early 2022. These timeframes correspond to major shifts in public trust and acceptance. This study identifies rhetorical markers of early acceptance of public health measures, such as frontline workers as heroes, followed by moments of resistance and eventual protest, as exemplified by the Trinity Bible Chapel case (January–May 2021), Ontario's anti-lockdown rallies, and the Ottawa Freedom Convoy (January–February 2022).

Methodologically, this research takes a grounded theory thematic analysis approach to rhetorical analysis and convenience sampling to examine the articles from *Waterloo Region Record*. Drawing on the *Waterloo Region Record*, this project analyzes how local media not only disseminated health information but also mediated public trust, constructed narratives of risk and resilience, and reflected the tensions between institutional authority and community values. By attending to how ethos is constructed and contested in this archive, this study offers a grounded rhetorical perspective for improving health risk communication practices in future crises. The news articles are analyzed for themes and patterns in persuasive language and rhetorical framing, and in particular how local media narratives engaged with public health messaging and helped define trust in authority and expertise. Local journalism,

[12] According to Champagne-Poirier et al. (2023), media coverage of crises operates within institutional and societal constraints, yet journalists remain essential in making information accessible and intelligible to the public. Research consistently shows that in times of crisis, including the COVID-19 pandemic (Olsen et al., 2020), local news outlets play a vital role in providing timely information that supports public understanding (137).

by virtue of proximity and community integration, offered a unique rhetorical space in which to critique how public trust could be built or eroded. The transition of information from science to public discourse was mediated by rhetorical accommodations that shaped public understanding, as previous scholarship has shown (Fahnestock; Miller; Goodnight).

To provide guidance on terminology, such as "this study" or "this research," used throughout this dissertation, I want to clarify that the rhetorical analysis of the *Waterloo Region Record* news archive forms the empirical core of this study. The broader research encompasses a layered investigation: one that includes theoretical grounding, historical and methodological context, and a comparative analysis of pandemic, vaccine, and protest rhetorics in Canadian settings. Each chapter contributes to this integrated rhetorical inquiry, revealing how trust, authority, and public response are constructed and contested across different communicative contexts, from national political discourse to hyperlocal journalism. This layering of examination and analysis will become more evident with the explanations provided in the following chapter overview.

In the following chapters, I begin (see Chapter 2) by tracing Canada's history of public health crises from the 1918 Influenza pandemic to the COVID-19 outbreak, offering a historical foundation for understanding how trust has been built, challenged, and transformed over time. In the sub-sequent Chapter 3, *Literature Review*, I provide a survey of the historical evolution of risk communication frameworks to show how the field has developed from a top-down, data-driven model to moving towards more participatory, rhetorically attuned strategies. These contexts inform this study's central methodological decision: to treat local newspaper coverage as a rhetorical archive. The contributions from this history and literature review inform the analysis chapters: *Pandemic Rhetoric, Vaccine Rhetoric*, and *Protest Rhetoric*. Below I provide a more detailed breakdown of the research, analysis and findings to illustrate how this contributes to the overall objectives for this dissertation.

Chapter 2 offers a historical overview of Canada's engagement with infectious disease outbreaks, beginning with the 1918 Influenza pandemic. It contextualizes the federal and provincial public health responses to SARS (2003), H1N1 (2009), and COVID-19 (2020–2022), identifying persistent challenges such as misinformation, structural inequities, and delayed responses that contributed to ineffective communication strategies. These historical

patterns help to contextualize the rhetorical and systemic vulnerabilities exposed during COVID-19. This also serves to highlight that public response, whether adherence to health mandates or outright resistance in the form of protest, are equally informed and shaped by the histories they represent.

Chapter 3 presents the literature review and theoretical foundations of the dissertation. It situates the research within rhetorical studies of science, technology, and medicine (RSTM), highlighting contributions from rhetorical theory, risk communication, public understanding of science, and media studies. Key theoretical constructs include ethos, identification, genre, and figural logic, with attention to how these shape public trust in experts and institutions.

Chapter 4 outlines and applies the thematic and rhetorical analysis to the first set of articles from March to December 2020. It introduces the corpus of articles from the *Waterloo Region Record* for year one of COVID-19 (March to December 2020) and explains the framework and coding procedures used to identify recurring persuasive strategies. Drawing on thematic and figural analysis, the chapter describes how rhetorical patterns, such as metaphor, narrative framing, and appeals to community, are analyzed in relation to ethos, trust, and audience reception. This chapter also details the analytical criteria for coding trust-related motifs and terministic screens.

Chapter 5 analyzes local media coverage of COVID-19 vaccine discourse during the second year of the COVID-19 pandemic (December 2020 to December 2021). It examines how rhetorical appeals to fear, hope, and social responsibility were employed to counter vaccine hesitancy. Building on the coding framework developed in Chapter 4, I draw on Kim Witte's (1992) Extended Parallel Process Model (EPPM) to provide an additional layer of analysis for a more in-depth rhetorical and thematic examination. EPPM adds a richer behavioral and rhetorical framework, accounting for not just what is said, but how it is said and how messaging prompts action (or not), and specifically for understanding how individuals respond to risk messages that involve fear and threat. This chapter identifies effective strategies and moments of dissonance in local vaccine rhetoric, showing how ethos was established or disrupted in communication by health authorities, journalists, and community voices.

Chapter 6 explores protest rhetorics as they emerged in response to pandemic and vaccine mandates, with specific attention to a local Waterloo Region anti-lockdown movement at The Trinity Bible Chapel (December 2020 – January 2021) and the more nationally focused "Ottawa Freedom Convoy" (January – February 2022). Using Fahnestock's stasis theory, this chapter maps the discursive shifts that framed protest as civic resistance or civic breakdown. It highlights how protest rhetoric reflected and amplified declining trust in public institutions, exploring both the ethos and rhetorical style of protestors and the counter-narratives provided by authorities and media.

Through this chapter progression, this dissertation explores how rhetorical performances of *ethos*, audience alignment, and symbolic action shaped public engagement with pandemic messaging. Particular attention is given to the ways language constructs knowledge, reinforces authority, and fosters community resilience, or, alternatively, contributes to public skepticism and polarization. A central focus of this study is the role of traditional media, especially local newspapers, as key platforms through which these rhetorical dynamics unfold. Local news outlets serve not only as conduits of public health messaging but also as discursive arenas where competing narratives of risk, responsibility, and trust are negotiated. By analyzing news articles (local, provincial, national and global), letters to the editor, opinion pieces, and editorial framing, this research highlights how the local press reflects and shapes community responses to crisis, offering a valuable window into public sentiment, moral reasoning, and rhetorical contestation. This rhetorical approach reveals how trust is not merely a background condition of risk communication during a crisis, but an active, visible, and often-contested component of it, one that is continually reconstituted through public discourse in both official and grassroots forms.

The conclusion of this dissertation synthesizes the key findings from the three core analysis chapters, *Pandemic Rhetoric, Vaccine Rhetoric*, and *Protest Rhetoric*, to articulate the broader implications of rhetorical study for public health communication. Across each domain, the analysis demonstrates that trust is not merely a byproduct of clear messaging or scientific authority, but a rhetorical achievement negotiated through ethos, audience adaptation, emotional appeals, and contextual responsiveness. In the pandemic rhetoric chapter, early government and public health messaging emphasized reassurance, but

struggled to reconcile evolving scientific uncertainty with the public's need for clarity, revealing the importance of kairotic timing and narrative coherence. The vaccine rhetoric chapter highlights how local news media framed risk and efficacy through appeals to fear, social norms, and communal responsibility, but the analysis also reveals that missteps in tone, credibility, and cultural awareness exacerbated vaccine hesitancy. The protest rhetoric chapter examines how resistance discourses leveraged rhetorical strategies of distrust, personal freedom, and populist identification to contest official narratives, exposing the breakdown of institutional ethos and the consequences of failing to engage public audiences dialogically. Taken together, these studies affirm that a rhetorically informed approach offers more than analytical insight, it provides practical guidance for designing public health communication that is inclusive, responsive, and grounded in the lived realities of diverse audiences.

The concluding chapter considers the rhetorical forces operating at distinct cultural and institutional sites during the COVID-19 pandemic and reflects on the implications of these dynamics for future scholarship in rhetorical studies, media studies, risk communication, and crisis communication. Across the case studies examined, one throughline emerges clearly: local news media served not simply as conduits for public health information but as active rhetorical agents in shaping civic understanding, trust, and behavioral response. In particular, the ethical work of local journalists, editors, and communicators positioned them as mediators between official expertise and public interpretation, translating complex scientific developments into accessible, culturally resonant narratives. Their role in fostering adherence was not incidental. It was constitutive of public health success, particularly in the early stages of the pandemic when trust in federal and provincial authorities wavered. The participation of local news media in identifying salient risks, amplifying credible voices, and responding to community concerns reveals a model of communication that is dialogic rather than didactic, participatory rather than hierarchical.

This dissertation underscores the need to preserve, support, and critically engage with traditional news institutions not only as archival sites of discourse but as collaborative partners in building public trust and resilience. As rhetorical studies continue to engage with

health and risk communication, the work of local media must be recognized as a central, not peripheral, component of effective, community-centered risk communication strategy.

1.4 Conclusion

Trust is hard to restore once it has been lost. Attacks on trust damage our sense of community and social well-being and, in times of crisis like a global pandemic, can result in higher illness, death, and economic loss (CCA, 2023). During the COVID-19 pandemic, Canadian authorities relied on public trust to enforce stay-at-home orders, mask mandates, and vaccination programs. While acceptance was initially high, over time Canadians grew weary and skeptical. Lockdowns continued, communications faltered, and the public became divided. Public health officials increased enforcement measures, but these actions triggered further resistance, culminating in widespread protest, including the Freedom Convoy in early 2022.

Over the next few chapters, I examine the rhetorical dimensions of trust in such moments of contestation. I investigate how health risk communication succeeds or fails not only based on content or evidence but on how well it addresses ethos, identification, and public perception. From its engagement with Waterloo Region's Trinity Bible Chapel protests to national debates about mandates and vaccines, this dissertation identifies the rhetorical forces that shaped acceptance /adherence, resistance, and civic fragmentation. It asks what rhetorical strategies, especially those attentive to ethos and audience, can equip future communicators to respond more effectively to global crises like pandemics and climate change.

By tracing how ethos is punctuated, rhetorical credibility gained, lost, and reconfigured, this research highlights the need for rhetorical literacy in public health messaging. This includes recognizing how misinformation exploits uncertainty, how institutional trust is negotiated across platforms, and how ethos is embodied by both individual speakers and institutional voices. As Ding (2014) observes, pandemics not only disrupt health systems but also generate cultural narratives of heroes, villains, and scapegoats. In this shifting rhetorical landscape, communicators must not only inform but also engage, empathize, and rebuild the conditions for public trust.

This dissertation concludes by offering a rhetorical model that supports resilient, inclusive, and ethically grounded communication strategies. Trust, as this chapter has shown, is not just a psychological state or institutional currency, it is a rhetorical achievement that must be cultivated, reaffirmed, and protected if democratic societies are to weather future crises.

Chapter 2: A Rhetorical History of Public Health and Trust in Canada

Understanding how Canadians have historically responded to disease outbreaks is essential to contextualizing the rhetorical dynamics of trust, acceptance, and resistance during COVID-19. This chapter traces a chronological arc through Canada's public health history, beginning with the 1918 Influenza pandemic, through SARS in 2003, to the H1N1 outbreak in 2009, and culminating in the emergence of COVID-19 in 2019. Each crisis presented unique communication challenges, shaped by the technologies, scientific knowledge, and political structures of the time. Yet, each also reveals enduring tensions in public health messaging, between fear and reassurance, authority and skepticism, and community solidarity and individual autonomy. More importantly, these case studies show that trust is not simply a fixed institutional trait but a rhetorical relationship that must be continually negotiated between publics, institutions, and messaging.

The case studies selected for this chapter, the Spanish Flu (1918), SARS (2003), and H1N1 (2009), represent turning points in Canadian public health where both medical science and communication practices were tested. These diseases were chosen for specific reasons: they have had both local and global implications, and they offer the largest social, scientific, and cultural resonance. Second, the response to these diseases involved the development of major public health strategies to contain them, as well as brought significant changes to the way disease is managed and governed in Canada. Finally, these particular moments were chosen not only for their epidemiological significance, but because they reflect evolving conditions of public trust. In 1918, trust was largely interpersonal and grounded in community networks. By 2003, during SARS, trust became fragmented across technical and political domains. By 2009, with H1N1, trust was more centralized but still fraught with uncertainty and logistical breakdowns. Each period reflects distinct rhetorical conditions, of ethos, credibility, and public engagement, that inform how Canadians understood expertise and made decisions under pressure.

By examining these earlier pandemics, this chapter identifies patterns in how trust is negotiated between governments, medical experts and media, and within communities. These past moments of crisis show how institutional credibility is built or eroded, how public health

communication adapts to emerging threats, and how social conditions such as race, class, and geography influence the reception and interpretation of risk messages. Through the work of these selected authors such as David Waltner-Toews (2020), Elizabeth Outka (2020), Frank Snowden (2019), Magda Fahrni and Esyllt W. Jones (2012), and Mark Humphries (2013), we gain critical insight into the historical, geographical, socio-cultural, and biomedical dimensions of pandemics. These insights inform this study's understanding of how trust, communication, and public response are shaped across time and space. Crucially, these (authors above) and case studies also underscore the importance of rhetorical preparedness: how language, narrative, and ethos shape public response long before scientific consensus or policy coordination is achieved. These historical patterns of rhetorical framing and institutional trust-building are taken up again in Chapter 4, which analyzes how local media during COVID-19 employed similar strategies to construct trust, guide public behaviour, and negotiate the uncertainties of pandemic risk in real time.

Situating COVID-19 within this longer historical trajectory enables a deeper understanding of the rhetorical conditions under which Canadians assess expertise, accept or reject health measures, and make decisions in times of uncertainty. This history not only reveals the precedents for pandemic communication but also sharpens the stakes of current and future rhetorical practices. This chapter serves three purposes. First, it situates COVID-19 within a longer lineage of Canadian public health crises, revealing patterns of institutional response, media communication, and public reception. Second, it identifies enduring issues, such as uneven access to care, mistrust in authority, and the role of local communication networks, that re-emerge across historical periods. Third, it offers a foundational backdrop for understanding the rhetorical stakes of COVID-19 as explored in later chapters, particularly how trust is established, challenged, or lost in moments of public uncertainty, and why that trust must be understood as a dynamic rhetorical construct, not simply a matter of institutional authority or scientific knowledge.

I begin with the 1918 Spanish Flu not only because it marks the last time Canadians faced a pandemic of similar global scale, but because it offers a compelling comparison and point of contrast to the COVID-19 experience a century later. I continue with SARS and H1N1 to illustrate how trust was constructed, negotiated, and sometimes lost through shifting

relationships between expertise, communication, and civic response. Beginning with the Spanish Flu, Canada's last pandemic of comparable scale before COVID-19, this chapter contrasts early 20th-century, locally grounded trust networks with more centralized, institutionally mediated forms of communication that emerged in later crises. This chapter argues that trust, in each of these cases, was rhetorically grounded in ethos, constructed not only by experts, but through community ties. In this context, trust in health measures did not arise from centralized expertise or mass communication, but from what could be seen, heard, and affirmed within one's immediate surroundings. By tracing this evolution, the chapter highlights the recurring tensions between localized credibility and institutional authority that continue to shape Canadian responses to public health emergencies.

2.1.1 Spanish Flu (1918 Global Pandemic)

In September 1918, Canadian newspapers began reporting on a serious influenza epidemic spreading rapidly along the American eastern seaboard. As the virus crossed borders and community transmission intensified, local governments in Canada enacted emergency public health measures: schools, churches, and entertainment venues were closed, quarantines were imposed, and mask-wearing in public became compulsory. These responses were largely improvised and carried out at the municipal or provincial level, with little to no coordination from a national authority (Fahrni and Jones, 6–8). It was not until the spring of 1919 that Canada established its first Federal Department of Health (Humphries, 189).

Hospitals quickly became overwhelmed and understaffed, as many trained nurses and doctors were deployed overseas in support of the war effort. The disease also posed a high risk for healthcare workers, and many doctors, nurses and ambulance attendants became sick, further stretching the capacity to adequately respond (Humphries, 95-97). Most Canadians lacked access to free or affordable medical care, so the burden of treatment often fell to family members and community networks (Fahrni and Jones, 6-7). In the absence of universal healthcare, care was deeply localized, shaped by faith-based organizations, church groups, and trusted interpersonal relationships already embedded within communities.

Communication during the Spanish Flu was fundamentally local, not only in its infrastructure but also in how trust was established and maintained (Fahrni & Jones, 10;

Humphries, 58–59). In the absence of a coordinated national response, public health information traveled through community newspapers, church bulletins, posters, and word-of-mouth, media rooted in proximity and personal relationships (Humphries, 2013, 93–95; Fahrni & Jones, 6–7). These slow-moving and fragmented communication channels reflected the technological limitations of the early twentieth century, but they also served as vital conduits for public trust. Information was often delivered by familiar, face-to-face intermediaries, local clergy, teachers, doctors, and municipal leaders, whose ethos was grounded in relational credibility and everyday visibility (Humphries, 91–93). Geography shaped these dynamics profoundly: in rural and remote regions, trust relied on close-knit kinship networks and shared responsibilities for care, while in urban areas, the sheer density and diversity of populations made consistency and enforcement more difficult, fracturing trust along class and cultural lines (Fahrni & Jones, 8–9). Advances in medical science during and after the war, including rudimentary vaccines and laboratory diagnostics, would lay the foundation for modern virology. However, they were largely inaccessible to most Canadians and poorly understood by the general public (Humphries, 44–45). As a result, trust in health communication during the Spanish Flu was not derived from scientific authority alone but emerged through interpersonal familiarity, communal responsibility, and the credibility of local sources (Fahrni & Jones, 10–11). This geography of trust, rooted in relational experience rather than institutional legitimacy, would echo across subsequent public health crises in Canada.

Scholars such as Magda Fahrni and Esyllt W. Jones (2012), and Mark Osborne Humphries (2013) emphasize that this community-based model of care and communication was both a strength and a vulnerability. While it fostered local trust, it also led to uneven responses across the country, and in some cases, prolonged the crisis due to delays in coordination and information-sharing. Comparatively, the COVID-19 pandemic (2020–2024) marked a profound transformation in public health communication. As historians like Frank M. Snowden (2019) and David Waltner-Toews (2020) note, global digital networks and social media platforms enabled instantaneous, widespread information dissemination. However, this speed also accelerated the spread of misinformation and conspiracy theories, further complicating efforts to build consensus and trust.

The technological shifts between these two pandemics are striking. Early twentieth-century innovations in vaccine development and diagnostic tools evolved into twenty-first-century capacities such as genomic sequencing, mRNA vaccines, and AI-driven modelling. The convergence of modern medicine and digital communication created new possibilities for public engagement, but also new vulnerabilities. These contrasts underscore an enduring truth: effective pandemic response requires more than medical expertise. It demands trust, rhetorical clarity, and culturally attuned communication. Revisiting the Spanish Flu not only contextualizes the COVID-19 experience but also highlights the necessity of learning from historical patterns of care, coordination, and crisis rhetoric.

2.1.2 SARS (2002–2003)

While the Spanish Flu established the foundational relationship between public trust and local health communication in Canada, nearly a century later the severe acute respiratory syndrome (SARS) outbreak would test that relationship on a globalized scale. Advances in medicine, communication technologies, and international travel had dramatically reshaped how infectious diseases spread, and how public health authorities were expected to respond. Yet despite this progress, the 2002–2003 SARS outbreak exposed persistent systemic vulnerabilities in Canada's public health infrastructure, including jurisdictional confusion, underfunded services, and fragmented communication strategies.

The SARS outbreak began in November 2002 in Guangdong Province, China, with reports of a severe respiratory illness of unknown origin (Ding, 2014). By early 2003, the disease had spread internationally, with cases reported in Vietnam and Hong Kong (CDC, 2003). The illness was officially named SARS in February 2003 (Conly and Johnston, 147). In Vietnam, a single patient who had traveled from Shanghai and Hong Kong fell ill in Hanoi and transmitted the disease to hospital staff, an early indication of the virus's high transmissibility (Conly and Johnston, 147). On March 12, the World Health Organization (WHO) issued an unprecedented global alert after reports of similar outbreaks in Hong Kong hospitals (WHO, 2003). Just two days later, Health Canada confirmed four probable cases of

SARS in Toronto, including one death in a family returning from Hong Kong.[13] This marked Canada's entry into the global SARS crisis (Fahrni and Jones, 238).

Toronto soon became the North American epicenter of the outbreak.[14] Canada reported 438 probable cases and 44 deaths (Ding and Tang, 39). As the virus spread, public health officials scrambled to contain it, but the response was hindered by poor coordination between federal and provincial governments, outdated emergency plans, and limited health infrastructure. The response was hindered by poor coordination between federal and provincial governments, outdated emergency plans, and limited health infrastructure. These problems were not new (National Advisory Committee on SARS and Public Health, 2003, 6–7, 25–28). They had been developing over decades due to political restructuring, economic austerity, and shifting public health priorities (National Advisory Committee on SARS and Public Health, 2003, 10-13). However, SARS exposed these weaknesses for the first time on a global stage. From 1919 to 2003, responsibility for infectious disease control remained primarily in the hands of provincial and municipal authorities (National Advisory Committee on SARS and Public Health, 2003, 11-13). The success of vaccination programs in the mid-twentieth century had led many Canadians to assume that major infectious diseases were a thing of the past (Fahrni and Jones, 236), creating a false sense of security.

The amalgamation of Toronto in 1997, aimed at improving efficiency and reducing costs, consolidated local public health units under a single office. Dr. Sheela Basrur, then newly appointed as Toronto's Medical Officer of Health, was tasked with achieving cost-savings while maintaining public health protections. At the same time, Ontario's Progressive Conservative government, under Premier Mike Harris, had implemented sweeping budget cuts, downloading services to municipalities and weakening the province's public health infrastructure (Naylor et al., 2003). Though Health Canada had expressed interest in a

[13] Mr. Tse died on March 13, 2003, after having infected several family members, emergency staff, and fellow patients (Fahrni and Jones, 238).

[14] By March 25, 2003, Health Canada was reporting 19 cases of SARS in Canada, including 18 in Ontario and a single case in Vancouver. But 48 patients with a presumptive diagnosis of SARS had in fact been admitted to hospital by the end of that day. Many more individuals were starting to feel symptoms and would subsequently be identified as SARS patients. Epidemic curves later showed that this period was the peak of the outbreak. On March 19, nine Canadians developed "probable" SARS, the highest single-day total. Taking "suspect" and "probable" cases together, the peak was March 26, and the three days, March 25 to 27 are the highest three-day period in the outbreak (Naylor et al., 2003).

national pandemic plan, efforts stalled due to intergovernmental tensions and budgetary constraints, leaving Ontario unprepared when SARS emerged.

When SARS was confirmed on March 14, 2003, Dr. Basrur held a press conference to announce the city's emergency response. Toronto Public Health activated its response protocol, established a public information hotline, and mobilized more than 700 staff to track cases, monitor contacts, and manage infection control. On March 26, Ontario declared a state of emergency and issued a "Code Orange" for all Toronto hospitals, suspending elective procedures, restricting hospital access, and banning visitors, including family members of dying patients (Naylor et al., 2003). The WHO later issued a travel advisory for Toronto, further damaging the city's economy and international reputation, even after the advisory was lifted.

Criticism of the SARS response focused on the disjointed coordination among levels of government and the lack of consistent communication with the public. Ding's rhetorical analysis of SARS communication across China, Canada, and the U.S. emphasizes how deeply cultural norms, political ideologies, and institutional practices shape public health messaging (Ding, 23–24). She identifies how China's under-reporting, censorship, and delayed media engagement contributed to Canada's initial exposure. In the Canadian context, fragmented communication and delayed government action exacerbated public anxiety and mistrust, highlighting the crucial role of rhetorical preparedness in crisis situations.

SARS was never officially declared a pandemic. The WHO reported it as a "global epidemic" (Waltner-Toews, 2020, 10). Despite its relatively small death toll compared to historical pandemics, SARS was a turning point for Canadian public health. It exposed how rhetorical failures, such as miscommunication, delays, and conflicting messages, can undermine even well-intentioned health efforts. Yet these discursive breakdowns did not occur in isolation. They operated in concert with longstanding material weaknesses, including chronic underfunding, fragmented jurisdictional authority, and outdated emergency infrastructure (National Advisory Committee on SARS and Public Health, 2003, 10–13, 25–28, 59–63). The crisis made visible how the effectiveness of public health messaging is inextricably linked to the capacity of institutions to act coherently, swiftly, and visibly. In this way, SARS catalyzed a series of reforms in surveillance systems, emergency protocols,

and intergovernmental collaboration (Waltner-Toews, 2020, 10). These lessons would prove invaluable during the H1N1 pandemic, which tested the very systems that SARS had exposed as weak. In contrast to SARS, the H1N1 outbreak demanded a more coordinated and communicative response, one that would reveal both the progress made and the persistent challenges in aligning rhetorical strategies with institutional preparedness.

2.1.3 H1N1 ("Swine Flu," 2009)

SARS exposed a fragmented and unprepared public health system, revealing deep weaknesses in intergovernmental coordination and crisis communication. In contrast, H1N1 tested the reforms born from that crisis, offering a glimpse of progress, but also showing that rhetorical and infrastructural challenges remained unresolved. The 2003 SARS outbreak exposed serious gaps in coordination, surveillance, and risk communication across federal and provincial jurisdictions. In its aftermath, the federal government created the Public Health Agency of Canada (PHAC) in 2004, intended to centralize disease monitoring and streamline emergency response. When H1N1 emerged in 2009, this newly restructured public health authority faced its first operational test of that new architecture.

The H1N1 pandemic prompted rapid mobilization: PHAC coordinated national vaccination strategies, public messaging, and distribution of antiviral treatments. Compared to SARS, the response to H1N1 demonstrated improved intergovernmental coordination and a more proactive communication strategy. Yet public health officials still faced challenges, particularly in managing vaccine supply delays, communicating risk to vulnerable populations, and addressing lingering public skepticism. The H1N1 case reveals both the progress made since SARS and the persistent difficulties in aligning technical expertise with public expectations and media narratives. It marked another transitional moment in Canadian health crisis management, where infrastructures were stronger, but rhetorical challenges surrounding trust, uncertainty, and scientific authority remained central.

H1N1 (otherwise known as "swine flu") was first reported in Mexico in March 2009, and by April, Canada's Public Health Agency reported Canada's first case (PHAC, 2010). H1N1 is believed to have killed 18,000 people worldwide, including 428 Canadians (Statistics Canada, "Findings," 2010). Despite the name "swine flu," the virus contained elements of

North American and Eurasian swine flu and aspects of North American bird and human influenza elements (Baker et al., 2020). From April to December 2009, Canada experienced an outbreak of influenza A (H1N1). The virus began in North America and spread to many other countries in a global pandemic. This new type of flu differed from the typical seasonal flu, and its effects were more severe. Estimates based on statistical models have put global deaths much higher. Totals may have been in the hundreds of thousands (Baker et al., 2020).

Unlike SARS, where coordination faltered, H1N1 marked the first attempt to apply newly centralized communication and response strategies, ultimately serving as a stress test for the institutional reforms Canada implemented in the wake of SARS (PHAC, 2010; Baker et al., 2020). According to the *Canadian Encyclopedia* (2020), public health agencies demonstrated improved coordination, clearer public messaging, and more proactive vaccine distribution strategies (Baker et al., 2020). Yet, even with these advancements, the H1N1 crisis again exposed lingering vulnerabilities in public communication, particularly around vaccine safety, regional preparedness, and the management of uncertainty (PHAC, 2010). These vulnerabilities became critical fault lines when the COVID-19 pandemic emerged just over a decade later. As the novel coronavirus began to spread globally in late 2019 and early 2020, Canadian institutions once again faced the challenge of conveying risk under rapidly evolving crisis conditions. However, unlike H1N1, the scale, speed, and misinformation landscape surrounding COVID-19 brought a renewed urgency to questions of trust, rhetorical responsiveness, and the capacity of public communication systems to navigate fear and foster collective action.

2.1.4 COVID-19 (Global Pandemic, 2019 to 2023)

Building on a century of pandemic experiences, COVID-19 emerged as Canada's most comprehensive public health crisis since 1918. In late 2019 and into early 2020, Canadians began reading headlines about a flu-like illness spreading rapidly in China. By January, Canada confirmed its first case. On March 11, 2020, the WHO declared COVID-19 a global pandemic. On March 16, 2020, Canada's Prime Minister announced a number of actions to limit the spread, including baring foreign nationals from entering Canada, and to provide

support for Canadians travelling (PMO Office, March 16, 2020). Once again, Canadians faced the uncertainty of an unknown respiratory virus with global implications.[15]

Compared to earlier pandemics, COVID-19 unfolded in a dramatically different media and technological environment. It was the first pandemic in the digital era of smartphones, social media, Big Data, and AI (Gaffield, 2020). These tools enabled rapid information dissemination but also facilitated the viral spread of misinformation, fear, and conspiracy. Unlike earlier pandemics, such as 1918, when slow information circulation helped sustain localized trust, COVID-19 unfolded in a context of rhetorical velocity, where speed itself amplified uncertainty, skepticism, and social fragmentation. By May 2020, studies showed that nearly half of Canadians believed in at least one COVID-19 conspiracy theory (Everts and Greenberg, 2020). The WHO labeled this the "infodemic," warning of its consequences for public health (WHO, 2020). Research from McGill University and Carleton University further confirmed that misinformation eroded trust and undermined acceptance (Bridgman et al., 2020). COVID-19 also reignited long-standing questions about government transparency, healthcare equity, and public health preparedness. As I will explore in more depth in upcoming chapters, early adherence with public health measures was gradually replaced by fatigue, skepticism, and protest. These shifts were amplified by public revelations of poor conditions in long-term care homes (Grant, *Globe & Mail*, 2020), reinforcing perceptions of institutional failure and weakening trust.

The pandemic drew renewed attention to the importance of trust as both a rhetorical and civic imperative, now challenged by the speed, scale, and saturation of digital media. Earlier health crises underscored the value of local networks and relational credibility, as seen during the Spanish Flu when fragmented communication networks relied heavily on proximity and interpersonal authority (Fahrni & Jones, 2012; Humphries, 2013). By contrast, COVID-19 unfolded in a hyperconnected, digitally saturated global media landscape. Yet despite

[15] The full set of selected authors/scholars (for background) in epidemics and pandemics includes: Eileen Pettigrew, *The Silent Enemy: Canada and the Deadly Flu of 1918* (1983); Esyllt W. Jones, *Influenza 1918: Disease, Death, and Struggle in Winnipeg* (2007), and as mentioned, Magda Fahrni and Esyllt W. Jones, *Epidemic Encounters Influenza Society and Culture in Canada*, 1918-20 (2012), Mark Osborne Humphries, *The Last Plague: Spanish Influenza and the Politics of Public Health in Canada* (2013), Frank M. Snowden, *Epidemics and Society From the Black Death to the Present* (2019), and David Waltner-Toews, *On Pandemics Deadly Diseases from Bubonic Plague to Coronavirus* (2020).

technological advancements, Canada's response still revealed longstanding vulnerabilities: inconsistent messaging, regional inequities, and fractured institutional trust. These recurring issues echo what Waltner-Toews (2020) describes as the ecological entanglement, as "landscapes and habitats" of health crises, where geography, governance, and communication intersect in unpredictable ways (23). As Snowden (2019) and Outka (2020) remind us, pandemics are not only biological phenomena but also narrative crises that challenge the coherence of state authority and communal belief. Even with improved coordination following SARS and H1N1 (Baker et al., 2020), public responses to COVID-19 reflected persistent skepticism, illustrating how historical memory, institutional failure, and the perception of risk shape collective behavior.

By tracing this arc from 1918 through 2020, this chapter establishes the historical groundwork for understanding how fractured communication, contested expertise, historical and geographically uneven trust created the rhetorical conditions under which COVID-19 became not only a health emergency but also a crisis of persuasion and community. This trajectory also reveals how shifts in media infrastructure, from the print-dominated localism of 1918 to the algorithmic immediacy of 2020, reshaped the rhetorical circulation of trust itself. These patterns, persistent across time, reinforce that trust is not a fixed asset, but a rhetorical outcome negotiated through ethos, identification, and the responsiveness of authorities to lived experience.

2.1.5 Racialized Trust and Rhetorical Exclusion in Canadian Pandemic Histories

While this chapter has traced the institutional and rhetorical evolution of public health responses from 1918 to 2020, it is crucial to recognize that trust, central to health risk communication, has never been equally available across all populations (Fahrni and Jones, 2012, 6–9, 38–40). The construction of credibility and the right to participate in health discourse have historically been shaped by racial, colonial, and structural inequalities (Humphries, 2013, 114–118, 151–154). In each pandemic era, racialized, Indigenous, and marginalized communities faced distinct rhetorical and material exclusions that rendered trust in official institutions either fragile or altogether untenable.

During the 1918 influenza pandemic, access to care and public health messaging was deeply stratified. As Fahrni and Jones (2012) document, Canada's fragmented response often failed to reach rural, immigrant, and Indigenous populations, whose experiences were shaped more by interpersonal caregiving and mutual aid than by centralized guidance. Trust was rooted in kinship and local knowledge precisely because institutional messaging either bypassed these communities or framed them as sources of risk. Humphries (2013) notes that such omissions were not accidental but reflective of a broader pattern of scientific racism and settler-colonial health governance, which positioned Indigenous and racialized bodies as epidemiological threats rather than public health subjects. This structural exclusion functioned rhetorically as what Hyde (2004) might call rhetorical closings, silences and erasures that foreclosed opportunities for participation in a shared discourse of health and safety.[16]

The 2003 SARS outbreak resurfaced these dynamics in particularly acute ways. Snowden (2019) identifies how pandemics often activate preexisting cultural fears and political scapegoating, and in Canada, SARS disproportionately stigmatized Toronto's Chinese communities. Ding (2014) and Fahrni and Jones (2012) both emphasize how anti-Asian sentiment, circulating through news headlines, social media, and interpersonal suspicion, undermined community trust and reinforced harmful associations between disease and race. In this context, the ethos of racialized groups was systematically undermined, not only by the disease's biomedical narrative but also by its rhetorical framing in public discourse. The result was what Waltner-Toews (2020) might describe as a breakdown in "social ecology," where the communicative environment became hostile rather than inclusive, intensifying the vulnerability of already marginalized groups.[17]

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[16] Hyde (2004) introduces the concept of rhetorical openings, dwelling places as discursive spaces where speakers and audiences acknowledge one another's presence, agency, and humanity, thus enabling ethical communication and mutual recognition. In contrast, what might be termed rhetorical closings are moments where individuals or groups are denied that acknowledgment, excluded from the conversation, ignored, or positioned as unworthy of participation. In the context of public health crises, such closings can be seen in media and institutional framings that stigmatize marginalized communities, thereby foreclosing trust and mutual engagement.

[17]Waltner-Toews describes pandemics not simply as biological events but as complex social ecological phenomena, shaped by the interdependence of human, environmental, and institutional systems. His work emphasizes how communication breakdowns and institutional failures are symptoms of deeper ecological and

This pattern continued into the COVID-19 pandemic. As Outka (2020) argues, pandemics are also cultural texts, and their interpretation depends on who is seen as a legitimate voice. Despite disproportionately high infection and mortality rates among Black, Indigenous, and immigrant populations, early public health messaging in Canada failed to adequately engage these communities or respond to their specific concerns (Cénat et al., 2023). The trust gap widened as essential workers, many from racialized backgrounds, faced unsafe conditions without clear or culturally responsive communication (Cénat et al., 2023). Mutual aid networks and community-led information campaigns filled the void, demonstrating rhetorical resistance in the absence of institutional care. These grassroots strategies, often multilingual, relational, and participatory, reclaimed ethos from the bottom up, countering official silence with embodied trust and communal knowledge-sharing.

Across these crises, the ability to trust or be trusted was not equally distributed. Trust, as this dissertation argues, is not a neutral precondition but a rhetorical achievement shaped by history, power, and recognition. Accounting for these uneven dynamics in pandemic narratives not only deepens the historical account but clarifies the stakes of health communication as a site of inclusion or exclusion. Understanding how ethos is granted, denied, or reclaimed by different communities is essential for designing more equitable and rhetorically attuned public health responses, both now and in future crises.

2.2 Conclusion: Historical Foundations for Rhetorical Trust

This history reinforces the central thesis of this study: that public trust must be understood rhetorically. It is constructed through communication practices, shaped by cultural conditions, and vulnerable to breakdown when ethos is compromised. The rhetorical analysis that follows builds on this historical insight to examine how local newspapers and public discourse during COVID-19 mediated, amplified, or resisted official narratives. The next chapter turns to the scholarly literature on health rhetoric, trust, and media to provide the critical framework for interpreting these rhetorical acts, and to identify how this dissertation contributes to the evolving field of risk communication during a crisis.

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social entanglements or what he calls “landscapes and habitats” of disease (23). This framework helps contextualize how public trust is destabilized when those interconnections are overlooked or poorly managed.

The COVID-19 pandemic drew attention to a fundamental problem in public health communication: the failure to establish and sustain trust under conditions of uncertainty. While scientists raced to generate accurate information, and health authorities sought to promote collective responsibility, many public audiences remained skeptical, resistant, or overwhelmed. Where earlier pandemics highlighted the role of local networks, COVID-19 required integrated digital and institutional coordination. Yet these modern tools often proved fragile in the face of polarization and mistrust. The pandemic demonstrated how deeply trust, or the lack thereof, shapes health outcomes, political legitimacy, and collective resilience. By tracing this historical arc from 1918 through 2020, this chapter establishes how Canada's pandemic past informs its rhetorical present. These layered histories provide essential context for the analysis that follows, highlighting why trust, rhetorically constructed, culturally mediated, and historically contingent, remains central to public health communication in moments of crisis. Rhetorically, the pandemic foregrounded the need for risk communication strategies that attend to ethos, community identification, and credible expertise. The following chapters build on the historical and methodological groundwork of this chapter to examine how scholars across rhetoric, communication studies, and public health have addressed the challenges of trust, persuasion, and risk. In doing so, it asks how rhetorical theory, particularly frameworks of ethos, stasis, and genre, can help explain why health messages might succeed or fail.

Taken together, the historical trajectory of disease in Canada and the evolution of risk communication practices reveal both the progress and the persistent limitations of public health messaging. From the Spanish Flu to COVID-19, one constant remains: trust is never a given, it must be cultivated through rhetorically sensitive, context-specific strategies that address public values, perceptions, and lived realities. While past responses often leaned on technocratic authority and top-down messaging, the challenges posed by COVID-19, marked by digital misinformation, political polarization, and uneven public acceptance, underscore the urgency of rhetorically informed approaches to health communication. These insights set the stage for the next chapter, which explores in greater depth the scholarly conversations around the rhetoric of health, risk, and trust. By situating this study within established rhetorical frameworks and identifying key gaps, particularly around localized media, protest

discourse, and ethos, Chapter 3 outlines the theoretical grounding that informs this dissertation's analysis of how public trust is shaped, negotiated, and sometimes ruptured in times of crisis.

The next chapter, *Literature Review*, turns directly to the theoretical and practical applications of a rhetorical framework. I provide a detailed literature review of the rhetorical, communicative, and media theories that inform this study's grounded methodology. Drawing on the work of scholars such as Huiling Ding, Kim Witte, Jeanne Fahnestock, Carolyn Miller, Leah Ceccarelli, Ashley Mehlenbacher, Lisa Keränen, and others, the chapter establishes the conceptual and disciplinary context for analyzing how trust is built, eroded, and mediated in Canadian news media during public health crises.

Chapter 3: Literature Review – Rhetoric, Risk, and Trust in Health Communication

This chapter provides a critical overview of the scholarly literature that informs this project's approach to the thematic and rhetorical analysis of public trust, authority, and health risk communication during the COVID-19 pandemic. Building on the historical and theoretical groundwork laid in Chapter 2, which traced the evolution of responses to public health crises, in Canada during the Twentieth and Twenty-first centuries. This chapter begins with a similar historical lens on the development of risk communication frameworks in Canada. These connections to past health crises, viewed alongside the evolution of risk communication, will engage more deeply with rhetorical scholarship that shapes the dissertation's analytical lens.

This literature review synthesizes interdisciplinary contributions from the field of the rhetoric of science, technology, and medicine (RSTM), including key theories of ethos, persuasion, media influence, and audience engagement. The literature reviewed here is organized into three thematic domains: (1) rhetorical approaches to health and risk communication, (2) public trust and institutional authority, and (3) media and public discourse. Together, these sections help to identify both foundational insights and notable gaps in existing research. The goal of this chapter is to outline the theoretical and methodological ground on which this project builds, highlighting the need for a more rhetorically attuned analysis of localized news discourse. In doing so, it sets the stage for answering the central research questions: why examine the newspaper as a corpus, and what value, particularly for future crisis preparedness, is derived through better understanding the underexplored role of localized newspaper rhetoric and protest discourse in shaping public responses to health crises? This chapter concludes by positioning the dissertation's intervention within these scholarly conversations, showing how a rhetorical framework can help build more effective and trust-centered strategies for future risk communication, and potentially offer educational, critical, or analytical tools for identifying mis/disinformation.

The preceding chapter identified how these dynamics have played out over a century of Canadian public health crises. During the Spanish Flu, trust was localized and tied to interpersonal, faith-based, and community relationships, with limited centralized

coordination. SARS revealed systemic fragmentation in federal-provincial communication and a failure to prepare adequately despite early warnings. H1N1 showed some gains in coordination and transparency, but vaccine hesitancy and messaging inconsistencies persisted. Most recently, the COVID-19 pandemic made explicit the high-stakes role of communication itself, not just in spreading information, but in managing fear and uncertainty, reinforcing or undermining authority, and shaping public memory and lived experiences. These cases bear out the central argument that trust is not a direct byproduct of scientific knowledge or institutional authority but is rhetorically negotiated. Each health crisis demonstrated how appeals to ethos, attempts to establish credibility, and the framing of threat and efficacy influenced public actions and reactions. Whether through community-based care in 1918, press conferences during SARS, or real-time digital messaging in 2020, the effectiveness of public health communication has depended less on the availability of clear facts than on the persuasive power of the institutions and their representatives delivering them.

The following section turns to a deeper examination of risk communication frameworks, particularly those that explicitly consider rhetorical strategies such as fear appeals, efficacy messaging, appeals to hope and social norms, to assess how they can support more trust-centered, adaptive approaches to public health crises in the future. These models reveal how public health messages attempt to shape behavior but often overlook the more fluid and contested nature of trust. Through a rhetorical lens grounded in concepts such as ethos, audience adaptation, and symbolic action, I propose a framework that positions trust as a dynamic, ongoing negotiation rather than a fixed communicative goal. This layered critique reveals that the persuasiveness of crisis messaging depends not just on content, but on how messages are situated within broader cultural narratives, institutional credibility, and audience expectations. The rhetorical framework developed here seeks to foreground these dynamics, offering a more flexible and ethically attuned approach to communicating during public health crises.

3.1 Rhetorical Approaches to Health and Risk Communication

Scholarship on pandemics in North America, past and current, typically emphasizes the diffusion of disease, demographic vulnerability, and institutional responses, often from epidemiological or social, cultural, and historical perspectives (Barry, 2004; Public Health Ontario, 2023). More humanities-related studies have expanded these lenses to include questions of geography, diversity, equity, and resilience, especially how race, class, and access shape disease outcomes (Ding, 2014; Keränen, 2010; Dube et al, 2020). However, what often remains underexamined is how trust is rhetorically constructed during a health crisis, and how its presence, or absence, affects public adherence, message uptake, and community action.

Risk communication research began in the 1980s as an interdisciplinary field combining various disciplines: economics, sociology, psychology, and communication research (Jungermann et al. 1988; Leiss and Powell 1997/1998, 2004; Lundgren & McMakin, 2018; and Fischhoff, 1995, 2012, 2014, 2017, 2019, 2020).[18] Risk communication refers to the interdisciplinary practice of conveying information about potential hazards, such as health threats, environmental dangers, or technological risks, to diverse publics. Lundgren and McMakin (2018) divide risk communication along functional lines, "distinguishing between care communication, consensus communication, and crisis communication," which have elements in common, but often have circumstances that require different tactics, or different ways of communicating with their respective audiences (4). Meaning, risk communication aims to explain what risks exist, how they are communicated, and how individuals and groups interpret and respond to them. This field investigates not only the messages and channels through which risks are disseminated, but also the sociocultural, psychological, and political factors that shape public understanding and behavior.

[18] In the 1980s, several scholars developed models that integrated individual, peer group, and societal value systems into the emerging field of risk communication (Vlek & Stallen, 1981; Douglas, 1986; Slovic, 1987). These models contributed to a broader understanding of risk not as a purely quantitative measure, such as thresholds based on mortality statistics, but as a socially constructed phenomenon. Broad consensus emerged around the idea that perceived risks are evaluated through their potential to disrupt familiar social relationships and cultural practices, rather than through numerical data alone.

Risk communication programs, often developed by government agencies, public health authorities, or private industries, are structured efforts to deliver risk-related information in ways that are accessible, persuasive, and actionable. These programs are built around strategic message frameworks designed to achieve specific outcomes, such as increasing public awareness, motivating protective behaviors, or reducing misinformation. They also account for the roles played by media framing, institutional credibility, and public trust in influencing how risk messages are received. As William Leiss notes, a central objective of effective risk communication is to help the public "figure[ing] out just what bad outcomes can or cannot be prevented or lessened, and how this can be done, by some combination of creative scientific research, sound risk assessments, enlightened government policy, and good (responsible) behavior on the part of citizens" (Leiss, xv). Leiss's study contends that local news media played a key role in framing probabilities, the essential language of risk, for their communities, contributing to increased public risk literacy and providing critical education around vaccine safety, efficacy, and effectiveness (Leiss, 1996). In contrast to framing science as absolute, local media recognized that scientific knowledge, even when peer-reviewed, is cumulative, tentative, and subject to change as new evidence emerges (Bazerman, 1988). In this way, risk communication programs serve both educational and deliberative functions, guiding public decision-making while fostering civic engagement and resilience in the face of uncertainty (Leiss, xv).

Effective risk communication strategies enable the public to scientifically perceive and assess the risk and take actions to manage and control it (Beck, 1992; Fischhoff, 1995).[19] However, information and education objectives directed at the public often fall short when they rely on the assumption that misperceptions can be corrected through rational understanding of scientific data. This presumes that facts are "objective and autonomous and that social problems can be solved by acquiring more facts (rather than agreeing on values)" (Katz & Miller, 1996, 126–127). Yet what are often labeled as misperceptions may in fact

[19] Ulrich Beck (1992) argues that in modern "risk societies," hazards are not directly perceptible but must be identified through scientific and institutional processes, making risk a product of expert interpretation and sociopolitical negotiation. Baruch Fischhoff (1995), from a psychological perspective, distinguishes between technical risk (quantifiable harm) and perceived risk (shaped by emotion, trust, and values), emphasizing that public understanding and acceptance of risk depends as much on communication and credibility as on data.

reflect deeply held values, fears, or experiences. As Hamstra (1992) and Covello (1992) note, when people suspect secrecy or sense that information is being withheld, they tend to magnify perceived risks, making perception itself a central part of the reality communicators must address (Powell et al., 1993).

Of the known factors that influence the perception of risk, trust is the most important (Powell, 1993, 1998). Adding a rhetorical approach to risk communication strategies offers the public audience a more active or participatory role in this process, acknowledging the importance of attitudes, emotions and values on the positive outcomes of a more inclusive risk communication process. I trace the rhetorical nature of COVID-19 and the implications of trust and distrust on public acceptance (or adherence) to measures, as examined through the roles of political and public health authorities, their efforts to communicate risk, and the relationships they establish with the Canadian audiences they serve through the first year of COVID-19 in Canada (January to December 2020).

I begin with a distinction between the study of crisis communications and risk communications, because it is easy to use these terms interchangeably, but the theories and scholarship offer somewhat different perspectives and practices. Risk communication and crisis communication are often treated as overlapping disciplines within health communication research, particularly during public health emergencies (Lundgren & McMakin, 2018). While both crisis and risk communication aim to guide public understanding and encourage protective action, risk communication more specifically focuses on conveying the nature, magnitude, and uncertainty of potential hazards. Its objective is to support informed decision-making and promote adherence to recommended behaviors during times of potential or ongoing threat (Covello, 1992; Fischhoff, 1995; Leiss, 1996). Crisis communication, by contrast, is typically concerned with managing immediate threats, reputational harm, or institutional response during high-stakes events (Perrow, 1999; Beck, 2009; Sellnow & Sellnow, 2010). Charles Perrow (1999) optimistically positions crises as "opportunities for learning and improvement," but by nature "crises are dangerous moments or turning points," that create high levels of uncertainty (3-7).

While Perrow and other crisis scholars would unequivocally classify COVID-19 as a paradigmatic crisis, this dissertation turns toward the ongoing work of risk communication

within crisis conditions, emphasizing how public adherence and resilience are not merely outcomes of information transmission, but of sustained rhetorical efforts to nurture ethos and build trust. In prolonged emergencies like pandemics, where uncertainty and fatigue challenge traditional authority, it is the rhetorical construction of credibility, identification, and emotional resonance that enables risk communication to move audiences toward meaningful decision-making and protective actions (Ding, 2014; Nussbaum, 2018; Rice, 2020; Leiss, 1996; Covello, 1992; Fahnestock, 1998).

Risk has many definitions depending on the avenue of study and expertise. Ulrich Beck (1992, 2009) defines risks as "the probabilities of physical harm due to given technological or other processes," while recognizing that such risks are often perpetuated through social systems, shaped by the quality of social relations, and influenced by the expectations placed on technical experts, particularly from the scientific community, to explain and provide evidence (4). In dealing with risks, "a variety of new social differentiations and conflicts emerge" along with what Beck refers to as "market opportunities," and with it, the social, economic, and political importance of knowledge grows (Beck, 2009, 46). This creates new "antagonisms between those who produce risk definitions and those who consume them," drawing attention to the risk society as the "science, media and information society" (Beck, 2009, 46). These observations highlight how authority and trust are negotiated not only through science but also through the communicative systems that interpret, distribute, and contest such knowledge. Covello (1992) has been credited with the idea that when people perceive themselves to be at risk, they understand and put into practice only those messages that come from sources they perceive as trustworthy and credible. Media also plays a role in this dynamic, functioning as both a conduit and a gatekeeper for risk information, shaping public perception through its framing choices, representational strategies, and rhetorical appeals (Lundgren & McMakin, 2018).[20]

[20] According to Lundgren and McMakin (2018), media organizations can choose among several roles, or levels of participation, to address a given risk-related issue. They identify four levels of participation: (1) reporting existing information, (2) influencing the way an issue is portrayed, (3) independently bringing an issue to the public's attention or restricting its coverage, and (4) proposing solutions to a risk-related decision, including taking a stand on an issue (260).

Media's key role in how risk information is communicated to the public audience is based on selecting what stands as evidence (research, scientific or other) and even who or what constitutes an expert. Beck (2009) calls attention to the key distinction in communicating risk, or the "staging of the reality," as the difference between what is an anticipated risk and the actual occurring catastrophe, with "staging" functioning as a rhetorical and political act that can manufacture the perception of future catastrophes (10–11). Leiss and Powell (2004) are less forgiving in their analysis of the Canadian government's response to "the mismanagement of BSE risk in North America" in 2003, criticizing authorities for failing to communicate transparently out of fear that "the public may panic," a decision that had its own unintended consequences (230). Their critique emphasizes how semantic choices, such as describing risk as "negligible" versus "low," can lead to drastically different public interpretations, particularly when the public faces qualitatively different types of risk (Leiss & Powell, 230). These examples reveal that risk communication is never neutral. It is a rhetorical act shaped by strategic word choices, institutional priorities, and media amplification, all of which influence how publics assess credibility, feel trust, or respond with skepticism. Building on these insights, this research turns to the specific conditions under which risk is communicated during moments of acute disruption.

This research focuses on risk communication in the context of crisis, where the stakes of public persuasion are heightened and the construction of trust becomes a central rhetorical challenge. This emphasis is especially relevant during pandemics, where individuals must interpret rapidly evolving scientific data, assess personal and communal risk, and make behavioral choices amid fear and uncertainty. Drawing on rhetorical theory, particularly the concept of ethos, this section explores how trust is not simply a product of accurate messaging, but a communicative relationship shaped by credibility, cultural resonance, and audience identification. By integrating risk theory with rhetorical frameworks, the following literature review establishes why trust-centered, rhetorically informed strategies are essential not only for effective public health communication but for fostering community resilience in times of crisis.

3.1.1 Canadian Approach to Risk

The evolution of risk communication in Canada underscores the limitations of traditional technocratic models that rely on expert-driven messaging while sidelining public perceptions, emotions, and values. Theorists such as Vlek and Stallen (1981), Douglas (1986), and Slovic (1987) emphasized that public responses to risk are shaped not solely by scientific data or statistical thresholds, but by the degree to which risks are perceived as threats to familiar social relationships, identities, and daily practices. This marked an important shift from one-way information delivery to recognizing the need for participatory and context-sensitive frameworks. Leveraging the U.S. National Research Council's (1989) definition of risk communication as "an interactive process of exchange of information and opinion among individuals, groups, and institutions," highlights that risk messages must engage meaningfully with the values and concerns of their audiences, not just "sell" a position (Powell, 1997/1998). This definition underscores a critical shift: risk communication must move beyond simple information dissemination toward interactive, trust-centered rhetoric that resonates with audiences lived experiences, perceptions, and cultural values.[21]

Canadian scholars Leiss and Powell (1997/1998, 2004), in *Mad Cows and Mother's Milk*, offer a foundational critique of conventional risk communication models, particularly those that rely on a top-down, technocratic or (similar to Katz and Miller's description of the "engineering model") delivery of information. Building on critiques of the "deficit model," which assumes public ignorance as the barrier to sound decision-making, Leiss and Powell (1997/1998, 2004) emphasize that effective communication must recognize uncertainty, acknowledge moral responsibility, and foreground public trust as a rhetorical and relational process (36-37). Their work advances a participatory vision of risk communication ("Phase Three") that calls for transparency, mutual learning, and cultural responsiveness, again not merely the transmission of facts but the co-construction of meaning between experts and publics (37-38). Phase Three is characterized by an emphasis on "social context," or the

[21] Effective risk communication "… involves determining the types of information that interested and affected parties need and want and presenting this information to them in a useful and meaningful way" (Health Canada, 2000).

"social interrelations among the players in the game of risk management" (37).[22] Leiss (2004) advocates for a balanced approach that upholds scientific accuracy while also confronting the ethical implications of risk management, especially when scientific knowledge is incomplete or contested. Powell (1998) complements this with a focus on accessibility, arguing that scientific knowledge must be translated in ways that resonate with diverse audiences, especially during crises when public fear, institutional credibility, and decision-making converge.[23] Their contribution offers a rhetorically attuned framework that recognizes how the ethos of institutions (and individuals), and the clarity of messaging directly impact the public's capacity to understand, trust, and act upon risk-related information.

3.1.2 Communicating Risk

Building on this participatory foundation, communications scholar Kim Witte advances a behaviorally grounded and rhetorically attuned model for understanding how people respond to risk messages. While Leiss and Powell (1997/1998, 2004) emphasize transparency and the importance of trust-building in institutional communication, Witte's (1992) Extended Parallel Process Model (EPPM), (which I revisit in depth in Chapters 5 and 6), offers a framework for analyzing how individuals interpret and act upon messages based on perceived threat and efficacy. Her model introduces a crucial dimension to rhetorical risk analysis: that emotional and cognitive assessments, particularly related to fear and hope, interact with beliefs about control and actionability to determine behavioral outcomes. By focusing on the internal logic of audience decision-making in response to persuasive messages, Witte complements Leiss and Powell's emphasis on institutional ethos with a nuanced account of audience reception.

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[22] According to Leiss and Powell (2004), trust is the key ingredient to successful persuasive risk communication and cannot be "manufactured" using "techniques" alone (37). They hypothesize that "trust in institutional risk actors (government and industry) can accumulate, slowly, through the comments by those institutions, as demonstrated by deeds, not words, to carry out responsible risk communication, and furthermore to do so consistently, as a matter of daily practice over the long term" (38).

[23] Health Canada's health risk decision-making framework defines risk communication as: "Any exchange of information concerning the existence, nature, form, severity or acceptability of health or environmental risks" (Health Canada, 2000). This overarching decision-making framework is also integrated in Health Canada/PHAC's Strategic Risk Communications Framework and Handbook, which provides guiding principles, a seven-step process, and a detailed handbook for communicating risks (Health Canada, 2006).

Witte's (1992) EPPM model extends risk communication scholars work by offering a behavioral and rhetorical framework for understanding how individuals respond to risk messages that involve fear and threat. According to Witte, successful communication depends on the interplay between two key variables: perceived threat (severity and susceptibility) and perceived efficacy (response efficacy and self-efficacy) (338-339). When people perceive a high threat but also believe they can take meaningful action (high efficacy), they engage in danger control, adaptive, and protective behavior. However, if efficacy is low, people may engage in fear control, and/or defensive responses such as denial, avoidance, or mistrust (Witte, 336). This model helps explain not only why some public health messages succeed while others fail, but also why misinformation and distrust can flourish under conditions of high uncertainty and poor message design. Witte's model strengthens the case for risk communication strategies that go beyond fact delivery to include emotional resonance, cultural sensitivity, and credibility-building appeals to ethos.

While Witte's model captures the psychological and behavioral mechanics of how individuals respond to risk communication messages of fear and efficacy, Katz and Miller (1996) extend this analysis to the broader social and ethical dimensions of public risk discourse. Their rhetorical study of the North Carolina low-level radioactive waste siting controversy complements Witte's framework by focusing on how risk communication is not only a cognitive process but also a contested social practice. In contrast to models that seek to "correct" public misperceptions through expert knowledge, Katz and Miller argue that public resistance often arises not from ignorance, but from deeply embedded concerns about fairness, transparency, and moral legitimacy (116). By framing risk as a socially and discursively constructed phenomenon, they expose the limitations of technocratic communication and call for rhetorical strategies that invite dialogue or discourse, trust-building, and responsiveness to the lived experiences of diverse publics (132-133). Their work reinforces the idea that effective risk communication requires a fundamentally rhetorical approach, one that engages audiences not just through facts and fear appeals, but through values, identification, and ethical deliberation.

All three perspectives (Witte, 1992; Leiss & Powell, 1997/1998; and Katz & Miller, 1996), emphasize the importance of transparency, cultural responsiveness, and the translation of

scientific expertise into public understanding. These perspectives argue for a shift from one-way dissemination of expert knowledge to participatory models that acknowledge the emotional, ethical, and cultural dimensions of public risk perception. Where Leiss and Powell (1998) advocate for trust-building through mutual learning and institutional accountability, Katz and Miller highlight how public resistance is often rooted not in ignorance but in valid concerns about fairness, representation, and power. Together, these frameworks support a shift towards a rhetorically informed model of risk communication, one that attends to both the structural conditions of trust and the communicative practices that shape public response. This shift requires that authorities and communicators not only convey facts but listen, engage, and adapt messages to the values, emotions, and lived experiences of their audiences. Public trust, as these scholars emphasize, is not fixed or assumed. It is constructed, eroded, and rebuilt through ongoing rhetorical negotiation. A rhetorical approach to risk communication embraces these challenges by prioritizing iterative, audience-sensitive processes that integrate scientific expertise, ethical responsiveness, and local knowledge.

These insights set the stage for the next two sections, which consider public trust and institutional authority, and media and public discourse, by examining how rhetorical principles are enacted in public discourse, particularly through the local news media. As frontline narrators or mediators of risk and crisis, local newspapers (journalists and editors) play a vital role in shaping public perceptions of risk, translating expert guidance, and reinforcing or challenging public trust. The following literature review explores how ethos, emotional framing, and community participation converge in pandemic discourse, and identifies where this dissertation contributes new insight into the rhetorical dynamics of trust, resistance, and media influence in localized Canadian contexts.

3.2 Public Trust and Institutional Authority

In health communication, the terms compliance and *adherence* are often used interchangeably, yet they carry important rhetorical and ethical distinctions that shape how health messages are framed and received. Compliance traditionally implies a hierarchical model of communication, where patients or publics are expected to follow medical or expert

directives without question (Ding 2014). As Judy Z. Segal (2005) observes in *Health and the Rhetoric of Medicine*, this model treats health behavior as a matter of obedience, implying that non-compliance stems from irrationality or ignorance rather than from legitimate concerns, constraints, or interpretive differences (134–135). As a result, non-compliance becomes rhetorically marked as deviance or failure, obscuring the complex social, emotional, and cultural factors that influence individual decision-making in health contexts.

In contrast, *adherence* suggests a more dialogic relationship between authority and audience, one rooted in trust, negotiation, and rhetorical engagement. Rather than assuming passive acceptance, adherence emphasizes that individuals must be persuaded of the legitimacy and relevance of health recommendations, and that action emerges not from coercion but from conviction. It reflects a moment in which the audience is not just told what to do but is moved to act based on the credibility of the message and its resonance with personal and collective values. As Segal notes, "to be persuaded is to be moved to action," a definition that highlights the performative, affective, and deliberative dimensions of public health messaging (136). However, as she also cautions, persuasion does not always lead to behavior change: the gap between understanding and acting "pivots on the distinction between conviction and persuasion" (Segal, 136). Thus, adherence becomes not just a behavioral metric, but a rhetorical accomplishment rooted in sustained, credible, and ethically attuned communication. Adherence recognizes that individuals act not because they are ordered to, but because they are moved to.

To further refine this conceptual terrain, this dissertation introduces the term *acceptance* as a rhetorical alternative to compliance. Acceptance acknowledges the emotional and cognitive processes by which individuals come to recognize, support, or internalize a public health message (Siegrist et al., 2021; Cherry et al., 2021; Oxman et al., 2022). Unlike compliance, which implies enforced obedience, or even adherence, which still implies alignment with expert guidance, acceptance foregrounds the audience's agency, willingness, and internal agreement (Martins, 2005). In contexts like the COVID-19 pandemic, where mandates, resistance, and trust were deeply intertwined, combining adherence and acceptance allows for a more nuanced understanding of how publics engage with health

messaging across a spectrum of belief, motivation, and action. It also opens space for recognizing when individuals support the values of a message, even if structural, cultural, or personal barriers complicate behavioral follow-through.

By shifting from *compliance* to *acceptance* and *adherence*, this framework reorients public health communication toward a more audience-centered, rhetorically literate approach. This approach values trust-building, dialogic engagement, and ethical responsiveness as central to public health success. It also aligns with Public Health Ontario's (2023) commitment to risk communication strategies that aim to foster trust, with trust as the "expectation from the public that a message is true and reliable, and the communicator demonstrates competence by honestly conveying accurate, objective, and complete information in public health messaging," to improve uptake or adherence with recommended prevention behaviours (2).

Adherence is achieved then when a speaker establishes *ethos* (credibility and character), appeals to *pathos* (emotional resonance), and offers *logos* (reasoned argument) that align with audience values, expectations, and lived realities. When the public adhere to government and public health recommendations, for example during COVID-19 masking, distancing, and vaccination, they do so not solely out of obligation, but because they perceive the message and messenger as trustworthy, their participation as meaningful, and the outcomes as justifiable. In such moments, rhetoric becomes a tool not of acceptance but of civic engagement and collective resilience.

Adherence to government and public health recommendations during a sustained crisis like COVID-19 is critical not only for survival, but also for the health, safety, and ongoing resilience of communities. In this context, public trust becomes a prerequisite for community cooperation in the form of following masking and distancing guidelines, stay-at-home orders and vaccination programs, all of which are considered to be an effective public health response.

In risk communication (as discussed), particularly during public health emergencies like the COVID-19 pandemic, the aim of persuasion or persuading the public to follow protective health measures, can be viewed through rhetorical argumentation. Again, this view of

argumentation is not merely to transmit information or deduce logical conclusions through appeals to logos, nor as appeals to fear (as previously outlined). As Chaïm Perelman (1982) emphasizes, "The aim of argumentation is not to deduce consequences from given premises; it is rather to elicit or increase the adherence of the members of an audience to theses that are presented for their consent" (*The Realm of Rhetoric*, 9–10). This notion of "adherence" is foundational to understanding risk messaging not just as a conveyance of data, but as a rhetorical process requiring the active engagement of audiences.

For Perelman (1982), adherence "never comes out of thin air; it presupposes a meeting of minds between speaker and audience," stressing the importance of reciprocity in rhetorical engagement (9). In the context of health risk communication, this means that public trust and acceptance cannot be assumed or enforced through data alone. They must be cultivated through persuasive strategies that resonate with the audience's values, beliefs, and emotional dispositions. Especially during moments of uncertainty, when fear and skepticism are heightened, public health messages must do more than inform, they must persuade by establishing credibility, recognizing cultural contexts, and aligning with shared concerns. This rhetorical process of cultivating adherence becomes essential in encouraging behaviors such as vaccination and masking, where the success of public policy depends on the public's willingness to internalize and act on expert recommendations (Majid et al., 2021, 119).[24] Perelman's framework thus provides a critical lens for understanding how effective risk communication hinges not only on what is said, but on how communicators meet their audiences in moments of vulnerability and uncertainty.

Perelman's framework becomes especially useful in situations where the stakes of public health are high, and when information is controversial or skepticism exists. Shaping public opinion and encouraging protective behaviors such as vaccination, masking, or distancing hinge on the perceived credibility of messengers and the resonance of their appeals. Ethos,

[24] According to Majid et al. (2021), researchers claim that public trust in the information disseminated by governments, healthcare providers, and the media is one of the most important factors that determine whether public health recommendations receive widespread adherence during a pandemic (119-141). They define trust as the expectations an individual holds towards others based on the belief that they will act in good faith (Thoresen et al., 2021). Public trust specifically refers to the level of trust the public has in a particular authority, administration, or organization (Feldheim & Wang, 2004; Poppo & Schepker, 2010).

the construction of a speaker's credibility, therefore, emerges as a core element of this adherence. As rhetorical scholars and crisis communication experts observe, audiences often recognize the expertise of health authorities or political figures but may lack the confidence, knowledge, or contextual understanding to fully process risk (Leiss & Powell, 1997/1998; Katz & Miller, 1996). In such cases, trust is not merely a rational decision, but rather, draws on the relational meaning contingent on how well the speakers align with the public's emotional, moral, and cultural frameworks. As Katz and Miller explain, "In all these situations, communication takes place between parties who have different (usually much different) knowledge about the risk and different degrees of access to power," often casting the dynamic between "experts" and "citizens" being perceived as one of imbalance and mistrust (116). For risk communication to succeed in such conditions, it must bridge this gap not only through factual clarity but through rhetorical strategies that foster a sense of mutual understanding and identification with the diverse audiences.

3.2.1 Rhetorical Uncertainty: The Challenge of Public Trust

The most important condition shaping the construction and communication of a global pandemic is public trust in the institutions (and their leaders) responsible for managing and mitigating the crisis. Trust in health authorities, government agencies, and scientific institutions (including medicine, health and science experts) is essential for ensuring that people follow public health guidelines, such as mask mandates, social distancing, and vaccination campaigns (Martins, 2005; Siegrist et al., 2021; Cherry et al., 2021; and Oxman et al., 2022). When people trust in these authorities and their representatives, they are more likely to see that these measures those authority figures suggest are in their best interest, and they are more likely to adhere, which is crucial for controlling the spread of a pandemic. Cultural relevance and accessibility also contribute to higher social media use, and evidence indicates that the perceived peer-to-peer knowledge sharing inherent in social platforms resulted in a higher potential for mis/disinformation (Bhalla & Meyer, 2022; Theivendrampillai et al., 2023).[25]

[25] In a survey of South Asians in Ontario, Bhalla and Meyer (2022) find that participants perceived a lack of culturally relevant and linguistically accessible public health messaging, leading to a reliance on peer-to-peer

In an environment where misinformation and conflicting narratives spread easily, credibility becomes crucial. Trust in official sources of information helps the public filter out unreliable or false claims and instead rely on accurate, evidence-based guidance. Research has shown that the spread of misinformation and disinformation on social media significantly undermined both political and public health efforts to control the pandemic (Bridgman et al., 2020).[26] These emerging communication technologies and communication ecosystems have transformed information-seeking behaviors and informational sources, prompting terms such as "post-truth" and "post-fact" to explain the tumultuous issues around public trust and the political "war on science" (Turner, 2013; Fukuyama, 2017; Besley et al., 2019; Goldenberg, 2021). While this circulation of mis/disinformation represents a critical dimension of the trust landscape, the present study focuses on local news media as a counterpoint, with the recognition that further research is needed to fully address the role of social media in shaping public perceptions. When institutions communicate clearly and transparently, they help maintain trust, and public trust in institutions, in turn, influences the acceptance of policy decisions such as lockdowns, travel restrictions, or emergency funding measures. If the public believes that these decisions are made with their safety and well-being in mind, they are more likely to support them, even when the measures are disruptive or difficult.

3.2.2 Institutional Ethos: Authority, Science, and Expertise

Trust in institutional authority, whether political leadership or public health officials, plays a decisive role in shaping public health outcomes during crises. However, not all institutions or actors command equal levels of trust, and conflating "the government" as a singular entity can obscure important distinctions in how citizens evaluate different sources of authority (Cooper, 2023). The Proof Strategies 2023 "Results Report" showed that pre- and post-COVID-19 trust in government remained steady, but concerningly only 37 percent of Canadians trust our government to be competent and effective (CanTrust, 2023). While a

knowledge sharing based on social media platforms, and therefore created opportunities for misinformation to spread. Results from a survey of East Asians living in Canada by Theivendrampillai et al., (2023) reveal that while 68% of participants obtained COVID-19 information from news media, approximately one-third of participants relied on social media for COVID-19 information, specifically Facebook, Twitter and WhatsApp.

wide range of factors contribute to vaccine hesitancy and risk perception (Larson et al., 2014; 2018), studies conducted during COVID-19 show a consistent relationship between higher levels of trust in public institutions and greater adherence to health measures (Devine et al., 2021; Murphy et al., 2021).Trust in public health authorities or institutions is especially important when it comes to medical interventions, such as vaccines or new treatments. Again, if the public perceives institutions as transparent, ethical, and competent, they are more likely to accept vaccinations and other health measures designed to protect public health. In times of crisis, trust in these institutions helps maintain social cohesion.

Public trust shapes how effectively a society can respond to a health (or other) crisis, as it underpins acceptance, cooperation, and the successful implementation of health and safety policies. People are more likely to feel united, "maintaining social bonds," when they trust that their government and health institutions are leading them effectively and honestly (Cooper, 2023). This sense of solidarity is crucial for maintaining calm and order, and in ensuring that collective action is possible. When trust in institutions erodes, the consequences are well-documented with increased resistance to actions or behavioral guidelines, a greater likelihood for the spread of misinformation, and greater harm to public health (CCA, *Fault Lines*, 2023).

Yet, as political scientists point out, the public's trust is not monolithic: people often distinguish between elected politicians and appointed public servants, and between federal, provincial, and municipal levels of government. A 2022 Canadian study emphasizes that trust in public health officials, particularly at the national level, was associated with the largest reduction in vaccine hesitancy and the greatest likelihood of adhering to health recommendations (Statistics Canada, 2022). This effect held even as trust in elected officials declined, suggesting that institutional credibility depends not only on structural authority but also on perceived expertise, transparency, and moral alignment (Cooper, 2023). These findings highlight the rhetorical significance of ethos in institutional communication: public trust is built not merely on perception of institutional/authority-figure expertise, but on those institutions and authorities' ability to respond credibly, empathetically, and consistently within a multi-level governance system. In the Canadian context, where public health

jurisdiction is shared across levels of government, rhetorical clarity, role differentiation, and inter-agency coherence are essential to sustaining public adherence over time.

Expertise and institutional authority must be understood as distinct, though they are often conflated in communication during health crises. While people frequently place trust in the authority of political and health institutions, such as when expertise is "called on in a democratic sphere, expertise may seem a cognate of authority" (Mehlenbacher, 2022, 5). The invocation of expertise in public discourse can create confusion, as it often carries the expectation of institutional authority (Mehlenbacher, 5). As Mehlenbacher (2022) and Miller (2003, 2006) explain, when "the important work classical ethos performs to build trust is not accomplished," that trust erodes (Mehlenbacher, 5–6). In practice, institutions turn to technical experts to offer insight and develop recommendations, a process that may be framed as "deliberative engagement" (Mehlenbacher, 6). However, when these experts engage more broadly, there is a risk that their domain-specific knowledge (and specialist language) cannot account for the full scope of concerns (or understanding) held by diverse audiences. As Mehlenbacher warns, engagement that does not acknowledge these limits may lead to perceived violations of trust (6).

Trust in the context of a health crisis requires more than persuasion. Trust can be achieved when individuals are willing to defer to someone with demonstrably greater knowledge or skill, what Mehlenbacher calls "something beyond our knowledge or power" if certain conditions are met, such as knowing the person's education or experiential background (6–7). Charles Bazerman (1988) asserts that to convince an audience of something "when they didn't see it" (or in the case of science, health or medicine) or perhaps understand it is to "establish ethos; that is, that the author/observer is a credible witness, following all proper procedures thoughtfully and carefully" (140). However, if ethos fails as a primary means of validating results (accomplishing persuasion), then the representation must appear "experienceable by the audience" or "appear plausible to readers having expertise and experience similar to the author's" (Bazerman, 141). That recognition of expertise, however, often depends on the work of ethos as well, placing further emphasis on the speaker's capability to engage with an audience. This engagement between the speaker and audience then depends on whether the communication style and language feel inclusive and accessible.

Again, the case of science, when expert discourse defaults to specialized, technical language, particularly in scientific contexts, it may undermine connection and credibility.

This issue was especially evident during the early rollout of the COVID-19 vaccines in Canada. For example, public concerns around the AstraZeneca vaccine intensified after shifting recommendations from health authorities, first approving, then pausing, then re-approving its use, were delivered through expert-to-expert discourse that lacked accessible explanation for general audiences. The absence of a consistent, transparent rationale fostered confusion and fueled vaccine hesitancy. People did not reject expertise outright but rather responded to the perceived opacity and contradiction in how that expertise was communicated. This example highlights the rhetorical stakes of expertise: when language fails to bridge institutional knowledge and public understanding, even well-intentioned guidance can lose its persuasive power.

Amidst this complex landscape of institutional credibility, scientific authority itself has come under increasing rhetorical pressure. The so-called "war on science," a term popularized in both scholarly and public discourse, refers to the increasing politicization of science, erosion of public trust in scientific institutions, and the deliberate undermining of expert knowledge. The metaphor of "war on science" has framed the relationship between science and society as adversarial (Besley et al., 2019). As Besley et al., explains, this framing has led to an erosion of trust that is not simply a result of misinformation but reflects deeper anxieties about the role of science in democratic societies, such as its perceived lack of transparency, alignment with political agendas, and failure to engage with public values. Chris Turner (2013) outlines in *The War on Science: Muzzled Scientists and Willful Blindness in Stephen Harper's Canada*, that these dynamics have long been present in Canadian public life, where governmental suppression or manipulation of scientific information has had significant consequences for transparency and public trust. Although Turner's critique focuses on the pre-pandemic context, the COVID-19 crisis brought these issues into sharper focus: long-standing skepticism toward scientific institutions, cultivated through years of political interference, created a fragile trust environment in which urgent public health communication had to operate. Similarly, Bruno Latour (2004) warns that the destabilization of scientific authority, or what he refers to as an increasing participation in

"artificially maintained controversies," contributes to blurring the lines between evidence-based knowledge and ideological rhetoric. Maya Goldenberg (2021), while mostly in agreement with Latour, sees the problem of trust in science or the war over science as a consensus issue. It "exacerbates conflict rather than minimizes it," and concerns about how technology shapes our lives, the erosion of collective trust and community action, are more about the perceived loss of values, the "higher order concerns and cultural anxieties," often not captured in the regulatory frameworks around risk communication (105-106). She believes that public health adherence, vaccine hesitancy, and increased beliefs in myths or conspiracies are more indicators of weakened public trust, but more situated in a lack of confidence in the experts and institutions conveying the messages (Goldenberg 113). This is especially concerning during health crises when expert consensus, often mediated through government or public health authority, is urgently needed.

Finally, public trust in institutions is also deeply influenced by how science, and scientists, are rhetorically positioned during times of crisis. While expertise forms the foundation of institutional ethos, recent years have witnessed a growing skepticism toward scientific authority, often described as part of a broader anti-science movement. In moments of uncertainty, such as COVID-19, the scientific community was relied upon not just to inform, but to reassure, persuade, and guide. The contrasting nature of this dual role, which science communication scholar Lynda Walsh (2013) describes as "scientists as prophets" (a metaphor that directly contrasts the idea of being "at war") complicates the rhetorical demands placed on scientific actors, whose credibility must be established not only through data, but through moral clarity, empathy, and narrative resonance.

Walsh's *Scientists as Prophets* (2013), argues that in times of crisis, the public desires certainty and that certainty often comes from an ages-old belief and trust in science and scientists as "our first resort" to provide answers and solutions (Walsh, 3). She claims the media has been referring to "scientists as prophets" for decades, framing the prophetic ethos of the science advisor to explain how and why we turn to scientists to explain events beyond human understanding and control (Walsh, 37). She contends that "acts of god," such as global pandemics, cannot be tested for their "correctness against human standards of 'rationality'" so the public turns to scientists to explain with "scientifically manufactured

certainty" (Walsh, 37). The public often turns to the scientific community during crises in search of definitive answers, placing their trust in experts to provide clarity and direction. However, this trust can quickly erode when science, by its very nature, cannot offer absolute certainty. This creates a tension between public expectations and the limitations of scientific knowledge, a tension that is amplified during moments of uncertainty and fear. When experts are unable to deliver the certainty the public seeks, disillusionment can set in, often fracturing trust not only in scientific institutions but also within personal relationships, such as those around vaccine decision-making. This disillusionment becomes even more pronounced when scientific guidance is politicized or manipulated to serve alternative agendas, as seen in the public health controversies documented by the Public Health Agency of Canada (PHAC, 2024). While this erosion of trust is exacerbated when scientific messaging becomes politicized, public confidence in science and health professionals remains comparatively strong, though not evenly distributed across demographics.

Canadians continue to have high levels of confidence in scientists, but less so for business and political leaders, as well as journalists, according to a 2023 Environics report that looked at how perceptions of these professions have changed over time (Parkin, 2023). Building on this, other trust measurements (Edelman Trust Barometer, Environics, and CanTrust Index), examining what trust is and who Canadians believe are trustworthy, indicate that Canadians (90 percent) show high trust and confidence in healthcare practitioners, e.g. nurses, pharmacists, and doctors. The Environics Research from 2022 also shows a strong correlation between having exposure to health experts, a family physician or a dedicated pharmacist being associated with lower conspiracy and misinformation beliefs (Coulson, *Environics Research,* 2022). However, the scores also indicate that more work is needed with younger Canadian audiences. The data shows a generational divide in that younger Canadians are less trusting overall, which is considered to be fueled by economic anxiety and political dissatisfaction. This may also correlate with younger demographics showing a tendency towards higher digital or social media usage that could explain the growing affinity with alternative experts/expertise. In general, trust is a concern with higher exposure to digital or social media usage, which is associated with a greater tendency towards conspiracy and MDM beliefs (Coulson, *Environics Research*, 2022).

As trust in institutions shapes public adherence to health directives, it also directly influences where individuals seek information and how they interpret it. In times of crisis, scientific and public health communication does not circulate in isolation. It is filtered, framed, and amplified through media systems that reshape both its meaning and rhetorical impact. The credibility of science, in other words, is not only determined by the authority of its experts, but by how that authority is presented, challenged, or transformed within public discourse (Davies & Horst, 69). This is particularly critical when scientific knowledge moves from institutional settings into mass media environments, where competing logics of entertainment, urgency, and public interest often shift the rhetorical genre and intent of health messages. As the next section explores, media not only serve as amplifiers, skeptics or translators of expert knowledge, but they are also active participants in shaping the broader rhetorical environment of public health crises, and importantly, influencing how trust is built, lost, or redirected.

3.3 Media and Public Discourse

This final section of the literature review examines how media discourse functions as a rhetorical space where institutional messages are reinterpreted, reframed, and circulated to the public. Drawing from foundational and contemporary rhetorical theory, this section explores how health and scientific information is transformed as it moves from expert discourse into public discourse. Fahnestock's (1998) work on accommodations and genre shifts illustrates how scientific findings, when communicated through media, often lose deliberative or forensic framing in favor of epideictic appeals, shifting the focus from validation to celebration or condemnation. Building on this, rhetorical analyses by Fahnestock (1999, 2005), Harris (2013, 2017), and Mehlenbacher (2017) underscore how figural logics, including metaphor (Segal, 2005; MacLeod, 2020), analogy, enthymeme, and narrative, shape how risk, science, and uncertainty are interpreted by audiences.

Further, this section engages with Keränen's (2010, 2014) contributions to public engagement with science and medicine, especially in moments of crisis, emphasizing how media not only convey information but also shape the identities and roles of the audiences themselves. Emotional and ethical appeals, as articulated by Katz and Miller (1996), are

shown to be central in how trust is gained or lost, particularly under conditions of uncertainty. These insights bring us back to the mechanics of risk communication, focusing on appeals to fear, hope, and social norms as they relate to threat and efficacy (Witte, 1992; Maloney et al., 2011), as well as the tension between fact-based messaging and myth-busting efforts in contested informational environments.

Together, these rhetorical insights establish the theoretical and practical foundation for the coding framework used in this study. The final subsection outlines how themes, appeals, and rhetorical outcomes were identified and categorized in the media archive to support a thematic approach to developing a coding framework, through theme and systematic analysis, of how public trust, fear, and institutional credibility are constructed and negotiated through public media during the COVID-19 pandemic.

3.3.1 Media Sources

Trust in public health communication is shaped not only by the authority of institutions but also by the sources through which individuals' access and interpret information. This makes media, both traditional journalism and digital platforms, central actors in the construction, mediation, and contestation of trust during health crises. Where individuals turn for information directly influences how they perceive institutional credibility, especially when that information is filtered through competing narratives and fragmented attention economies. Media plays a crucial role not only in determining where individuals access information, but also in shaping how the purpose, intent, and context of scientific and health communication shift when translated into public news discourse (Fahnestock, 334).

Importantly, the function of media is not simply to relay scientific or medical facts but to translate those facts into accessible public discourse. As Jeanne Fahnestock (1998) argues, the rhetorical genre often shifts in this translation process: scientific claims that originate within deliberative or forensic discourse are frequently transformed into epideictic forms in media coverage, emphasizing drama, conflict, or celebration rather than validation (331–334). This move to "celebrate rather than validate" can blur the distinction between fact and interpretation, thereby undermining the perceived legitimacy of the information conveyed. Fahnestock calls this transformation an act of rhetorical "accommodation," a strategy used to

reconcile complex or evolving scientific knowledge with preexisting public assumptions. While meant to facilitate understanding, such accommodations may inadvertently diminish trust, particularly if the public detects simplification, exaggeration, or omission. The problem is compounded when different news organizations adopt divergent framings, or when institutional spokespersons fail to acknowledge uncertainty or evolving evidence.

Moreover, the increasing competition between media channels and platforms accelerates the dissemination of conflicting or sensationalized messages, further eroding public trust. When official messages appear confusing, inconsistent, or dismissive of public concern, individuals may turn to alternative experts or informal networks that promise clarity, relatability, or shared values (Ding, 2014). This creates fertile ground for skepticism and mis/disinformation, especially during moments of crisis when clear, empathetic, and credible communication is most needed.

Considerable evidence has emerged that the Canadian public became increasingly vulnerable to mis/disinformation leading up to and during the COVID-19 pandemic. Research into the spread of mis/disinformation shows that this significantly eroded trust in government and public health recommendations (Theivendrampillai et al., 2023; Nagler et al., 2020; Dryhurst et al., 2020; Travis et al., 2020). Most research has focused on digital and social media as the primary sources of so-called "fake news," emphasizing their role in accelerating the spread of misleading or fabricated content for political or financial gain (Canadian Centre for Cyber Security, 2024). These studies define misinformation as false or misleading claims shared without harmful intent, disinformation as deliberately deceptive content, and malinformation as information that is accurate but framed to cause harm (Rid, 2021). A similar term, misrepresentation, is a form of misinformation, but distinct in that it is “a statement that is false or misleading because the information from varying sources is presented incorrectly” (Rotolo et al., 2022). This diverse range of terminology speaks to the precarity of information, the motivations both inadvertent and purposeful, and the implications for where we choose to place our trust in the source, authority or expert. The velocity, reach, and algorithmic amplification of digital platforms have made misinformation uniquely difficult to identify, contain or eliminate (Coulson, *Environics Research*, 2022). However, this digital focus has created a gap in the research: the rhetorical role and influence

of traditional print news, particularly local newspapers, has been largely overlooked. This gap presents a unique research opportunity. While newspapers may be declining in public preference, they remain important to communities that still support dedicated local journalism and value localized perspectives in print formats (News Media Canada, 2022).

Traditional news outlets, unlike social media, operate under editorial standards, verification practices, and sustained community relationships, which may enhance their credibility and rhetorical effectiveness during public health crises. For example, during the COVID-19 pandemic, the *Waterloo Region Record* regularly consulted local health officials, provided context-specific updates, and featured community voices in their coverage. These practices helped reinforce trust and foster a sense of shared responsibility among readers. This study argues that local print media, despite its diminished cultural dominance, serves as a vital rhetorical actor in the information ecosystem. By attending to how print journalism constructs ethos, frames public health messages, and navigates public trust, this research positions traditional newspapers not as relics of a pre-digital era, but as resilient platforms for civic engagement and meaning making in times of uncertainty.

Print news circulation and consumption in Canada has been declining and as of 2020 (the start of COVID-19), the total circulation of newspapers in Canada stood at 33.88 million (News Media Canada, 2022).[27] Tabloid publications, at 67 percent of all newspapers in circulation, were the most widely distributed newspaper format in Canada. According to a Statista survey (2024) newspaper readership in Canada indicated that 32 percent of adult respondents preferred print editions, whereas 55 percent of Canadian readers accessed news content via a mobile device.[28] Judging by global industry trends, Canada's share of digital news readers will continue to increase.[29] Changes in the news media industry and the

[27] According to *News Media Canada 2022 Snapshot*, Canada's daily newspaper circulation (paid and free) totals 16.1 million copies per week. Sixty-three percent of daily newspaper circulation was paid and 37% was free (controlled). Daily newspaper paid circulation accounted for 10,089,712 copies weekly and controlled circulation accounted for 5,992,395. There were 71 daily newspaper titles in Canada. For comparison, in 2010 daily paid circulation was closer to 4 million copies per day, highlighting the longer-term decline in print readership.

[28] See also, "Daily Newspaper Circulation Data." *News Media Canada*, 23 Sept. 2024, nmc-mic.ca/about-newspapers/circulation/daily-newspapers/.

[29] According to the "Reuters Digital News Report 2023," digital news consumption continues to rise globally, with over 64 percent of people now accessing news online, primarily through smartphones and social media platforms. In Canada, this trend mirrors the global pattern, with younger demographics leading the shift. The

growing loss of print news largely reflect these trends towards digital access to news, making it easy and convenient to browse or skim news headlines. Canada's Bill C-18 legislation, the Online News Act (came into effect Dec. 2, 2023), is aimed at large technology companies to force large platforms to pay into Canada's news industry. Facebook and Google have both described the bill as unworkable, with Facebook having already removed Canadian news sources from its platforms, and Google said it would also pull Canadian news if the government did not make revisions (*The Globe and Mail*, October 2023).[30] This gap in attending to print news as a significant player in traditional media offers a unique research opportunity to explore the rhetoricity of news media specific to traditional news and the influence of traditional print news on communities that still retain a dedicated team of local journalists and dedicated subscribers to a local perspective and coverage in print news.

3.3.2 Why Newspapers? Journalism in Risk Communication

News media serve as key conduits of information, interpretation, and authority during times of crisis. Yet, in recent years, their role has become increasingly contested amid digital transformation, changing consumption patterns, and declining trust. According to the Pew Research Center, 69 percent of Canadians report concern about the proliferation of fake news, particularly on social media platforms (Reuters Institute, 2022). This worry is echoed in global studies that show audiences are increasingly skeptical of news encountered online, even as digital consumption becomes the dominant norm (Reuters Institute, 2025).[31] As of

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report notes declining engagement with traditional news formats and a continued erosion of trust in social media as a news source, which may further elevate the importance of credible digital journalism (Newman, *Reuters Institute*, 2023).

[30] Canada's Online News Act, known as Bill C-18, establishes a framework requiring major digital platforms, such as Google and Meta (Facebook's parent company), to negotiate financial agreements with Canadian news publishers to use their content. The legislation addresses the imbalance in the digital news marketplace by ensuring that news businesses receive fair compensation when their content is made available on these platforms. The primary objective of the Online News Act is to support the sustainability of the Canadian news media sector by redistributing a portion of the substantial advertising revenue generated by large digital platforms to the news organizations that produce original journalism. This initiative seeks to enhance fairness in the Canadian digital news market, ensuring that news publishers are compensated for their content, which is often used by these platforms to engage users and generate advertising income. The new Bill (and others like it) has sparked a significant debate about the balance between regulating digital platforms and ensuring access to news content for Canadians. The situation continues to evolve as stakeholders negotiate the implementation of the Act and its implications for the digital news ecosystem in Canada.

[31] Global studies also point to widespread and growing public concern about fake news and disinformation—particularly on social media platforms. For instance, the 2025 *Reuters Institute Digital News Report* found that

2020, only 32 percent of Canadians reported reading weekly print newspapers, a figure higher than the global average, yet still in steady decline (Reuters Institute, 2022). Meanwhile, a significant 59 percent of Canadians use the internet to access news daily (Statista, 2024), despite survey data that shows widespread ambivalence about accuracy and overall credibility (content and source).

The erosion of traditional news models is not simply a matter of platform preference. The stakes are higher. The shift from legacy outlets (traditional print or broadcast media institutions) to digital-first and algorithm-driven platforms (online news systems where content is selected or ranked based on user data and engagement metrics) complicates the ability of journalism to maintain shared civic knowledge, encourage informed democratic participation, and foster accountability (Reuters Institute, 2023). Social and digital platforms increasingly prioritize speed, virality, and engagement over editorial standards, often diminishing the contextual integrity of public health reporting. The Reuters Institute (2022) found that while older generations may migrate legacy media habits to digital formats, younger users are more likely to encounter news through participatory or entertainment-based platforms that deprioritize conventional journalism altogether. In this fragmented landscape, even foundational distinctions between news, opinion, misinformation, and propaganda become harder to parse, especially during crises when accurate and timely information is paramount.

This project focuses specifically on local newspapers (often termed as legacy or traditional print), specifically the *Waterloo Region Record* (or "*The Record"*), because they offer a unique vantage point into how global crises are localized for specific communities. Local newspapers serve as intermediaries between national policy and community response, translating large-scale public health messaging into culturally resonant, community-specific discourse. Their relatively stable formats, archives, and framing conventions make them well-suited for rhetorical analysis that seeks to understand how trust is built, challenged, or eroded over time. By tracing how newspapers covered different phases of the COVID-19

58 percent of respondents across surveyed countries expressed anxiety about distinguishing fact from fiction online, while influencers (47%) and political actors (47%) were identified as among the biggest global threats for spreading misleading information (11).

pandemic, from initial outbreak to vaccine rollout to protest and resistance, this study reveals how rhetorical strategies involving fear, trust, expertise, and civic identity were deployed in an evolving public discourse. These articles act not merely as records of events, but as persuasive texts that reflect and shape public understanding. In doing so, they also reveal the broader tensions that define risk communication: between clarity and uncertainty, reassurance and alarm, acceptance and resistance. Focusing on this genre of local print journalism also underscores how enduring practices of circulation and reception in legacy media can offer important lessons for developing a rhetorical approach to health crisis communication in the digital age.

Despite the complexity and variability of digital news environments, newspapers, particularly local publications, remain valuable artifacts for rhetorical analysis in the context of public health crises. Unlike the rapid, often unfiltered nature of social media or algorithmically curated news feeds, newspapers (in both print and digital forms) operate under institutional editorial standards, fact-checking protocols, and accountability frameworks that shape their public ethos (Environics, Edelman Trust Report, 2022). Their format supports a longer temporal arc of coverage, allowing for the tracing of rhetorical shifts over time. Local newspapers offer a unique vantage point: they document how national policies are interpreted, contested, or reinforced at the community level, often acting as translators between official messaging and public response. This archive, then, is not selected for comprehensiveness, but for its deliberative and civic function during moments of disruption. In the section that follows, I propose a methodological framework for analyzing these rhetorical dynamics. Drawing on theories of risk communication, rhetorical criticism, and public trust, I contend local news texts serve as discursive battlegrounds where institutions, experts, and citizens negotiate the stakes of public health and the fragile architecture of civic trust. In the section that follows, I offer a methodological framework for analyzing these rhetorical dynamics.

3.3.3 Media Archives and Rhetorical Methods

This study treats local news coverage, specifically articles from the *Waterloo Region Record*, as an archive of rhetorical significance. According to the *Oxford English Dictionary*, an

archive is “a collection of historical documents or records providing information about a place, institution, or group of people.” In this context, *Waterloo Region Record’s* (past and ongoing) coverage of COVID-19 functions as a living archive of public discourse, preserving the rhetorical responses, media framings, and public reactions to evolving health crises.

This archival framing aligns with Jenny Rice’s argument in *Awful Archives* (2020), where she critiques how both science and pseudo-science construct evidence rhetorically. Rice emphasizes that archives should not be understood merely as repositories of facts, but as “rhetorical constructions of evidence” that emerge through the relationships among speaker, audience, and claim (4-5). This study builds on Rice’s insight by treating news articles not as empirical data but as a rhetorical corpus that reveals discursive patterns and persuasive strategies during the pandemic.

Waterloo Region Record articles analyzed here reflect a broader epistemological crisis: who defines truth, what constitutes valid expertise, and how authority is negotiated in public discourse. Especially during COVID-19, the accumulation of information, accurate or otherwise, became a form of public performance, where credibility was constantly tested against institutional mistrust and uncertainty. The local media archive thus offers a window into how communities respond rhetorically to public health crises, not merely through official communications, but through the everyday discourse preserved in local journalism.

This project focuses on newspapers specifically because they serve as accessible, archived, and editorially curated public records. Unlike ephemeral social media posts or televised briefings, newspapers offer sustained rhetorical engagements with public health messaging. Local newspapers such as *Waterloo Region Record* are especially valuable because they translate national policy into community-relevant discourse. Their rhetorical construction of trust, risk, and expertise allows for a grounded analysis of how public understanding is shaped in real time.

This analysis investigates how ethos is punctuated, that is, how political and public health credibility is established, disrupted, or reframed, in local media discourse during COVID-19. Through rhetorical analysis of *Waterloo Region Record’s* coverage, this study traces how authority, expertise, and trust were expressed and challenged in relation to health guidance, vaccine uptake, and civic responsibility. As noted above, despite the rise of digital platforms,

many Canadians continue to turn to traditional news formats, particularly in times of crisis. The enduring presence of newspapers in the public sphere reinforces their value as a site of rhetorical and cultural significance.

While the credibility of media sources and the structural dynamics of news dissemination shape public access to information, it is the rhetorical form of that information, the language, figures, and narrative strategies, that ultimately determines its persuasive force. To understand how media messages foster trust, fear, or resistance, it is essential to examine not just what is communicated, but how it is communicated. This requires attention to figural logics, the use of metaphor, analogy, repetition, and narrative form, as central tools of meaning-making. Drawing on the work of Fahnestock (1999, 2005), Harris (2013, 2017), and Mehlenbacher (2017), the next section explores how rhetorical figures operate within science and health media discourse to shape audience perception, construct authority, and guide public action.

Figural logics, the use of figures of speech, metaphors, narratives, and symbolic representations, shapes reality and directs action by influencing how we perceive, interpret, and engage with the world. In rhetorical studies, figural logics are understood as ways of thinking and communicating that go beyond purely rational or literal meanings. They are critical in constructing meaning, guiding thought processes, and prompting people to act in specific ways (Fahnestock 1999, 2005; Harris, 2013, 2017, 220/2220b; Mehlenbacher 2017). Metaphor permeates our most ordinary conversations that cause us to think in certain ways. Segal (quoting Laurence J. Kirmayer) suggests that rhetorically they also "smuggle values into discourse" under the guise of "rational, even-handed, and value-free" conversation (Segal, 115). For Segal this proves the rhetorical principle that the "terms of discourse constrain not only the outcomes of debate, but also what it is possible to argue at all" (116). She uses the medical term "diagnosis" as an example of the impact metaphor, the metaphorical ability of diagnosis in public discourse, has on meaning that connects diagnosis with health to account for the persuasive appeal of diagnosis (Segal, 116-117). Metaphor in this context is a means, then, by which thought is structured and a means by which debate is, to some extent, determined (Segal, 119). In argument, this shifts the debate from the values we think about to the values we think with.

In Fahnestock's (1999) tradition, figural analysis demonstrates that figures of speech epitomize arguments, that is, they condense and crystallize a broader line of reasoning into a memorable, repeatable form, such as the repetitive use of "we are in this together" throughout COVID-19 messaging.[32] This type of messaging, as well as the well-used metaphor of "war" or "battle" in the "fight" against the spread of illness, develops with the intent of shaping how people conceptualize these issues, framing them as conflicts that require aggressive or urgent action (Sontag, 1978). Strategic use of figural logics frames how individuals and societies might understand complex concepts and events and thus helps to influence public opinion and encourage action in specific directions. Epitomized arguments not only tell us the essential point but also reveal how figural logics shape or reinforce our perceptions of reality and, critically, ethical comportments and, thus, direct actions (Fahnestock, 23-31).[33] Through Fahnestock (and other theorists), I explore figural logics in how they are used to frame perception and understanding, simplify complex ideas, create emotional engagement, establish norms and social realities, and, importantly, direct political and social action. Other key aspects include constructing and reinforcing ideologies and influencing memory and identity. Application of this work forms the primary analysis beginning in Chapter 4.

Historically, the discursive representations of SARS and now COVID-19 across medicine, politics, culture and ideology characterize the illnesses as an invading pandemic, constructed not just as a medical crisis but also as a social and cultural crisis. Global pandemics affect public health, economies, and political structures and produce social side effects ranging from panic and stigmatization to overt exclusion (Ding 28). "The COVID-19 virus is special," claims Norman MacLeod, because as a virus, it has not only infected our bodies,

[32] See Fahnestock, Jeanne (1999). *Rhetorical Figures in Science*. New York: Oxford University Press. And Fahnestock, Jeanne. 2005. "Figures of Argument." Informal Logic 24 (2): 115–35.

[33] Fahnestock (2004) suggests that from a rhetorical perspective, the problem in addressing scientific research to different audiences is not merely one of transferring information with accuracy, but in how it is adapted for different audiences with different needs, interests, and background knowledge and yet remain recognizably the same argument. She suggests that rhetorical theory offers two predictions about this problem. First, the arguments offered to support a claim are likely to follow certain standard patterns of argument or of common topics, and the common topics can be epitomized in certain figures of speech. So, epitomes of common topics or of standard lines of reasoning should be found in research reports. Second, if these "epitomizing figures" present the core of an argument, they should persist across different versions of the argument" (Fahnestock, 9).

but also “our cultures, our economics, and our politics, worldwide;” calling it more than a virus, but also a meme (MacLeod, 2020). He compares the body’s reaction to COVID-19, leaving it in a weakened state and vulnerable to other infections, to the economic, social and cultural reactions the COVID-19 meme has caused, leaving our “societal bodies” in much-weakened states (Macleod, 2020). This impact was amplified by the fact that COVID-19 unfolded within a rapidly evolving media landscape, where social media platforms accelerated the spread of misinformation and conspiracy, compounding the pandemic’s social and cultural disruption. As Ding describes with SARs, disease also creates heroes, villains, victims, and scapegoats (28). The analysis in the following chapters compares how rhetorical figures are used in government media releases and their uptake by local news outlets, with particular attention to how these strategies unfold in the *Waterloo Region Record*, a key site of localized public discourse.

The COVID-19 pandemic exposed critical vulnerabilities in public health communication, particularly in contexts marked by uncertainty, misinformation, and rapidly shifting risk environments. While scholars such as Fahnestock (2004) and Ding (2014) have illustrated how rhetorical strategies shape public trust, institutional authority, and the reception of science, important gaps remain, especially in how these strategies function within local, culturally specific contexts. Ding’s concept of the "risk communication vacuum," where expert messaging fails to resonate meaningfully with public audiences, underscores the necessity of rhetorical approaches attentive to genre, ethos, and audience (2014, 67). In response to these concerns, this dissertation adopts a grounded rhetorical methodology to examine how health communication operated across three interrelated domains during COVID-19: messaging (in press releases by political leaders and health authorities), local media representations of vaccine discourse (in articles, opinion pieces, and letters to the editor printed in the *Waterloo Region Record*), and protest rhetoric (as displayed in two specific protest contexts and reported in the *Waterloo Region Record*). These domains are analyzed using discourse analysis, genre theory, stasis theory, and grounded thematic coding to assess how trust, credibility, and public agency were constructed, negotiated, or eroded. In doing so, this study contributes to both rhetorical scholarship and the practice of health

communication by emphasizing the centrality of ethos, context, and narrative in building public resilience in the face of crisis.

3.3.4 Rhetorical Perspective in Health Risk Communication

A rhetorical perspective on health risk communication offers a vital lens for understanding how trust is not only constructed but negotiated across diverse audiences in times of crisis. Rather than viewing the public as a homogenous entity, rhetorical theory insists on the plurality of "publics," each shaped by distinct cultural, geographic, linguistic, and socio-economic conditions (Keränen, 2010, 2011, 2014; Warner, 2002). In Canada, this plurality includes multicultural, racialized, and Indigenous communities; the latter encompasses over six hundred First Nations with unique languages and traditions, whose relationships with political and public health institutions vary based on historical experiences and present-day inequities.[34] These complexities must inform any strategy that seeks to build trust and promote effective communication. Recognizing this, Keränen (2014) explores the ways risk communication accounts for how publics are constituted through discourse and how different communities' engagement with health and medicine is shaped by rhetorical inclusion, or exclusion, from decision-making processes. She (building on the work of Hauser 1999; Warner 2002) argues that we need to view these various audiences as more than a "homogenous mass" and instead analyze how the various actors (political and public health authorities) employ their rhetorical practices in ways that may exclude or silence the public's role in transforming, shaping and reshaping our socio-cultural worlds (Keränen, 103-104). This diversity influences how messaging transforms and changes as it circulates across communication channels and various audiences.

[34] While English and French remain the most widely spoken languages in Canada, the 2021 Census revealed that twenty-three percent of Canadians were foreign-born and this continues to grow, suggesting that authorities need to tailor their approach and messaging to resonate with diverse cultural perspectives and avoid assumptions based on a "one-size-fits-all" approach (Statcan.gc.ca, Census 2021). In addition, The "Fault Lines" Report (CCA, 2023) asserts that BIPOC individuals are more negatively impacted by science and health mis/disinformation due to research during the COVID-19 pandemic, finding that racialized and other underserved communities, already disadvantaged in the healthcare system and socio-economically, are more likely to suffer negative health impacts and distrust authority from ongoing systemic and historical biases/barriers faced by these communities.

This rhetorical framing builds on the concept of ethos not as a static attribute of the speaker, but as a relational quality negotiated through repeated interactions with audiences (Walsh, 2023). Trust, in this sense, is not merely a product of factual correctness or expert status but emerges from the speaker's capacity to demonstrate ethical credibility, cultural responsiveness, and communicative transparency (see "Crisis Communication in Science," Davies & Horst, 121). In contexts like the COVID-19 pandemic, where public trust was continually tested, this ethos-centered model provides critical insight into how authority is either sustained or eroded. It also reinforces the importance of localized, culturally attuned, and dialogic engagement, key themes explored throughout this dissertation.

In addition to ethos, a rhetorical approach foregrounds the roles of emotions and values in shaping public response. As Katz and Miller (1996) critique, traditional models of risk communication often reduce audiences to passive recipients of information, assuming that better facts alone will "correct" misperceptions. This common risk communication practice to consider "communication as a passive process and information transfer," they call the "engineering model" (129). This outdated model fails to recognize that emotions motivate and underlie all human knowledge and behavior and that any attempt to ignore, suppress, or exclude them in the decision-making process can result in misunderstanding (Katz & Miller, 131). This technocratic "engineering model" overlooks how fear, anger, hope, and other affective responses are central to how people interpret and act upon health messages. By contrast, a rhetorical model acknowledges these emotional dimensions as legitimate and necessary components of persuasion and public reasoning. Effective health risk communication, then, must engage not just the intellect but the full human experience, incorporating empathy, narrative, and culturally resonant appeals.

Emotions, like values, are an integral part of decision-making insofar as they inform human perception, understanding, and communication. Recognizing the legitimacy of the public's emotional reaction offers a risk communication model that first, considers the rhetorical perspective, and importantly acknowledges the role of emotions and values that support a more informed risk communication strategy. The rhetorical approach to risk communication sees influencing as the "fundamental communicative relationship, not informing, because information is never pure but always comes shaped, selected and

intended in some way" (Katz & Miller, 132). The art of influencing may not produce predictive rules, but rather "evolves heuristic guidelines to achieve consensus and cooperation" to achieve short and long-term goals for society at large (132). It also assumes that the relationships among rhetor, audience, language, situation, history, and intentions are complex, themselves situated and historical, rather than discrete, objective and measurable, meaning that what is unsaid or implied is just as important as the overt messages. Analyzing these practices and examining various communications within their specific rhetorical situations allows researchers to identify what worked, for whom, and why. In this way, a rhetorical approach serves two key functions. First, it offers an analytical lens: a method for critically understanding how trust, authority, and audience engagement have been constructed or contested in past health communication efforts. Second, it provides a practical framework: a strategy for crafting more responsive, ethically attuned, and rhetorically effective communication in future crises. Viewed this way, the rhetorical approach is not only about interpretation, but also about intervention, aligning message design with the needs and expectations of particular audiences to build credibility and promote protective action.

These insights reinforce the broader argument of this dissertation: that trust in public health communication is rhetorically constituted and locally situated. The failure to attend to rhetorical dynamics, such as who is speaking, how they are perceived, and how messages are framed, can fracture public trust and undermine adherence. Conversely, strategies that prioritize ethos, audience identification, and responsiveness to public emotion are more likely to foster acceptance and cooperation. Ultimately, this rhetorical perspective offers not just an analytic tool, but a guiding philosophy for reimagining health communication practices that are inclusive, adaptive, and grounded in the lived realities of diverse publics.

Understanding these dynamics of public trust, institutional ethos, and audience adherence provides the conceptual foundation for the analytical approach adopted in this study. The following section outlines in brief the methodological tools and coding framework used to examine how rhetorical strategies functioned within local media coverage during the COVID-19 pandemic.

3.3.5 Methods and Methodology

Each of the three studies in this dissertation employs a complementary set of rhetorical methods, including discourse analysis, genre analysis, stasis theory, and thematic coding, to examine how public trust, credibility, and collective agency were negotiated during the COVID-19 pandemic. This research is guided by a grounded theory methodology (Glaser and Strauss, 1967), but instead takes a more thematic analysis approach, identifying patterns in how risk and public health messaging is framed, disseminated, and perceived by the impacted audiences. Following Strauss and Corbin's (1990) coding framework, this study applies open coding to categorize key rhetorical strategies, axial coding to explore relationships between trust-building, authority, and adherence, and selective coding to refine emerging themes into a coherent theoretical model. Given that risk communication is dynamic and context-dependent, this study aligns with a constructivist approach (Charmaz, 2006, 2009), recognizing my role as the researcher in interpreting meaning from the discourse. This approach recognizes knowledge as contextually situated and meaning as co-constructed between texts and interpreters. Using iterative coding strategies (open, axial, and selective), the analysis moves from the initial identification of rhetorical patterns to the synthesis of core categories that reveal how communication practices shape public understanding and engagement.

To establish a methodological foundation, this project begins by examining selected federal and provincial health communications (including press briefings and policy statements) as a contextual frame for the newspaper analysis that follows. Drawing on Fahnestock's (1998) work on genre and rhetorical accommodation, this preliminary analysis explores how scientific knowledge was translated into persuasive public messaging in the early stages of the pandemic (331-333). Huiling Ding's (2014) contextualized risk communication model further informs this setup by helping to identify patterns of audience targeting and rhetorical misalignment, especially when urgency was not conveyed in accessible or inclusive terms. These insights serve as a basis for understanding the local media's uptake and translation of public health messaging in the core newspaper analysis.

The second study focuses on localized vaccine discourse through the *Waterloo Region Record* newspaper. Here, qualitative coding identifies recurring rhetorical strategies,

particularly appeals to fear, hope, and social norms, and evaluates their role in fostering public trust, countering misinformation, and motivating vaccine uptake. This analysis is enriched by Witte's (1992) Extended Parallel Process Model (EPPM), which distinguishes between danger control (adaptive response) and fear control (defensive reaction). The coding process identifies how ethos operates as a rhetorical resource for constructing institutional credibility and community trust within local narratives.

The third study analyzes protest rhetoric associated with the Trinity Bible Chapel (a church located in the Waterloo region) and its congregation's refusal to comply with social distancing regulation (2020–2021), and the Ottawa Freedom Convoy's rejection of those same regulations on a much larger national stage (2022), treating these events as cases of rhetorical rupture. The analysis draws from Fahnestock's stasis theory, which maps how arguments shift from disputes of fact and definition to debates over value and policy. This analysis also includes Witte's (1992) Extended Parallel Process Model (EPPM), to help identify how danger control (adaptive response) and fear control (defensive reaction) may prompt or connect to movements of protest. Rhetorical coding applied to letters to the editor and opinion pieces captures how news media act as amplifiers, translators, and framers of public sentiment.

Together, these case studies illustrate how a constructivist, rhetorically grounded coding framework, one that includes attention to figural logics, genre shifts, and stasis movements, offers a systematic way to evaluate health risk communication. By situating rhetorical practices within specific historical and cultural contexts, the methodology emphasizes how public trust is not merely a reaction to information, but a negotiated, contingent, and rhetorically constructed response to crisis.

3.4 Conclusion: Rhetoric, Risk and Trust in Health Communication

The COVID-19 pandemic laid bare a foundational challenge in public health communication: the difficulty of building and maintaining public trust amid uncertainty, evolving science, and polarized discourse. While experts raced to deliver timely information and promote collective action, many publics responded with skepticism, fatigue, or outright resistance. This gap between expert intention and public interpretation is not simply a problem of information

accuracy, it signals a deeper rhetorical failure, one that calls for closer attention to the persuasive dynamics at play in moments of crisis. This literature review has brought together key insights from classical and contemporary rhetorical theory, risk communication scholarship, and media studies to situate this project within broader conversations about ethos, persuasion, and the mediation of authority in health discourse. In doing so, it has highlighted how trust is not a static attribute of institutions, but a rhetorical relationship negotiated through language, affect, and context.

What remains underexamined in the existing literature, however, is the role of local news discourse as a crucial site where these rhetorical negotiations unfold. While many studies focus on national messaging strategies or social media dynamics, this dissertation foregrounds local media coverage as a uniquely situated, culturally embedded channel through which trust is built, eroded, or contested in real time. By treating community newspapers not merely as outlets for information dissemination but as rhetorical artifacts that reflect and shape civic discourse, this project offers a grounded, context-sensitive perspective on how publics make sense of risk and authority.

In this way, the study aligns with prior work that emphasizes the importance of ethos, genre, and kairos in health communication, but departs from more top-down or technocratic models by focusing on local rhetorics and audience-specific trust dynamics. The chapters that follow extend this intervention through case analyses of pandemic, vaccine, and protest rhetorics, asking how rhetorical theory can clarify why some health messages succeed, others fail, and trust remains an ongoing, contested achievement in times of crisis.

Having established the theoretical and methodological foundations for examining how trust, risk, and authority are rhetorically constructed in health communication, the following chapter turns to the first case study: local (as well as national and global) media coverage of the early COVID-19 pandemic. Chapter 4 analyzes how news discourse framed the initial public health response, shaped perceptions of scientific expertise, and attempted to build public trust during the uncertain and rapidly evolving early months of the pandemic. By applying the frameworks of ethos, kairos, stasis, and genre introduced in the previous chapter, this analysis explores how rhetorical strategies were used to manage fear, promote acceptance, and position government and health authorities as credible actors amid an

unfolding global crisis. This chapter initiates the dissertation's broader inquiry into how rhetoric operates not only as a means of communication but as a powerful force for shaping collective understanding and civic behavior in times of public health emergency.

Chapter 4:
Pandemic Rhetorics: Patient "Zero" and Canada's "Unprecedented" Response to the COVID-19 Crisis

The COVID-19 global pandemic emphasized how trust and rhetorical constructions of expertise and authority influenced the Canadian public's actions (or inactions) in response to Canada's public health communication during the first year. While Chapter 3 provided an integrated literature review of risk communication and rhetorical theory, this chapter builds on those frameworks by analyzing government and public health media releases alongside articles published in the Waterloo Region Record, applying them specifically to local media examples. Where relevant, the analysis will draw connections back to the institutional patterns discussed in Chapter 2 to situate rhetorical shifts in their historical context. This chapter focuses on the importance of establishing trust via *ethos* to answer questions about (1) what conditions shape the communication of public-health messaging during a global pandemic as it arrives in Canada, (2) how these constructions transform across audiences and channels, and (3) how rhetorical approaches to communicating health-related information with the public can inform localized solutions for trust-building during crises.

The first year of COVID-19 revealed a gradual erosion of public trust due to Canadian political and public health authorities' denial, dismissal, and dysfunction in their communication efforts. Denial refers here to the rejection or downplaying of emerging scientific evidence, such as early warnings about community spread or airborne transmission, while dismissal captures the tendency to minimize or sideline public concerns, including demands for transparency or attention to equity considerations. Together, these practices fostered broader dysfunction in risk communication, manifested in inconsistent messaging, delayed action, and the erosion of public confidence. In this context, *ethos*, a rhetorical appeal grounded in the speaker's moral character and perceived ethical standing, is associated with authority and expertise, helping to frame trust's rhetorical and ethical dimensions as a construct that emerges and evolves within health risk communication during the COVID-19 pandemic.

Through a thematic analysis approach and rhetorical analysis of political and public health messaging in news media, this study highlights how mis/disinformation and propaganda, the

decline of traditional media, and political polarization amplified distrust and reduced public acceptance for protective measures (mask-wearing and lockdowns). This chapter contributes to a growing body of research into public trust and strengthens the call for a rhetorical approach to risk communication that emphasizes the need for greater transparency, prioritizing trust, fostering collaboration, and addressing the emotional and cultural dimensions of public engagement to build community engagement and resilience. Rhetorical engagement, such as 1) acknowledgement of the audience's attitudes, emotions and values, 2) recognizing that diversity influences communication preferences, values, and media consumption habits, and 3) ensuring active participation within medical and health processes, compels authorities and experts to connect more meaningfully with their audiences through their health risk communication strategies. By illustrating how ethos, trust, and authority intersect to shape public health outcomes, this chapter contributes to rhetorical scholarship to offer practical guidance for improving risk communication strategies during global health crises.

4.1 Introduction: Canada's Patient Zero

On January 23, 2020, a 56-year-old man arrived at Toronto's Sunnybrook Hospital with mild pneumonia. Despite his condition appearing manageable, unusual chest X-rays and reports of a new viral outbreak in Wuhan, China prompted Dr. Jerome Leis, Sunnybrook's medical director of infection prevention, to act decisively. The patient was admitted, isolated, and ultimately confirmed as "Patient Zero," Canada's first COVID-19 case (Lieberman, Global News). Sunnybrook's swift response, informed by lessons from the 2003 SARS epidemic, highlighted the benefits of preparedness. By contrast, political and national health leaders projected complacency, denial, and dismissal of the risks in early 2020. On the same day, Canada's Chief Public Health Officer, Dr. Theresa Tam, assured Canadians that the risk of an outbreak was "low" (Harris, CBC News), and Dr. Peter Donnelly, head of Public Health Ontario, dismissed the possibility of lockdowns by suggesting that Ontario would be operating "business as usual" even if cases emerged (Perkel, Global News). This contrast between local professionals undertaking swift precautionary efforts and government messaging reassuring Canadians that the risk was low has historically hindered public trust

(SARS, Ding, 2014; H1N1, Driedger et al., 2021). Compounding the effects of distrust from the government's ongoing denial and dismissal of health risks, Canadians were faced with the increasing spread of mis/disinformation and propaganda (Dubé et al., 2022). Finally, this loss of trust resulted in lowered acceptance of safety measures, vaccine hesitancy, higher infections and deaths, and socioeconomic losses throughout the pandemic (CCA, *Fault Lines*, 2023).

Public health crises, such as the COVID-19 pandemic, highlight the critical role of trust in effective risk communication. Although Canada's first documented case of COVID-19 appeared in mid-January 2020, it was not until March that messaging about the need to contain the virus heightened. Effective risk communication not only informs the public but also plays a crucial role in shaping trust levels, as measured by indicators like trust scores. Trust scores, such as those from Environics (2022), underscore the importance of building and maintaining trust levels in government, political leaders and media to offset the "cumulative distrust effect," with people in general becoming less trusting in all institutions and messengers (Coulson, *Environics Research*, 2022).

Public trust research (Edelman Trust Barometer, 2022; Environics, 2022; and CanTrust Index, 2023) shows that high levels of trust in government institutions correlate with better acceptance of and adherence to cooperation with health measures. When trust is low, public health campaigns are less effective (Majid et al., 2021; Herati et al., 2023), and situations like COVID-19 heighten the negative effects of mis/disinformation (De Coninck et al., 2021). Widespread misinformation prompted the World Health Organization (WHO) to suggest that the world was not just fighting a pandemic but also an "infodemic" (WHO, 2022). I argue that a rhetorical approach to public health risk communication practices would offset these negative impacts on trust by not only proactively employing trust-building practices that engage localized strategies, but also offering solutions for transparent, timely and relevant communication. I content that partnering with local news media would better address the diverse needs of local audiences.

Existing research shows the news media played a role by framing the pandemic as a health crisis (Poirier et al., 2020). As well, the media's framing was informed by data and real-world events rather than driven by hype or panic (Majid et al., 120). In the early period of

COVID-19, Canadians received messages from news media, health professionals and public authorities that successfully balanced considerations of risk, which may have played a role in their early acceptance of public health directives (Wallace et al., 2021). For rhetoricians, this illuminates the importance of trust-building in the interplay between news media, health practitioners, and political actors that encourages acceptance in a time of uncertainty.

To reveal the importance of localized, trust-centred strategies in risk communication, this study pursues three objectives: (1) describe the conditions that shape the communication of public-health messaging during a global pandemic as it arrives in Canada, (2) trace how these constructions transform across audiences and channels, and (3) identify how rhetorical approaches to communicating health-related information with the public can inform localized solutions for trust-building during crises. This study pursues these objectives by drawing on Fahnestock's (2004, 2011) rhetorical insights to examine how scientific arguments are adapted for different audiences, paying close attention to linguistic shifts, omissions, and framing strategies that influence public perception and behavior. It also incorporates Ding's (2014) critical contextualized methodology (CCM), which situates risk communication within broader sociocultural and institutional dynamics, particularly highlighting "risk communication vacuums" where official messaging fails to meet audience needs (Leiss and Powell, 1997/1998). Finally, the analysis engages Katz and Miller's (1996) rhetorical model of risk communication, which advocates for audience-centered, participatory approaches that prioritize trust-building and emotional resonance.

This chapter begins by examining government communication strategies from three major public health crises, SARS (2003), H1N1 (2009), and COVID-19 (2020), to identify a persistent pattern of top-down, information-dense messaging that often failed to foster public trust or motivate sustained protective behavior. I draw on the historical case studies presented in Chapter 2. As outlined in Chapter 2, Canada's communication infrastructure was significantly altered following the 2003 SARS outbreak, most notably with the creation of the Public Health Agency of Canada (PHAC), which marked an institutional response to public criticism of fragmented federal-provincial messaging (see Chapter 2 discussion of PHAC's emergence after SARS). Similarly, the communication strategies developed during H1N1, including centralized federal briefings and targeted risk campaigns, highlighted early

efforts to build rhetorical consistency and credibility across jurisdictions (see Chapter 2 for more detail). These historical examples provide a comparative backdrop for analyzing COVID-19 media discourse, particularly in moments where federal authority was contested, scientific uncertainty was high, and trust in public messaging was variable. By tracing how the *Waterloo Region Record* reported on these dynamics, this chapter examines how local news media responded to evolving institutional rhetoric and contributed to the construction, reinforcement, or erosion of public trust.

Through this lens, the chapter explores how ethos was negotiated in real time, not only by political and health leaders, but also by journalists tasked with translating expert discourse for local audiences. By first analyzing federal and provincial press releases across these events, I demonstrate how official health risk communication has historically prioritized factual dissemination over rhetorical responsiveness, often neglecting emotional resonance, cultural context, and audience engagement. These strategies, characterized by inconsistent messaging, overly technical language, and reactive framing, have repeatedly fallen short in building credibility or addressing public uncertainty. This comparative analysis establishes a precedent: government and public health authorities have struggled to implement communication practices that are rhetorically effective, especially during moments of crisis when trust is fragile and public acceptance is essential.

Studying local media, specifically, the *Waterloo Region Record* ("*The Record*"), examines how traditional journalism (the local newspaper) can serve as a more responsive and rhetorically attuned mediator of public health information. These rhetorical strategies, emphasizing empathy, clarity, and social responsibility, helped to bridge the gap for the community between expert knowledge and everyday concerns. By analyzing how local news media acts as (1) Amplifier; (2) Skeptic; (3) Translator; or (4) Behavior influencer, with governmental communication for the local community, this study underscores the importance of rhetorical literacy for public health communicators. It is not simply what is said, but how, by whom, and for whom it is said that determines the effectiveness of health risk messaging. As such, local journalism strategies offers a compelling model for future crisis communication, one grounded in trust-building, audience-centered engagement, and a clearer understanding of rhetoric as both strategy and civic practice.

This chapter begins with a historical focus on health risk communication, specifically analyzing four federal and provincial press releases, to draw attention to precedented ineffective strategies evident in SARS and H1N1, such as over-reliance on reassurance, inconsistent or delayed messaging, and limited acknowledgment of uncertainty, that mirror approaches later repeated during COVID-19. These strategies have long been recognized as ineffective for building trust or encouraging protective behaviors (Naylor et al., 2003; Campbell, *SARS Commission*, 2007; Eggleton et al., 2010; Possamai, 2020). To build and sustain public trust throughout a crisis, I propose that rhetorical objectives for health risk communication that foster trust by enhancing community collaboration and resilience can address these longstanding criticisms. A rhetorical approach to public health risk communications is characterized as the procurement and provision of expert-driven, evidence-informed, and independent science advice (Bhatia et al., 1). This approach is combined with timely decision-making, and responsive and audience-centered sharing of this information through the interplay of news media, practitioners and political actors during public health emergencies (Wallace et al., 2021). I then examine how this approach is mediated, examining the uptake of COVID-19 government and public health messaging through local media coverage from the *Waterloo Region Record*. The selected corpus of articles (one hundred articles published between March and December 2020) shows how local reporting not only translated institutional guidance but framed risk through appeals to shared values, community identity, and moral reasoning. The corpus collectively depicts how local dedicated journalism acted as a mediator, facilitator and contributor for fostering individual and community trust, framing health risk in ways that advocated for community acceptance of protective behaviors.

This chapter is organized into three main sections, beginning with a literature review of relevant and current research on rhetorical strategies related to risk communication. The second section provides an analysis and discussion of the historical implications in rhetorical strategies employed by government and public health officials during SARS, H1N1 and COVID-19. And finally, the third section provides insights on the journalistic significance of local news and its role in building community trust and collaboration leading to the acceptance of protective measures. The literature review provides a foundation for

interpreting rhetorical argumentation and adherence, then builds on the connection between ethos and trust, and finally explores how gaps in risk communications practices will continue to hinder the efforts of government and public health to communicate risk effectively. The analysis and discussion sections generate supporting evidence about the government's very *precedented* risk communication practices that continue to fail, in comparison to evidence that suggests that local news media and local news organizations offer valuable sites for rhetorical success, and that they should therefore be better protected and leveraged to help guide Canadian political and social action. I propose that protecting the integrity of traditional news journalism will offset the harms from online mis/disinformation and propaganda sources.

4.2 Literature Review

As Chaïm Perelman (1982) notes, trust is not a passive outcome but the result of a "meeting of minds" between speaker and audience, cultivated through rhetorical engagement (Perelman, 9-10). In the COVID-19 pandemic, where adherence to health measures was critical, the breakdown of trust between Canadian political and public health authorities and the public illuminated the rhetorical challenges of health risk communication (Majid et al., 2021; Feldheim & Wang, 2004; Poppo & Schepker, 2010). This literature review draws on rhetorical theories examining the construction of figural strategies, the framing and work of narratives that form the basis for argumentation and their connection with adherence or acceptance in the communication of a global pandemic. Second, it highlights the role of trust in public health communication, examining how the intersection of ethos, expertise, and authority transforms public health messages as they circulate across audiences. Third, it identifies the gaps in risk communication practices, demonstrating how a rhetorical perspective can enhance trust, encourage community collaboration, and improve crisis response outcomes.

4.2.1 Argumentation and Adherence in Crisis Communication

Critical to this work is Perelman and Lucie Olbrechts-Tyteca's (1969) concept of adherence, that considers the degree to which an audience accepts and commits to a particular argument,

claim, or perspective. This highlights the rhetorical nature of argumentation, where persuasion relies on the audience's values, beliefs, and emotions rather than strict logical deduction. This distinction is critical in health risk communication, especially during high-stakes crises like a pandemic, where the goal is not simply to inform but to foster public agreement and acceptance of recommended measures through trust-building. Trust establishes an audience's willingness to accept an argument, which is heavily influenced by their trust in the speaker or institution presenting it (Majid et al., 120). Trust then bridges the gap between expert knowledge and public perception. In the case of COVID-19, Canadian health officials were already challenged by a disengaged audience that over time was characterized by pandemic fatigue ("*COVID-19 After The Pandemic*," CCDR, October 2024), vaccine hesitancy (Owen et al., 2021), and resistance to authority (AP News, February 2025), underscoring the rhetorical challenges of building and sustaining trust in a time of fear and uncertainty.

Figural logics, such as metaphors, narratives, and symbolic representations, shape perception and action by influencing how people understand and engage with the world. In rhetorical studies, figural logics go beyond literal meanings to construct meaning, guide thought, convey values, and prompt action (Fahnestock, 1999, 2004 2005, 2011; Miller, 1984, 1992, 2003; Harris, 2013, 2017; Segal, 2005; Mehlenbacher, 2017). As Nancie Erhard (2007) explains, we "use metaphors that build on our sensory experiences to describe our subjective experiences, whether we are aware of it or not. Metaphors are a way of mapping across conceptual domains, and they structure the concepts we use for moral reasoning at a deep level" (11). For instance, during the COVID-19 pandemic, recurring phrases like "we are in this together" and metaphors of "war" or "battle" against the virus traditionally framed the crisis as a collective conflict requiring urgent action (Waltner-Toews, 2020; Outka, 2020; Fahrni and Jones, 2012; Humphries, 2013; Snowden, 2020). Such figurative language simplifies complex ideas, creates emotional resonance, and reinforces social norms, ideologies, and behaviors (Fahnestock, 23-31; Sontag, 58).

Global pandemics like SARS, H1N1 and COVID-19 are discursively framed not only as medical crises but also as social and cultural disruptions (Ding, 2014; Ding and Tang, 2021). These representations produce widespread effects, including panic, stigmatization, and

exclusion (Ding, 28). Building on the work of Sontag ("Disease as Political Metaphor," 1978), MacLeod (2020) argues that COVID-19, as both a virus and a cultural "meme," infected not only bodies but also societal systems, economies, politics, and cultures, leaving them in weakened states (MacLeod, 49-51). Pandemics also create heroes, villains, victims, and scapegoats, influencing trust through public memory and identity (Ding, 28).

Social science research into the narratives of trust (in climate change) has established that appropriately placed trust has positive societal consequences (Cologna et al., 2024). This means that information from trusted sources (e.g. those deemed credible) is more likely to be attended to, considered, accepted, and acted upon (Meyers et al., 2012). When Canada's first case of COVID-19 was documented in mid-January, public health officials assured the public that the risk to Canadians was very low. As additional cases appeared, however, the risk narrative began to change, impacting Canadians' trust in political and health authorities (Wallace et al., 2021). By March 2020, provinces and territories declared states of emergency, including the federal government passing several emergency measures. As these measures were being introduced, more than half of Canadians (55%) thought it was likely they or someone they know would contract the virus and an equal percentage feared insufficient medical equipment (Abacus Data, 2020). As the pandemic unfolded, local news media employed local community experts (e.g. from the University of Waterloo Health Network) and authorities (e.g. the Waterloo Region Health Unit) to explain and shape beliefs, which resulted in appropriate protective behaviors through the risk assessments they constructed. Analyzing how argumentation, figures, and narratives are employed in health risk communication via government and public health communications, alongside the media's uptake, amplifies their key role in shaping public opinion and adherence to health directives.

4.2.2 Ethos - Expert, Expertise, and Authority

Trust is foundational to *ethos*, one of the three primary modes of persuasion in the rhetorical tradition, alongside pathos (emotional appeal) and logos (logical reasoning). As introduced in Chapter 1, ethos refers to the credibility and character of the speaker, with trust playing a central role in persuading audiences. According to Aristotle, ethos is the "controlling factor

in persuasion" (*On Rhetoric*, 1.2.5) and is built on three key qualities: phronesis (practical wisdom), arete (moral virtue), and eunoia (goodwill) (Mehlenbacher, 5-6). These qualities establish trust in a speaker's authority, by demonstrating sound judgment, ethical motives, and genuine care for their audience's well-being. When speakers embody these attributes, audiences are more likely to trust them and their arguments, even in the absence of certainty or complete information (Henderson et al., 2020).

In the context of health crises, trust in public health authorities, government institutions, and scientific bodies becomes paramount. Institutions must demonstrate transparency, competence, and ethical commitment to maintain public trust. Studies reveal that public adherence to health measures, such as mask mandates, social distancing, or vaccination campaigns, is heavily influenced by perceptions of institutional trustworthiness (Bridgman et al., 2020; Proof Strategies, 2023). However, competing narratives, mis/disinformation, and the erosion of trust in official sources, exacerbated by emerging communication technologies and digital media ecosystems, challenge these efforts (Salvi et al., 2). The public's increasing reliance on alternative messengers (Garneau & Zossou, 2021) and sources of expertise further complicates the landscape, since people are overwhelmingly driven by a desire for clarity amidst what is often perceived as a failure of traditional authorities to engage meaningfully with them.

It is essential to distinguish expert status and expertise from authority. While authority often derives from political or institutional power, expertise is grounded in knowledge and practical experience within a given domain (Mehlenbacher, 5). According to Mehlenbacher (2022), when experts engage in public deliberation, they risk violating trust if their discourse excludes broader concerns or fails to address the public's needs. This tension between expert-to-expert communication and expert-to-nonexpert accommodation often determines the success or failure of risk communication strategies (Fahnestock, 331-333). Fahnestock (1998) highlights how media representations of health and science information often shift from validating evidence to sensationalizing content, diminishing public trust in both experts and institutions (334).

For additional consideration, trust in science and scientists, while moderately high in Canada (Environics, 2022), varies across generational and social demographics, influenced

by access to digital media and perceptions of institutional competence. Younger audiences show declining trust in the government (CanTrust, 5) and are more likely to engage with alternative experts, often amplifying mis/disinformation (Dubé et al., 2022). Walsh (2021) notes that the public often views scientists as "prophets," turning to them for certainty during crises (37). However, Walsh claims this reliance can backfire if expectations of "scientifically manufactured certainty" are unmet, leading to disillusionment and skepticism (37).

Finally, trust is critical for fostering public adherence and cooperation in a global pandemic. Ethical risk communication must balance scientific rigor with audience-centered approaches, recognizing that persuasion (via ethos) is not only about transmitting facts but also about building relationships of trust (Miller, 2003, 201). This involves addressing the audience's cultural and emotional concerns, demonstrating goodwill, and fostering transparency in the decision-making processes. When authorities fail to achieve these rhetorical goals, public trust starts to erode, reducing the effectiveness of health measures and exacerbating the challenges of managing a crisis.

4.2.3 Gaps in Risk Communication Practices

Health risk communication, which emerged as an interdisciplinary field in the 1980s, aims to explain public risks, influence public perceptions, and encourage appropriate actions to mitigate harm. However, as Katz and Miller (1996) observe, traditional risk communication often assumes that the public's understanding of risk are subjective and emotional, whereas expert analyses are rational and objective (116).[35] This dichotomy reinforces a power imbalance, with experts focused on "correcting" public misperceptions rather than addressing underlying trust deficits (Katz & Miller, 126-127). Despite decades of research, risk communication strategies often fall short because they overlook the importance of trust and rhetorical engagement in shaping public acceptance (Keränen, 2014). Rhetorical engagement, such as 1) acknowledgement of the audience's attitudes, emotions and values, 2) recognizing

[35] Katz and Miller (1996) make the distinction between "informing" and "influencing" as appeals to authority and emotion. They examine the suasory dimensions of language and its use in particular situations, drawing attention to the use and shaping of facts as a conceptual approach (Katz & Miller, 132).

that diversity influences communication preferences, values, and media consumption habits, and 3) ensuring active participation within medical and health processes, compels authorities and experts to engage more meaningfully with their audiences as they communicate health risk.

The effectiveness of health risk communication depends on its ability to resonate with an audience's attitudes, emotions, values and their diverse needs. Yet traditional models often prioritize scientific data over rhetorical engagement. As Leiss (2004) argues, effective communication requires not only the dissemination of facts but also an acknowledgment of the audience's attitudes, emotions, and values (11). Perception may become reality when trust is absent. For example, audiences magnify risks and reject recommendations in cases of perceived secrecy or inconsistency (Powell, 12). This was evident in Canada, where efforts to enforce public health measures through legislation and police enforcement further alienated segments of the population (Mykhalovskiy et al., 2020). Leiss and Powell's risk communication vacuum (see Fig. 4.1) illustrates how in the absence of credible public information, a risk information vacuum is created and may subsequently be filled by information of a less credible quality (Leiss and Powell, 1997/1998).[36] A rhetorical approach to health risk communication highlights two critical areas: the foundation of trust between the speaker and audience, and the strategies for fostering this trust among diverse public audiences.

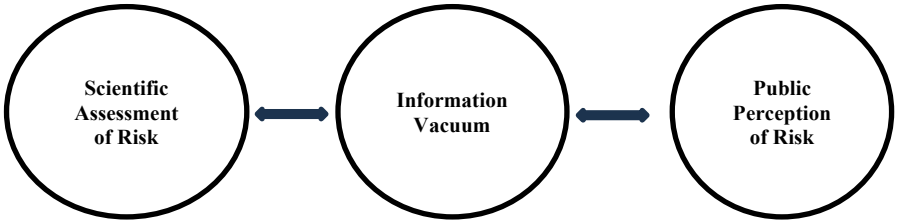


Fig. 4.1. The risk communication vacuum (Leiss and Powell, 1997/1998).

[36] Leiss and Powell (1997/1998) define the "risk communication vacuum" as the persistent gap between expert scientific assessments of risk and the public's understanding or perception of those same risks. They argue that both forms of knowledge, technical expertise and lived, value-based experience, are necessary for informed democratic decision-making. However, without effective translation between these spheres, risk communication fails, allowing uncertainty, mistrust, and misinformation to take hold (Leiss and Powell, 1997/1998, 9). This vacuum continues to be relevant in public health crises like COVID-19, where misalignment between institutional messaging and public concerns has contributed to weakened trust and compliance.

The Canadian audience is not a homogenous entity, but a richly diverse demographic shaped by multicultural, racial, linguistic, and First Peoples and Indigenous communities. This diversity influences communication preferences, values, and media consumption habits, underscoring the need for health-risk messaging that is diverse in approaches, as well as inclusive, accessible, and culturally respectful. Research during the COVID-19 pandemic revealed that underserved communities, particularly those that are gendered (differently gendered) or racialized, suffered disproportionate negative health impacts (CCA, *Fault Lines*, 2023). As discussed in Chapter 3, effective health risk communication must account for anti-racism, decolonization, diversity, equity, and inclusivity to ensure that messaging resonates across Canada's heterogeneous audiences. Building on Keränen's (2014) argument that audiences are not a monolithic "public" but rather a set of overlapping, dialogic communities (104), this chapter narrows its focus to examine how public health rhetoric does, or does not, recognize this diversity in moments of crisis. To avoid rhetorical exclusion or erasure, political and institutional messaging must evolve across communication channels and platforms, adapting to the emotional and cultural contexts in which health risks are understood and acted upon. These concerns are particularly crucial in the case studies examined here, where the misalignment between institutional messaging and community experience compromised both trust and compliance.

Finally, the reliance on outdated communication models, such as the "engineering model," assumes communication is a passive process of information transfer (Katz and Miller, 129). This approach fails to account for human decision-making's emotional and value-driven nature, integral to how people perceive and respond to risk (Leiss & Powell, 1997/1998). Katz and Miller (1996) emphasize that emotions underlie all human knowledge and behavior and disregarding them in health-risk communication can further misunderstanding and mistrust (131). Recognizing and addressing the emotional responses of audiences, how these change over time and their diverse needs fosters public engagement to build trust. Rhetorical risk communication practices played a crucial role in building trust and mitigating the challenges that political and public health authorities faced in communicating COVID-19 risks to Canadians. These challenges included pandemic fatigue, vaccine hesitancy,

resistance to authority, misinformation, and evolving public health guidelines. By employing clear, transparent, and audience-centered messaging, risk communication strategies helped address skepticism, reinforce public trust, and encourage acceptance with health measures despite the rapidly changing nature of the pandemic. For more specific detail on the history of disease and health outcomes, please see further descriptions and specific research in *Chapter 2*.

4.3 Methods

To explore these challenges, this study takes a thematic analysis approach to examine the rhetorical strategies used in political and public health risk communication during the first year of the COVID-19 pandemic in Canada (2020). I conducted a systematic review and thematic analysis drawing on the evidence of figures, argumentation, framing and narratives employed in health risk communication via government and public health communications (media/news releases) and how the media's uptake (in the local *Waterloo Region Record*) amplifies their critical role in contributing to shaping public opinion and adherence to health directives. The objective of this study is to contribute to existing empirical research that explains how rhetorical risk communication strategies influence public trust and their perceptions of the situation to shape their responses or actions to protective measures.

Grounded theory (Glaser and Strauss, 1967) emphasizes the systematic discovery of theory from data, but in the case of this research, I take a more thematic analysis approach, identifying patterns in how risk and public health messaging is framed, disseminated, and perceived by the impacted audiences. Following Strauss and Corbin's (1990) coding framework, this study applies (1) open coding to categorize key rhetorical strategies; (2) axial coding to explore relationships between trust-building, authority, and adherence; and (3) selective coding to refine emerging themes into a coherent theoretical model. Given that risk communication is dynamic and context-dependent, this study aligns with a constructivist approach (Charmaz, 2006, 2009), recognizing my role as the researcher in interpreting meaning from the discourse. By examining rhetorical and figural strategies, within political and media narratives, this study aims to develop a grounded theoretical understanding of how

rhetorical risk communication practices influence public trust, engagement, and acceptance of protective/preventative health measures.

In addition to thematic coding, this study incorporates rhetorical analysis to identify the persuasive strategies embedded within local media narratives. Drawing on rhetorical theory (Fahnestock, 1999), a secondary coding layer was applied across the open, axial, and selective coding phases to examine the use of metaphor, repetition, analogy, and enthymeme. These strategies often serve to naturalize framings of crisis, authority, and acceptance, whether through metaphors like "fighting the virus," slogans such as "stay the course," or enthymemes that assume trust in official sources without explicitly arguing for it. By integrating this rhetorical dimension, the analysis extends beyond what is said to how it is communicated, allowing for a richer interpretation of the affective and ideological work performed by local media discourse during the COVID-19 pandemic. This dual-layer approach helps theorize the media not only as conveyors of information but as active participants in constructing public meaning and behavior.

4.3.1 Search and Screening

This study draws exclusively on articles from *Waterloo Region Record*, a privately-owned Canadian news outlet serving the Waterloo Region, to examine how public health risk communication was framed and received at the community level during the first year of the COVID-19 pandemic (2020). The archive includes one hundred articles published between March and December 2020, systematically categorized into five primary types: news reporting, opinion columns, editorials, letters to the editor, and public health updates. These were further organized into their areas of focus: local, provincial/federal, and global. They were then organized according to phases corresponding to key moments in the pandemic (e.g., initial lockdowns, local outbreaks and vaccine rollout), to reflect shifts in public discourse and institutional messaging over time. Articles were selected based on their direct relevance to COVID-19 risk communication, with particular attention to discussions of public trust, government mandates, vaccine uptake, and civic response within the Waterloo Region.

The analysis initially followed a grounded theory approach (Glaser and Strauss, 1967), but instead turned towards a more thematic analysis approach, identifying patterns in how risk and public health messaging is framed, disseminated, and perceived by the impacted audiences using a multi-stage rhetorical coding process (see Fig. 4.2): (1) open coding to identify emergent themes such as appeals to ethos, trust in experts, public skepticism, and contradictions in messaging; (2) axial coding to analyze relationships between these themes, particularly how evolving government narratives influenced public trust; and 3) selective coding to develop a core theoretical framework, to identify the broader rhetorical function of the articles, identifying whether local media acted as amplifiers, skeptics, translators, or behavioral influencers. These categories allowed for comparison across article types and timeframes, revealing how public trust was either sustained or eroded during key turning points. This analysis contributes to identifying best practices for future crisis communication and demonstrates the indispensable role of local journalism in facilitating deliberation, shaping community identity, and supporting trust in times of public health uncertainty.

4.3.2 Data and Analysis

To accomplish this, I begin with applying the open, axial and selective coding to a set of selected government and public health authorities news releases from SARS (2003), H1N1 (2009) and COVID-19 (2020). This documents their rhetorical strategies (narrative, framing, metaphor, repetition, analogy or enthymeme) that show a pattern of precedented and ineffective practices that failed to engage trust within the public audience. I then compare this with the corpus of COVID-19-specific *Waterloo Region Record* articles (March to December 2020), to identify their specific framing and narrative strategies used in amplifying health risk information through local public health guidance, experts and perspectives to proactively build trust and leading to the local community's acceptance of protective behaviors.

Coding	Description	Example Categories
Open	Identifying initial themes in media releases and news articles.	Trust in experts, pandemic fatigue, public skepticism, contradictions in messaging, etc.
Axial	Establishing relationships between identified themes.	Media uptake of official messaging, conflicting statements, effects on public response, etc.
Selective	Developing a core theoretical framework explaining how rhetorical risk communication strategies shaped public trust and action.	Rhetorical strategies for risk communication and their impact on public trust/distrust.

Rhetorical Strategy		**Analysis**
Theme / Concept (Open coding)	**Patterns/Relationship (Axial coding)**	**Theoretical Model/Framework (Selective coding)**
Theme: Identify the complex, abstract, or technical concept and strategy (metaphor, repetition, analogy, enthymeme, etc.) used to explain or analyze. E.g. "crisis framing," or "trust-building"	Establish a comparison between the theme and the relationship to strategy, emphasizing intent and shared characteristics between themes and implications. E.g. "Trust-building through government authority"	Identify: how the strategy (e.g. metaphor) shapes understanding, emotional responses, or actions. What behaviors, attitudes, or values does this engage? Outcome: does the strategy resonate with the cultural, social, or situational context of the audience for maximum impact. E.g. Connecting trust, acceptance, and media influence

Fig. 4.2. Rhetorical Analysis Concept Map

4.4 Analysis: Establishing Trust

Trust acts as the foundation upon which effective risk communication is built. While press releases seek to construct the *credibility* of public officials and subject-matter experts, news media coverage reinforces the *reliability* of the communication channel itself, positioning the newspaper as a stable, familiar source through which complex messages are filtered, framed, and delivered to a broad public (Holland et al., 2024; Davies and Horst, 2016). Press releases, as a primary form of official communication, convey both practical and emotional aspects of risk and public health information, and are intended as information to be shared by news media with the public. News media are instrumental in cultivating trust during crises by shaping public understanding, not simply through facts alone, but by using narrative and framing of the crisis to encourage collective adherence and action (Wallace et al., 350). When performed effectively, these rhetorical strategies not only simplify complex topics but also foster understanding, strengthen trust in authority, and encourage community, collaboration and cooperation during times of uncertainty (see Table 4.1) (Holland et al., 113).

Table 4.1 analyzes the effectiveness of government and public health risk communication strategies to gain trust (across SARS, H1N1 and COVID-19) in contextual relevance with the outcomes of individual and community/collective responsibility and their ability to lead to acceptance of protective measures. Table 4.2 analyzes the figurative strategies, such as use of metaphor, analogy, repetition and enthymemes, that government and public health agencies used during COVID-19 to gain trust in pursuit of further community acceptance and actions of protective measures. Table 4.3 analyzes the work of local news media, specifically the *Waterloo Region Record*, to establish trust in how they contributed to community understanding and acceptance of behaviors through figuration and the framing and narrative of the pandemic. In optimal scenarios, news media amplify government and public health risk communication strategies to further shape public trust, engagement, and acceptance of pandemic measures. In less-than-optimal situations, when there is disagreement across levels of government or between government and public health, news media can be implicated in generating greater fear and confusion, but they can also offer helpful guidance to remedy the confusion.

This research method employs a concept map to demonstrate the analysis process, by first highlighting the themes and concepts (open coding), then comparing relationships in their function in terms of complexities or challenges and shared characteristics (axial coding). Then finally evaluating the strategy through the theoretical framework (selective coding) based on achieving the intended behaviors, attitudes and values, to provide insights on why these strategies may succeed or fail.

4.4.1 Applying the Rhetorical Analysis Concept Map

Figural logic, the use of figures of speech, metaphors, narratives, and symbolic representations, shapes reality and directs action by influencing how we perceive, interpret, and engage with the world. Figural logic forms the primary strategy for government and public health risk communication, used to shape public understanding of health situations that lead to intended behavioral outcomes. In rhetorical studies, figural logics are understood as ways of thinking and communicating that go beyond purely rational or literal meanings. They are critical in constructing meaning, guiding thought processes, and prompting people

to act in specific ways (Fahnestock, 1999, 2005; Harris, 2013, 2017, 220/2220b; Mehlenbacher, 2017). For example, metaphor and analogy simplify abstract or scientific concepts by comparing them to familiar ideas. The pandemic illustrated the role of narrative and metaphor in helping society make sense of an unfolding crisis (Holland et al., 127). COVID-19 was frequently referred to as an "invisible enemy," a metaphor that framed the pandemic as a collective battle, invoking a sense of unity and urgency (Holland et al., 93). According to Segal (2005), "the body is a machine, medicine is war, and medicine is a business" are three primary metaphors associated with health strategies and policy, biomedical theory and practice in North America (120). Repetition, with phrases such as "we are in this together" helped to reaffirm that sense of collective efforts and action. An enthymeme is an argument that is presented with a missing premise, such as "mask wearing," in that it relies on pre-existing assumptions, such as "masks protect against the spread of COVID-19 and therefore we should wear masks," with the unstated premise being "since we want to protect our community," to create meaning that is explicitly stated.

As discussed in Chapter 3, rhetorical strategies such as metaphor, repetition, and narrative framing play a critical role in shaping public understanding during crises (see Lakoff; Fahnestock; Ding). These tools not only structure how risk is communicated, but also how trust is negotiated between institutions and publics. Building on these foundational insights, this chapter examines how such strategies were deployed and adapted in local media coverage of COVID-19 to address emerging tensions around public compliance, institutional credibility, and emotional resonance.

4.4.2 Describing the conditions that shape the communication of a global pandemic in Canada

Political leaders, government agencies, and public health officials deploy rhetorical strategies, particularly figural and symbolic language, not simply to inform, but to shape public perception and influence behavior. These strategies operate through the selective framing of complex issues, often translating abstract risk or uncertainty into more accessible moral, emotional, or social terms. Rather than merely conveying facts, such rhetoric constructs meaning, reinforces normative expectations, and invites affective alignment.

Critically, the efficacy of these rhetorical performances depends not only on the strategies themselves, but on the pre-existing and evolving trust relationship between speaker and audience. When that trust is strong, messaging can drive collective response, but when it is weak or fragmented, the same messages may prompt skepticism, resistance, or disengagement. Thus, analyzing how figural logic is used to represent crises offers insight into the broader dynamics of public adherence, institutional legitimacy, and the contested terrain of authority.

As we can see from the analysis below, trust was challenged during Twenty-first Century Canadian health crises (SARS, 2003; H1N1, 2009; and COVID-19, 2020). Repeating themes establish a pattern of risk communication failures, such as inconsistent messaging, the under or overplaying of risk and lack of community engagement, resulting in the erosion of public trust and reduced adherence to protective measures. By examining these themes more closely, such as messaging inconsistency, crisis framing, scientific authority, and personal responsibility versus government enforcement we can identify opportunities for engaging a rhetorical approach that considers trust-building, transparency, engagement and responsiveness more effectively.

Table 4.1 outlines the thematic coding and analysis of government and public health risk rhetorical strategies focusing on what is being said. Table 4.2 adds a deeper layer of analysis by focusing on how it is being said, examining the use of rhetorical strategies that are aimed at influencing audience interpretation and meaning, to drive collective action.

Table 4.1. Government and Public Health Risk Communication Strategies (SARS, H1N1, COVID-19)

Health Crises – Media Releases	**Rhetorical Strategy**		**Analysis**
	Theme / Concept (Open coding)	**Patterns/Relationship (Axial coding)**	**Theoretical Model/Framework (Selective coding)**
SARS (2003):			
PMO Office (May 2, 2003) excerpts: "The Government of Canada is providing $10 million in assistance to help provinces and territories manage the impact	Crisis Framing – initial understatement of risk, later emergency declarations. Government Role in Communication – delayed response,	1.) Trust Erosion Due to Mixed Messaging – e.g. initial lack of urgency and later emergency orders confused the public. 2.) Perceived Overreach vs. Underreaction – e.g.	Risk communication fails to build public trust and adherence to protective measures. 1.) Risk Perception Misalignment Leads to Non-Adherence: Initially downplayed, then framed as an emergency → Public confused.

of severe acute respiratory syndrome (SARS)." "The federal government is also working closely with international health organizations to enhance global monitoring of SARS." "We are committed to supporting front-line health workers and affected communities through direct funding and policy coordination."	lack of coordination led to public confusion. Public Acceptance Messaging – quarantines enforced, but public confusion about necessity. Scientific Justification & Expert Messaging – Health agencies conflicted on response approach, undermining trust. Long-Term Trust Impacts – Lead to the creation of the Public Health Agency of Canada (PHAC) due to failures in communication.	quarantine enforcement seen as excessive by some. 3.) Inconsistent Use of Scientific Authority – experts gave contradictory advice, undermining credibility. 4.) Public Perception of Government Action – government seen as slow and reactive, leading to loss of credibility.	2.) Mixed Messaging Undermines Government Credibility: Uncoordinated response across provinces → Public saw government as incompetent. 3.) Excessive or Weak Measures Trigger Resistance: Confusion over quarantine rules led to public frustration.
H1N1 (2009):			
Public Health Agency of Canada (PHAC, May 20, 2009) excerpts: "We continue to work with provincial and territorial partners to monitor this virus." (Health Minister Aglukkaq) "The severity of symptoms is more typical of seasonal flu." "Our experts at PHAC have worked with provincial and territorial partners to analyze more	Crisis Framing – Framed as mild/ manageable; emphasis on preparedness over panic led some to underestimate risk. Government Role in Communication – Improved coordination via PHAC; uneven provincial rollout created confusion. Public Acceptance Messaging – Vaccine encouraged as civic duty, but shifting priority groups and supply issues	1.) Government's Role in Risk Communication = information provider; tracking cases and monitoring trends. 2.) Framing of Public Trust & Acceptance = encourages vigilance and hygiene but trusts public discretion.	1.) Risk Perception Misalignment Leads to Non-Adherence = manageable, flu-like illness. Too mild in messaging → Public didn't feel urgency to vaccinate. 2.) Government strategy – monitoring based (tracking, voluntary health measures). 3.) Mixed Messaging Undermines Government Credibility: Public told it wasn't serious, then asked to vaccinate → Trust eroded.

detailed information." "Even with a mild flu, we need to remain vigilant in preventing illness." Surveillance, hospital monitoring, case tracking, public hygiene recommendations. Framed as a manageable health issue like the flu.	undermined confidence. Scientific Justification & Expert Messaging – Evidence-based guidance was prominent, but debate over adjuvanted vaccine raised safety concerns. Long-Term Trust Impacts – Demonstrated post-SARS improvements, but logistical missteps weakened public trust in government efficacy.	3.) Use of Scientific Authority – References scientific findings but does not use them to justify strict measures. 4.) Severity Framing & Public Fear = Downplays fear and reassures the public that symptoms are mild.	4.) Public role – voluntary cooperation. 5.) Excessive or Weak Measures Trigger Resistance: No mandates made people ignore precautions. 6.) Scientific messaging – used to contextualize the outbreak.
COVID-19 (2020):			
Prime Minister of Canada (March 16, 2020) text excerpts: "We will get through this together by following the directions from our public health and medical experts." "Our government is doing what it must to protect all Canadians." "The Government of Canada is implementing measures based on science to prioritize the health and safety of Canadians."	Reassurance framing, Scientific authority, Community cooperation. Trust-building, Government responsibility, public protection. Scientific justification, Evidence-based decision-making, public health legitimacy. *More explanation in analysis.	1.) Trust-Building through Governmental Authority = Scientific authority and public health legitimacy 2.) Framing COVID-19 as a threat = Reassurance framing 3.) Public Acceptance through persuasion = Community cooperation, public protection	1.) Government Trust Strategy: Federal government builds trust through scientific authority and reassurance. 2.) Public Acceptance Spectrum: The federal government relies on cooperation and reassurance (scientific justification, collective responsibility). 3.) Risk Perception Misalignment Leads to Non-Adherence: Overhyped at times, then walked back mandates → Public felt manipulated.

Office of the Premier of Ontario (March 17, 2020): Text excerpts: "COVID-19 constitutes a danger of major proportions." "We are taking this extraordinary measure because we must offer our full support and every power possible to help our health care sector fight the spread of COVID-19." "All facilities providing indoor recreational programs, public libraries, private schools, and restaurants must close immediately."	Crisis framing, Emergency rhetoric, Fear appeal. War-time narrative, Government enforcement, Mobilization language. Mandated restrictions, Legal enforcement, Strict acceptance. *More explanation in analysis.	1.) Trust-building through governmental authority = Government enforcement and legal mandates 2.) Framing COVID-19 as a threat = Crisis framing and war-time narrative 3.) Public Acceptance through persuasion = Fear appeal, mandated restrictions	1.) Government Trust Strategy: Ontario government builds trust through legal mandates and emergency action. 2.) Public Acceptance Spectrum: Ontario employs a strict enforcement-based approach (emergency rhetoric, mandated closures, and war-like language). 3.) Mixed Messaging Undermines Government Credibility: Changing health guidelines → Public lost confidence in decision-makers. 4.) Media Influence and Public Reception: Media narratives (e.g., W*aterloo Region Record*) amplify or critique these framings, influencing public perception of government response.

Table 4.1 Analysis: Risk Communication Failures and Trust Breakdown Across SARS, H1N1, and COVID-19

Canada's risk communication strategies during the SARS (2003), H1N1 (2009), and COVID-19 (2020) outbreaks reveal a recurring pattern of trust breakdown driven by risk perception misalignment, inconsistent messaging, and disproportionate public health measures. Open coding shows that each crisis suffered from flawed framing: SARS being initially underplayed and later escalated into emergency rhetoric, confusing the public; H1N1 was presented as mild risk, leading to complacency and vaccine hesitancy, and COVID-19 was framed as a crisis of "major proportions," resulting in strict mandates that sometimes felt excessive. Axial coding highlights a common pattern of inconsistent messaging across all three health crises. During SARS, conflicting communication between federal and provincial authorities undermined credibility (see *Chapter 2*, Fahrni & Jones, 2012; Humphries, 2013;

National Advisory Committee on SARS and Public Health, 2003). H1N1 messaging wavered between reassurance and urgent vaccination calls, confusing the public. COVID-19 guidelines shifted frequently, especially regarding masks and lockdowns, fostering skepticism and fatigue. Selective coding consolidates these findings into a theoretical model, suggesting that when official risk communication fails to align with public perception, lacks consistency, or applies either too little or too much control, public trust erodes, and acceptance of health measures diminishes. In each case, Canadians were left uncertain about whether to trust government health directives, seen as frustration during SARS, apathy during H1N1, and outright defiance during COVID-19, demonstrating how ineffective communication strategies repeatedly undermined public adherence and confidence (see *Chapter 2*; Ding, 2014; Ding and Tang, 2021). Trust breakdowns were exacerbated by either too little response (SARS, H1N1) or too much control (COVID-19), and in all cases, leaving the public uncertain about whether to trust government health directives.

Table 4.2. Rhetorical Strategies in Government Health Communications

	Rhetorical Strategy		**Analysis**
Rhetorical Device	**Theme / Concept (Open coding)**	**Patterns/Relationship (Axial coding)**	**Theoretical Model/Framework (Selective coding)**
Metaphor	SARS: "Potential ripple effect on health system" H1N1: "Like seasonal flu" (Gov't news releases) COVID-19: "Flatten the curve" (PHAC, 2022, *Canada.ca*)	Metaphors used to simplify complex ideas: 1. SARS: Metaphors underdeveloped 2. H1N1: Misleading downplaying 3. COVID-19: Powerful early rallying tool	Metaphors can clarify and mobilize collective action when apt, but oversimplifications (H1N1) or absence (SARS) erode trust. COVID-19 shows that sustained, consistent metaphor use initially builds trust but can falter if narratives shift.
Repetition	SARS: "Precautionary measures" H1N1: "No need to panic" COVID-19: "We are all in this together"	Reinforcement of key messages: • Helpful for acceptance initially • Over-repetition without new information = public fatigue	Repetition builds early solidarity and clarity but must evolve with circumstances; (SARS) undermines urgency, static repetition (H1N1) or bureaucratic repetition. COVID-19 illustrates overuse can create fatigue and cynicism.
Analogy	SARS: "Public health firewall"	Analogies help contextualize risk:	Effective analogies help frame urgency and response, but weak

	H1N1: analogy to more familiar illnesses, often described as being like the common cold or seasonal flu. COVID-19: Wartime language ("frontline heroes")	1. SARS lacked strong analogies, leading to public confusion. 2. H1N1 analogy downplayed risk. 3. COVID-19 analogies initially inspired unity but later seemed exaggerated.	or misleading analogies (H1N1) diminish perceived severity. Changing analogies during COVID-19 (war metaphors replaced by economic survival metaphors) contributed to perceived inconsistency.
Enthymeme (unstated assumptions)	SARS: Assumed public would comply with quarantine orders H1N1: Assumed public would not panic COVID-19: Implied trust in government expertise	Unspoken assumptions influenced response: 1. SARS: Exposed weakness in understanding and trust by assuming the public would comply without requiring detailed justification. 2. H1N1: Enthymeme of public rationality vs. actual vaccine hesitancy. 3. COVID-19: Failure to acknowledge fear/uncertainty broke the contract of trust.	Enthymemes must align with public sentiment. Failure to make assumptions explicit leads to misalignment and trust erosion. SARS assumed acceptance without clear communication; H1N1 assumed complacency; COVID-19 saw assumed government infallibility backfire.

Table 4.2 Analysis: When Rhetorical Strategies Fail (SARS, H1N1, COVID-19)

This additional layer of rhetorical and figural analysis (see Table 4.2) highlights how information is conveyed, emphasizing the crucial role of rhetorical strategies in public health messaging. Again, these rhetorical patterns resonate with findings from *Chapter 2*, where scholars tracking public responses to official communication observed similar effects on trust, compliance, and risk perception (see Fahrni & Jones, 2012; Humphries, 2013; National Advisory Committee on SARS; and Public Health, 2003). Devices such as metaphor, repetition, analogy, and enthymeme shape public trust, influence audience interpretation, and motivate collective action during health crises like SARS, H1N1, and COVID-19 (Ding, 2014; Fahrni & Jones, 2012). When these rhetorical devices are employed effectively, such

as in timely, transparent, and context-sensitive ways, they help clarify complex scientific information, frame risk in accessible terms, and inspire coordinated public behavior.

For instance, during COVID-19, metaphors like "flattening the curve" and analogies to collective wartime efforts initially unified public understanding and encouraged action. Repetition of key phrases, such as "we are all in this together," reinforced solidarity and acceptance. However, as *Chapter 2* outlined (and earlier in this chapter), overuse or misapplication of these strategies can backfire. Oversimplified metaphors or analogies may be perceived as dismissive of uncertainty or fear, such as during SARS, the absence of coherent analogies and the lack of rhetorical repetition contributed to confusion (see Ding, 2014). Also, as seen when early reassurances about H1N1 being "just like the flu" later undermined vaccine messaging (see *Chapter 2* references to the outcomes from the dismissal of risk; PHAC, 2009). In COVID-19, constant shifts in the narrative, such as changing metaphors and contradicting enthymemes (unstated assumptions, like the promise of a swift return to normal), significantly eroded public confidence. Ultimately, rhetorical strategies are double-edged, suggesting that when well-constructed, they build trust, demystify complex situations, and promote collective effort. However, when poorly deployed, they exacerbate mistrust and disengagement precisely when clear, steady guidance is most needed.

4.4.3 Examining how these constructions transform across audiences and channels

Local news media played an instrumental role in cultivating trust during the COVID-19 pandemic by shaping public understanding through risk framing and rhetorical strategies. Beyond simply delivering facts, early media coverage framed the crisis to encourage public compliance and collective action. Phrases like "fighting the spread" and "containing the outbreak" conveyed the urgency of coordinated response, while metaphors such as "war" and "battle" aligned with crisis rhetoric long established in medical discourse (Segal, 2005, 123). These rhetorical choices positioned the virus as a common enemy, casting healthcare workers as "frontline heroes" and Canadians as participants in a unified national effort. The familiar rallying cry "we're in this together" bolstered this framing, reinforcing a collective Canadian identity and shared civic responsibility.

However, as the pandemic progressed, these metaphors revealed rhetorical limitations and unintended consequences. The "war" framing, while initially effective in galvanizing compliance, also invited binary thinking, casting those who questioned official mandates as unpatriotic or even dangerous. Susan Sontag (1978) warned that metaphors drawn from warfare can stigmatize illness, presenting disease as an "invasion" by an enemy rather than a complex biomedical and social phenomenon (58). In the COVID-19 context, this translated into the vilification of individuals who contracted or spread the virus, particularly marginalized groups already facing social stigma. Moreover, the constant evocation of a "battle" led to emotional exhaustion, as the indefinite duration of the pandemic undermined the initial motivational impact of such metaphors. As my analysis shows, these metaphors, while rhetorically potent, also reinforced exclusionary narratives, silenced dissent, and oversimplified the ongoing uncertainties of the crisis. Their overuse contributed to pandemic fatigue and eroded trust when outcomes failed to match the heroic or victorious tone the language implied.

During crises, heightened fear often leads to panic behaviors and increased scrutiny of public figures. In Table 4.3, I integrate the thematic coding with rhetorical analysis examining the "what" is being said and "how" it is being said, to show how news media played a critical role in shaping trust and influencing audience interpretation and meaning during the first year of COVID-19. News media play a critical role in shaping public perceptions of risk through initial framing, specifically highlighting certain aspects of reality to guide public interpretation (Entman, 1993; Lee & Basnyat, 2013). They use framing to create central organizing narratives that give coherence and meaning to evolving events, offering their reader audiences an interpretive lens through which to view and make sense of the issue's underlying significance (Gamson & Modigliani, 1989). In public health crises, where risks are complex and often unfamiliar, media frames become especially vital, helping individuals to grasp the scale, immediacy, and impact of the threat (Otieno et al., 2013).

Integrating thematic content analysis by incorporating a rhetorical layer of interpretation, helps us to better understand how local media narratives shape public perception and behavior during crises. As discussed earlier, rhetorical strategies, such as metaphor, repetition, analogy, and enthymeme, are powerful communicative tools that frame

information in emotionally resonant and ideologically persuasive ways. They work from within these frames to simplify complexity, establish urgency, and inspire collective action, but importantly, in addressing the inherent complexity and obvious need for action, they contribute to the ongoing need for public trust, in support of public health objectives to keep the public safe in situations of risk and crisis (Fahnestock, 1999). Rather than merely categorizing article content, this method traces how rhetorical forms embedded within coverage contributed to the uptake, or rejection, of official guidance. While effective rhetorical framing can clarify uncertainty and reinforce trust, my analysis also highlights moments when oversimplified or misaligned messaging contributed to public confusion or disengagement, an outcome especially consequential during the early months of the pandemic.

To provide a clearer context for the analysis presented below in Table 4.3, it is important to elaborate on the selection and categorization of the articles from *Waterloo Region Record*. From the set of one-hundred articles, forty-five are taken from the category of "Local," and thirty-two represent the "Federal and Provincial" category, all published between March and December 2020. They encompass various types such as news reports, opinion pieces, editorials, and letters to the editor. These articles were then categorized into five primary types: news reporting, opinion columns, editorials, letters to the editor, and public health updates. Further, they were organized into phases corresponding to key moments in the pandemic, such as initial lockdowns (pre-lockdown, Weidner, March 2020; and first lockdown, Wolfson, April 2020), vaccine rollout (vaccine roll-out begins, Weidner, D'Amato, December 2020), and local outbreaks (Alam, July 2020), to reflect shifts in public discourse and institutional messaging over time.

The examples highlighted in Table 4.3 were selected to represent the diversity of article types and the temporal progression of the pandemic. For example, the *"Record's View"* and "*Letters to the editor*," offer valuable insights into how public sentiment and engagement is taken up by the *Waterloo Region Record*, to depict a sense of "one community" and serve as a platform for community members to express their views, concerns, and reactions to public health messaging. This reflects the participatory nature of public discourse and aligns with the rhetorical perspective that views public audiences as active participants in the

communication process, rather than passive recipients. I selected three articles from the early phase (two from March and one letter to the editor from April), one from the mid-year phase (July 2020) and three from the later phase (December). As well, to reflect the broader focus of information relating to provincial and federal contexts, I selected eight "Canadian Press" articles to fill in the temporal timeline of mid-year to the end of the first year (2020). This distribution not only captures the evolution of public health communication and community response over this first year of the pandemic but also reminds us that the while the reading audience may be most interested in the local performance of news, they also have a stake and interest in how those relate to the larger provincial and national audience in terms of decision-making and for addressing any changes to lockdowns or health protection measures.

By focusing on local news articles, alongside Canadian press releases, the study emphasizes the role of community journalism in shaping public understanding and response to health crises. Local news outlets, such as the *Waterloo Region Record*, are uniquely positioned to contextualize national and global health information within the local setting, making it more relevant and accessible to the community. This localized approach to health communication is crucial for building trust and encouraging public engagement with health directives.

This rhetorical analysis concept map (see Fig. 4.3) illustrates how rhetorical analysis, through open, axial, and selective coding, was applied to identify and interpret patterns of framing and figuration in the selected corpus of articles (see Table 4.3, and Appendix "A" for article details). The concept map below outlines how rhetorical strategies were traced from surface-level language use to deeper thematic relationships, culminating in broader claims about the media's role in shaping public trust and crisis response.

Coding	Thematic Identification	Example Categories
Open	Identify initial patterns in media content, e.g. "what" is being said and "how" it is being delivered.	1) **Government Messaging**: Does the article support or repeat official communications? 2) **Media Critique**: Is government messaging questioned or challenged? 3) **Emergency appeal vs. reassurance framing**: Is the language urgent or calming? 4) **Public Reaction**: How are public voices, support, or resistance represented? 5) **Local Focus**: Does the media link messages to local community concerns?
Axial	Explore relationships and connections between themes, e.g. patterns where rhetorical form *influences* or *reinforces* thematic meaning.	• Does supportive media language align with public trust, e.g. a correlation between government messaging and public trust? • Is critique linked to distrust or misinformation concerns? • Does emergency language prompt urgency or backlash? • Is reassurance used after challenges to shift tone? • Do local stories validate or push back on official narratives?
Selective	Build a theory about local media's role.	1) **Amplifier:** Media reinforces government messaging. 2) **Skeptic:** Media critique introduces doubt or complexity. 3) **Translator:** Localizes national messages for relevance. **4) Behavior Influence:** Messaging tone linked to public acceptance or reaction.

Fig. 4.3 Pandemic Rhetoric: Rhetorical Analysis Concept Map

Here are a few examples of framing and figuration at work in these selected articles (see Appendix A for the specific news article reference details).

Table 4.3. News Media Analysis: Government and Public Health Risk Communication Strategies

	Rhetorical Strategy		Analysis
Excerpts Framing / Rhetorical Device	**Theme / Concept (Open coding)**	**Patterns / Relationship (Axial coding)**	**Theoretical Model / Framework (Selective coding)**
***Coronavirus tension builds in region* (Rubinoff, March 2020) excerpts:** 1) "Residents are increasingly frustrated with the provincial government's handling of the	**4) Public Reaction Representation.** - **Metaphor**: "Handling" suggests control or management, implying a tangible grasp on the situation.	**Strong correlation between government messaging and public trust, e.g. frustration vs. calls for vigilance.** - **Contrast**: Juxtaposition of	**Media as (3) Translator –** juxtaposes public frustration with calls for unity, indicating a gap between government messaging and public sentiment. The metaphor "tension builds" suggests escalating stress within the community, akin to a pressure cooker scenario.

pandemic, citing inconsistent messaging and delayed responses." 2) "Health officials urge the public to remain vigilant, emphasizing that 'we are all in this together' and that compliance with health guidelines is crucial to overcoming the crisis." 3) "Local businesses express concern over the economic impact of extended lockdowns, with some owners fearing permanent closure**."**	**1) Echoing Government Messaging.** - **Repetition**: The phrase "we are all in this together" is a commonly repeated slogan to foster unity. - **Enthymeme**: Assumes shared understanding that collective action is necessary without explicitly stating the premise. **5) Local Relevance emphasis.** - **Analogy**: Comparing business closures to a domino effect, suggesting one leads to another in succession.	public frustration with calls for unity may indicate a gap between government messaging and public sentiment.	**- Metaphor:** "Tension builds" suggests a pressure cooker scenario, implying escalating stress within the community. **- Repetition:** Emphasis on community and togetherness aligns with official narratives but is placed alongside public frustration, indicating an attempt to present multiple perspectives. **Significance**: This example highlights residents' growing frustration with the provincial government's handling of the pandemic, citing inconsistent messaging and delayed responses. This reflects a critical public perspective on official communications. Health officials urge the public to remain vigilant, emphasizing unity and acceptance with health guidelines by using the repeated slogan "we are all in this together" to serve as an enthymeme, assuming a shared understanding that collective action is necessary without explicitly stating the premise.
New Infectious illnesses spark strong emotional reaction **(Weidner, March 2020) excerpts:** 1) "New infectious illnesses spark strong emotional reaction" (headline) 2) "The woman, in her 50s, had travelled from Milan to Toronto and then to	**3) Emergency appeal** (excerpts 1 & 3) - **Metaphor**: "Spark" in the headline implies a sudden ignition of fear, emotion as wildfire. - **Emotionally charged language**: "unnerving," "kills some people" taps into public anxiety.	**Relationship between emotion and information verification** (excerpts 1-5) - **Metaphor and Emotion:** The metaphor of "sparking" emotional reactions dramatizes the narrative, aligning with emergency framing but also	**Media as (3) Translator –** This article carefully mediates between emotional impact (fear, uncertainty) and institutional trust (public health messaging). - **Analogy:** Implicitly compares the virus's spread to a chain reaction or cascade (illness → emotion → societal response). - **Media Role:** Balances

Waterloo Region before testing positive." 3) "The idea of a new illness — one that spreads easily and kills some people — is unnerving." 4) "'We're not trying to scare people, we're trying to keep people informed,' said Dr. Hsiu-Li Wang." 5) "Public health messaging aims to strike a balance between awareness and avoiding panic."	**3) Reassurance Framing** (excerpts 4 & 5) - **Enthymeme:** Assumes the public understands fear is normal but trusts health officials' intent ("not trying to scare"). - **Balancing tone:** "strike a balance" reflects rhetorical tension. **1) Echoing Government Messaging** (excerpt 5) - **Repetition**: Echoes classic public health communication—awareness without panic. - **Parallel structure:** Repeats the dual goal of messaging ("awareness and avoiding panic").	potentially influencing public behavior. - **Reassurance via Authority:** The presence of Dr. Wang's quote reflects the use of ethos (credibility) to anchor trust, a core strategy in reassurance framing. - **Tension:** Emotional framing (fear) vs. rational appeals (informing). Highlights how emotion can influence perception and behavior.	emotional storytelling with official reassurance, guiding how readers interpret risk. **Significance:** This example shows how figural/rhetorical devices (e.g., metaphor, repetition, enthymeme) reinforce thematic categories, like emergency appeal, reassurance framing, and government echoing. It also demonstrates how rhetorical tension (emotion vs. calm) can be tracked over the course of a single article, deepening axial and selective coding.
***Why has Canada's data collection during the pandemic been so bad?* (Letter-to-the-Editor, Wolfson, April 2020) excerpts:** 1) "Canada's data collection has been a disaster." 2) "The federal government has failed to establish a coordinated national framework." 3) "We still don't know how many	**2) Media critique** (excerpts 1-3) - **Hyperbole:** "Disaster" intensifies critique, signaling urgency and failure. - **Enthymeme:** Implies that if data were properly collected, outcomes would have been better—leaves this conclusion to the reader.	**Media critique linked to accountability and transparency** (excerpt 6) - Suggests that lack of clarity in data systems creates untraceable accountability, reflecting broader public skepticism. - Connects *critique of systems* to emotional undercurrents like	**Media as (2) Skeptic –** This article doesn't simply relay facts but interrogates institutional failure. - This letter demonstrates how non-traditional journalistic formats (like letters) still operate as media critiques, often with more direct rhetorical force. - **Media Role:** Authorial voice represents a broader public questioning of

health-care workers were infected, died or were vaccinated." 4) "The failure to coordinate across provinces is inexcusable." 5) "How can we expect to manage future health emergencies when we haven't learned from this one?" 6) "No one knows who is responsible for the failures."	**Repetition:** Emphasizes repeated failure across jurisdictions. **1) Echoing Government Messaging** (excerpt 4) - **Absence of echo**: The piece rejects federal messaging and coordination efforts, standing in rhetorical contrast to articles that mirror government lines. **4) Public Reaction Representation** (excerpt 5) - **Rhetorical Question:** Invites reader alignment with frustration. - **Analogy:** Treats data infrastructure like a preparedness tool—lack of it becomes a moral and functional failure	frustration, confusion, and mistrust. **- Emotion and Ethos:** Emotional frustration is conveyed through loaded language ("disaster," "inexcusable"), while the ethos of the writer hinges on logical appeals and civic concern. **- Absence of reassurance:** Unlike more balanced or official media pieces, this letter lacks reassurance framing, highlighting a tone of resignation or warning.	authority, data reliability, and pandemic governance. **Significance:** This example shows how public commentary and media formats beyond traditional journalism (like opinion or letters to the editor) can act as vehicles for skepticism and alternative framings of government messaging. It also emphasizes how rhetorical strategies enhance thematic weight, adding emotional and persuasive force to media critiques.
***COVID-19 infections on the rise with young people* (Alam, July 20, 2020) excerpts:** 1) "More young people are being infected with COVID-19, creating the potential for a severe outbreak, scientists warn." 2) "They say the change in demographics could be attributed to lockdown	**1) Echoing Government Messaging –** Causal logic; public health reinforcement. - Reinforces public health risk by linking individual behavior to broader trends. Rhetorically validates official warnings. **4) Public Reaction Representation** - Implication of youth	**Echoing of government messaging linked with calls for local action** (excerpt 1,4) - Trust in authority paired with local expert (McBean) along with scientific evidence boosts credibility. Shows a deliberate media strategy of amplifying and localizing top-down messaging.	**Media as (1) Amplifier -** Media reinforces public health messaging without questioning it, extending epidemiological claims by drawing behavioral conclusions. Helps frame individual behavior as socially consequential. **Significance:** This article relies on causal logic and behavioral framing to urge acceptance, aiming to amplify official warnings.

fatigue, increased testing or feelings of invincibility." 3) "There is no doubt it'll eventually spread from the parent to the grandparent, and it can have severe impact on older populations." 4) "McBean (U of G engineering professor) said his message for public health official is to keep daycares and schools closed."	behavior on rising cases. - Juxtaposes rising cases with individual behavior patterns to create a moralized narrative of cause and effect. Emphasizes health authority warnings while identifying a demographic "at fault."	**Relationship between behavior and information verification** (excerpts 2,3) Behavior patterns, suggesting that younger age groups are less likely to show symptoms, but an "uptick" or increase in infections "can explode very quickly."	
'Unfortunate' stricter measures likely needed **(Weidner, Dec 19, 2020) excerpts:** 1) "The region's top official said repeatedly during Friday's briefing that it's 'unfortunate' more residents aren't following measures to curb the spread of COVID-19, making stricter restrictions all but unavoidable." 2) "We have been trying to minimize restrictions, minimize closures and have people do things of their own accord. But if that's not enough – and it looks like it's not enough – then we need stronger measures."	**3) Emergency appeal** (excerpts 1-4) - Urgent "unfortunate," directive language conveys an emergency tone. Balances restriction with empathy. - **Repetition:** repeating statements of high-stakes consequences intensifies the appeal. - **Metaphor:** Implicit framing of time as a critical, vanishing resource ("cannot wait"). - **Euphemism**, justification **1) Echoing Government Messaging** (excerpt 5) - Shows strong alignment with	**Relationship between emotion and information verification** (excerpts 1-5) - **Metaphor and Emotion:** The metaphor of "sparking" emotional reactions dramatizes the narrative, aligning with emergency framing but also potentially influencing public behavior. - **Emergency via Authority:** The presence of Dr. Wang's quote reflects the use of ethos (credibility) to anchor trust, a core strategy in reassurance framing. - **Tension:** Emotional framing (fear) vs.	**Media as (4) Behavioral Influencer -** The article mediates between public resistance and policy necessity. It builds trust by anticipating emotional reaction and framing health orders as regretful but responsible action. Serves to normalize acceptance through tone, not command. **Significance:** Weidner's "Unfortunate measures" article demonstrates a more empathetic narrative, acknowledging frustration while reinforcing public duty. This shift illustrates the paper's role not just as a transmitter of policy**,** but as an interpreter of community sentiment**,** helping shape how Waterloo Region readers processed both urgency and reassurance over time.

3) "Wang said that case rates remain high, and the region is at risk for further increases." 4) "Regional Chair Karen Redman said area bylaw officers are working to ensure the rules are being followed, including both provincial directives and local orders." 5) "They sounded a warning about the strain on the local health-care system from the recent surge in hospitalizations and said it's up to people and their business to do their part."	provincial messaging to reinforce unity in response. Authority echoing lends legitimacy to public health messaging.	rational appeals (informing). Highlights how emotion can influence perception and behavior. - Uses softening rhetoric to frame tough restrictions as necessary but empathetic, acknowledging public frustration.	
***COVID-19 vaccine injects hope into Canada* (*Editor's View*, Dec 20, 2020) excerpts:** 1) "On Wednesday, Health Canada approved its first vaccine for fighting this terrible illness and, as a result, the first inoculations in this country should begin within days." 2) "It's difficult to exaggerate what a milestone has been reached, even as national case-count records are being broken daily	**1) Echoing Government Messaging –** Aligns with emotional relief and vaccine confidence; offers a hopeful tone following uncertainty. **- Metaphor** ("injection of hope"), vaccine "fighting this terrible illness" **3) Reassurance Framing** (excerpts 2 & 3) – "injects" optimism, hope.	**Echoing of government messaging linked with calls for local action** (excerpt 1) - Trust in authority paired with editorial voice, implying a sense of shared community concern or "hope" that the government's vaccination program can return the public back to normal. Shows a deliberate media strategy of amplifying and localizing messaging.	**Media as (1) Amplifier –** Editorial voice celebrates public health success, aiming to restore confidence and morale. The newspaper aligns closely with official tone but localizes it as a moment of shared achievement. **Significance:** This editorial article adopts an emotional appeal, e.g. "hope" to restore optimism at the vaccine rollout's onset.

and the number of infected people being admitted to hospitals is approaching the levels seen at the height of COVID-19's first wave." 3) "In the coming weeks, the federal and provincial governments must ensure they can properly manage the logistics of a vaccine program that must reach every part of this enormous nation."	- **Enthymeme:** Assumes the public understands "the vaccine" will "fight" the disease, while fear is normal (the disease and increased numbers of infections) but trusts that health officials will ensure that everyone has access to the vaccine (logistics).	**- Emotion and Ethos:** Vaccine is framed as both medical and emotional remedy. The metaphor "injection of hope" ties the biomedical solution to emotional renewal. A transition from fear-focused language to shared optimism. Aligns with emotional relief and vaccine confidence; offers a hopeful tone following uncertainty	
'We cannot wait another day,' medical officer warns. **(Weidner, Dec 23, 2020) excerpts:** 1) "We cannot wait another day." 2) "We are at a very serious point in this pandemic." 3) "If we do not act now, we will see more people get sick and more people die." 4) "The region's medical officer of health is urging people to follow provincial stay-at-home orders…" 5) "She backed Premier Doug Ford's call to prioritize the COVID-19 hot spots." 6) "If we all stay home as much as possible, we will see the case	**3) Emergency appeal** (excerpts 1-3) - Urgent, directive language conveys an emergency tone. - **Repetition:** repeating statements of high-stakes consequences intensifies the appeal. - **Metaphor:** Implicit framing of time as a critical, vanishing resource ("cannot wait"). **1) Echoing Government Messaging** (excerpt 4, 5) - Shows strong alignment with provincial messaging to reinforce unity in response. Authority echoing lends	**Emergency appeals used alongside reassurance framing** (excerpt 2) - The emergency-reassurance duality works to provoke immediate action without causing panic. - Strategic narrative shift from threat to hope. **Echoing of government messaging linked with calls for local action** (excerpt 5) - Trust in authority paired with local evidence boosts credibility. Shows a deliberate media strategy of amplifying and localizing top-down messaging.	**Media as (1) Amplifier –** This article amplifies official messaging, particularly by quoting local public health officials directly and aligning with provincial urgency. - This article demonstrates how minimal critique or dissent signals acceptance-oriented journalism. **Media as (4) Behavioral Influencer (on acceptance)** – This article also emphasizes with an urgent, serious tone but balances the message with the possibility of success. - Message design is meant to influence public acceptance by emphasizing stakes and offering a clear path to improvement. Framing supports behavioral change narratives. **Significance:** This article strongly demonstrates *Media as Amplifier* and *Emergency Appeal*, using rhetorical

numbers start to come down." 7) "Some people are frustrated by the lockdown, but many others are expressing support on social media." 8) "In Waterloo Region, our ICU admissions are increasing…" 9) "Outbreaks are happening in local workplaces and congregate settings."	legitimacy to public health messaging. **3) Reassurance Framing** (excerpt 6) - **Conditional reassurance:** Positive outcomes are promised through collective action. Use of "we" creates unity and shared responsibility. **4) Public Reaction Representation** (excerpt 7) - **Representation of mixed emotions**: frustration and acceptance coexist. - **Enthymeme:** The public's continued support implies a trust in health leadership—even if not explicitly stated. **5) Local Relevance emphasis** (excerpt 8,9) - **Focuses on localized data and outcomes.** Concrete examples make provincial issues feel immediate and personally relevant.		urgency and a clear echo of government messaging. - Figural strategies such as repetition, metaphor ("cannot wait"), and conditional reassurance all help construct a persuasive and emotionally resonant message. - Compared to other more skeptical or opinion-based pieces, this one shows minimal critique, reinforcing the trust-in-government dimension (being tracked).
Canadian Press articles (eight in total)**:** **"Ford tells long-term-care homes to ensure workers have access to PPE" (18-Jul-20)**	**1) Echoing Government Messaging**: "Ford tells long-term-care homes to ensure workers have access to PPE" (18-Jul-20) aligns with provincial authority	**1) Echoing messaging** (PPE, lockdowns) correlates with efforts to reinforce trust in government action. **2) Media critique** (vaccination for Indigenous	**Media as (1) Amplifier -** National coverage strongly echoes federal/provincial directives and health mandates (lockdowns, travel, PPE). **Media as (2) Skeptic:** More reserved than local media; critique appears selectively

"Canada passes 400,000 cases" (04-Dec-20) **"Hospitals preparing pandemic surge plans" (17-Dec-20)** **"Ontario headed to provincewide lockdown, reports say" (21-Dec-20),** **"Feds should detail vaccination plan for Indigenous communities: NDP" (22-Dec-20)** **"Many Canadians who had COVID worried about dying: poll" (22-Dec-20)** **"Ontario to cut hydro rates, provide student funding during 28-day lockdown" (23-Dec-20)** **"Air travellers to Canada will need negative test" (31-Dec-20)**	framing of control and preparedness. **3) Emergency Appeal:** "Hospitals preparing pandemic surge plans" (17-Dec-20) and "Ontario headed to provincewide lockdown" (21-Dec-20) use urgency rhetoric to reinforce acceptance. **3) Reassurance Framing:** "Ontario to cut hydro rates, provide student funding" (23-Dec-20) offers government aid to alleviate public strain. **4) Public Reaction Representation**: "Many Canadians who had COVID worried about dying: poll" (22-Dec-20) reflects emotional toll and fear. **2) Media Critique**: "Feds should detail vaccination plan for Indigenous communities" (22-Dec-20) critiques federal transparency and equity. **5) Local Relevance Emphasis**: Less frequent here than in local media, reflecting national rather than	communities) introduces accountability, particularly around equity and marginalization. **3) Reassurance and emergency framing often appear together**, balancing fear with control. **Public fear** (poll) supports emergency framing but may highlight gaps in reassurance messaging. **Metaphor:** Terms like "surge," "lockdown," "wave" reinforces emergency and war-like framing. **Repetition:** Consistent references to "lockdown," "cases," and "testing" create cohesion and reinforce public health urgency. **Ethos:** Public figures like Ford and federal health authorities are used to establish credibility; however, critique (e.g., Indigenous vaccine planning) complicates ethos by revealing potential gaps. **Analogy:** Implicit framing strategies (e.g., testing as a barrier; funding as relief) aligns with	and often framed via political opposition (e.g., NDP). **Media as (3) Translator:** Less localization than in local news; metaphorical framing (e.g., "surge," "lockdown") still conveys urgency but lacks local color. **Influence on Trust:** Ethos appears through authority figures (Ford, health officials); repetition of control metaphors builds a consistent narrative across outlets. However, trust-building is top-down, less dialogic than in local coverage.

	community-specific framing	public values of safety and care.	

Table 4.3 Analysis: News Media Rhetorical Strategies

This analysis of local news media coverage over the first year of the COVID-19 pandemic reveals a notable shift in thematic framing and rhetorical strategy between the early lockdown period (March–July/August 2020) and the end of the first year (December 2020). During the initial months, media coverage was dominated by an urgent, alarmist tone that reflected Ontario's emergency framing, relying heavily on figural strategies such as metaphor ("war against the virus"), repetition ("flatten the curve"), and directive language to encourage the public's acceptance of protective health measures. News outlets largely acted as amplifiers of government messaging, reinforcing official authority and constructing ethos through alignment with trusted health officials and institutional expertise. Reassurance framing was present but secondary, used primarily to support messages of unity and moral obligation.

However, by mid to late 2020, local media began to adopt a more critical lens. This rhetorical shift is particularly evident in the *Letter from the Editor* (July to December 2020), which questioned the adequacy of government responses, acknowledged public frustration, and highlighted gaps in transparency and accountability. The editorial critique signaled a discursive turn in the media's role, from merely relaying official messaging (media as amplifier) to interrogating it (media as skeptic). This repositioning reflects a broader recalibration of journalistic ethos, as the media sought to reassert its function as a watchdog and mediator of public trust rather than a mouthpiece for institutional authority. As such, the editor's commentary plays a crucial role in marking the transition from uncritical amplification to reflective engagement, underscoring the evolving rhetorical status of local news during the pandemic.

By the end of the first year (December 2020), the media's role evolved into a more complex and multifaceted one. While emergency appeals persisted, they were increasingly layered with acknowledgement of emotional fatigue, public skepticism, and nuanced portrayals of risk and resilience. Reassurance framing gained prominence through vaccine metaphors like "light at the end of the tunnel," but was often tempered by media critique of

policy inconsistencies, data transparency issues, and logistical failures, frequently delivered through rhetorical strategies such as enthymeme and irony. Ethos shifted away from centralized authority toward more contested areas, such as journalists foregrounding local voices, frontline workers, and independent experts to either reaffirm or challenge government positions. Trust, as tracked through both overt references and narrative positioning, became a central axis of reporting, with media coverage beginning to reflect, question, and even shape public trust in institutions through the inclusion of community concerns, conflicting expert opinions, and divergent emotional responses.

This shift in media discourse illustrates a broader transformation from a univocal, compliance-driven narrative to a more dialogic and interpretive role (aimed at acceptance), one that not only transmits information but mediates public emotion and response. Early coverage, such as Alam's July 2020 article, positioned the media as an amplifier of public health authority, reinforcing causal logic that linked young people's behavior to rising infections and implicitly moralizing acceptance. By December 2020, however, the tone shifted. The *Waterloo Region Record*'s editorial, "COVID-19 vaccine injects hope into Canada," adopted metaphoric and epideictic strategies ("injection of hope") to offer emotional relief and reframe the vaccine as a symbol of collective recovery (Dec. 11). Meanwhile, Weidner's December 19th article conveyed stricter lockdowns through euphemism and justification, softening mandates with empathetic appeals. These examples demonstrate how the *Waterloo Region Record* began to adopt a translator and behavior influencer role, interpreting public health directives through the lens of local experience, emotional climate, and moral persuasion. Thematic coding combined with rhetorical analysis, particularly of metaphor, analogy, repetition, and tone, reveals how ethos and trust were actively constructed and negotiated. These findings underscore the media's dual function in crisis communication: as both conduit of official messaging and a cultural intermediary shaping how communities interpret, question, and act upon evolving risks and recommendations.

A comparative analysis between national (*Canadian Press*) and local news coverage during the first year of the COVID-19 pandemic reveals significant differences in rhetorical strategies, thematic focus, and trust-building mechanisms. While both levels of reporting

emphasized urgency and acceptance through recurring metaphors such as “lockdown,” “surge,” and “control,” local media more consistently localized these themes, embedding them in community-specific contexts and stories. In contrast, Canadian Press articles adopted a more top-down, institutional tone, echoing federal and provincial directives with limited personalization. Rhetorical strategies in national coverage leaned on the ethos of politically authoritative figures, such as premiers or federal officials, to reinforce trust, whereas local outlets framed public health leaders as embedded and relatable experts, facilitating dialogic trust. Furthermore, local media made greater use of emotional appeals and figural language to represent public sentiment, while national reporting remained more neutral, often filtering critique through political channels, as in the call for equitable vaccine access for Indigenous communities. This contrast suggests that localized rhetorical approaches are able to move strategically, emphasize community engagement, relatable authority, and emotionally resonant framing, as part of their efforts to cultivate sustained public trust during health crises than institutional narratives alone.

Applying this comparative analysis to global news articles in the first year of the COVID-19 pandemic reveals distinct rhetorical and thematic divergences that shaped public trust in nuanced ways. While global news stories emphasized mortality statistics, international containment strategies, and vaccine geopolitics, these articles largely relied on distanced institutional ethos (e.g., WHO, heads of state) and rhetorical strategies like numerical milestones, war metaphors, and crisis analogies (e.g., deaths surpassing 9/11). This framing, while powerful, often lacked the relational trust-building evident in national and local Canadian coverage, where figures such as Dr. Theresa Tam or Premier Ford were personalized through narrative, emotional appeals, and analogies to foster engagement and acceptance. Whereas global media tended to present trust as assumed or destabilized through impersonal institutions, local and national outlets worked rhetorically to build ethos through community alignment, transparency, and participatory appeals. Notably, global stories, such as such as *New York Times* coverage of supply chain collapse or *BBC* reports on worldwide death tolls, foregrounded alarmist framing and the scale of disruption, which, though impactful, often lacked the dialogic, trust-centered strategies used in Canadian reporting that emphasized community resilience, institutional credibility, and behavioral guidance. These

contrasts highlight how local can deploy rhetorical and figural strategies in ways that are localized to reflect cultural expectations around authority, responsibility, and collective action during times of crisis.

Specifically, local media played a critical role during the COVID-19 pandemic by employing rhetorical strategies, such as analogy, repetition, and metaphor, to clarify complex public health information and bolster the credibility of authorities. Language emphasizing protection, urgency, and control (e.g., "limit the spread," "top priority") reinforced government messaging and cultivated trust in local experts and leadership. Metaphors like "control" and "combat the spread" framed the virus as a manageable threat, contingent on both government action and individual responsibility. In early 2020, media coverage closely aligned with official narratives, promoting unity and collective effort. However, by mid to late-2020, when inconsistencies emerged, such as Premier Ford's shifting blame or the government's push to reopen schools despite health warnings, media framing grew more critical, and rhetorical strategies lost persuasive power, thus impacting trust and credibility, such as where facts did not support official stances (McQuigge, 2020). This shift often resulted in a redirection of responsibility onto individuals, emphasizing personal vigilance, but lacking the framing of community that would lead to collective action ("not letting down my guard"), which remained essential to broader containment efforts (Barber, July 17).

4.4.4 Exploring how rhetorical approaches can inform localized solutions for trust-building during health crises

Rhetorical strategies, including the use of metaphor, analogy, repetition, and enthymeme, played a central role in shaping public trust during the COVID-19 pandemic, particularly within localized media contexts. Local news outlets served as critical intermediaries with the Canadian public, by translating, amplifying, and critiquing, with the aim of influencing public behaviors. As public health directives evolved, this helped turn political decisions into accessible narratives. Metaphorical framings, such as Dr. Theresa Tam's analogy of COVID-19 as a marathon (CTVNews, 2020), helped communicate the pandemic's prolonged trajectory, reinforcing collective endurance and positioning public health authorities as credible and empathetic leaders (Salvi et al., 2021). However, when rhetorical strategies were

employed to deflect responsibility or obscure intergovernmental discord, such as Premier Ford's distancing from decisions around school re-openings, framed as driven by "bright minds" and grounded in "science," they often revealed misalignments between political and public health messaging, contributing to public skepticism (McQuigge, 2020; Lowe et al., 2022). This dynamic aligns with Ding's (2014) findings on health communication during SARS, where conflicting messages from state and health actors eroded public trust. As competing priorities (e.g., economic reopening vs. health protection) emerged, such contradictions became amplified in media reporting, further destabilizing institutional credibility. These findings underscore the importance of rhetorical coherence, transparency, and consistency in crisis communication. Figural strategies can clarify complex medical information and bolster trust, but only when paired with institutional alignment and ethical communication practices (Dubé et al., 2022).

This comparative news article/news media analysis illustrates how rhetorical strategies and figural language were central to shaping public trust and understanding during the first year of the COVID-19 pandemic. The *Waterloo Region Record* employed analogies, metaphors of containment, and emotionally resonant language to both critique and clarify medical information, foster trust in public health authorities, and promote individual responsibility. These strategies aligned closely with a relational model of ethos, constructing credibility through proximity, transparency, and shared community stakes. In contrast, national and international news coverage often emphasized statistical milestones, institutional messaging, and large-scale geopolitical narratives, relying on more abstract forms of ethos rooted in authority and data. While global news effectively conveyed urgency and scale, it lacked the localized trust-building strategies found in Canadian coverage, where rhetorical consistency and alignment between political and public health messaging were key. However, when inconsistencies emerged, such as conflicting messages about school reopening's or vaccination plans, trust eroded, revealing the fragility of ethos when not supported by coherence and accountability. This analysis underscores the importance of rhetorical approaches in health crisis communication and suggests that localized, transparent, and emotionally attuned messaging is essential for fostering public trust, especially when scientific and political narratives compete for authority.

4.5 Conclusion: Toward a Rhetorically Informed Approach

A rhetorical approach to risk communication recognizes the active role of the audience in constructing meaning and emphasizes trust-building as a prerequisite for adherence. This perspective shifts the focus from correcting perceptions to fostering dialogue and collaboration, where public audiences are partners rather than passive recipients of information. By incorporating various forms of ethos into health communication strategies, for example drawing on the voices of local authorities and/or local experts, authorities can address the emotional and cultural dimensions of public engagement, creating messages that align with audience values, the communities they participate in, while maintaining scientific credibility.

These findings demonstrate that local media play not just an informational role, but a rhetorically generative one in shaping public trust and civic response during health crises. The shift from univocal compliance appeals to more acceptance appeals, drawing on emotionally nuanced and community-centered messaging, reveals that trust is negotiated through tone, framing, and shared values. Articles that used metaphor to instill hope, or euphemism to justify restrictions, functioned as behavioral cues that helped communities interpret complex risk. Recognizing this evolution invites public health authorities to view local media not merely as messengers, but as vital partners in crafting culturally resonant, ethically grounded, and rhetorically effective communications during public health emergencies.

This study addressed three central questions: (1) What conditions shape the construction and communication of a global pandemic? (2) How do these constructions evolve as they circulate across communication channels and audiences? And (3) how can rhetorical practices foster localized trust and collaboration? In answering these questions, the research underscores the centrality of trust and the necessity of a rhetorical approach to risk communication during health crises. As I elaborate below, a rhetorical approach must (1) prioritize trust and rhetorical engagement, (2) foster dialogue and collaboration, and (3) attend to the emotional and cultural dimensions of public engagement to build community resilience and a sense of shared responsibility. This work contributes to rhetorical scholarship

by advocating for strategies that integrate scientific rigour with the human elements of persuasion, trust, and community-building in crisis communication.

4.5.1 Prioritize trust and rhetorical engagement

The communicative strategies employed by local public health officials and the media during the first year of the COVID-19 pandemic underscore the critical role of rhetoric in shaping public perceptions, managing crises, and fostering collective action. By utilizing rhetorical tools such as metaphor, repetition, analogy, and enthymemes, these communicators bridged the gap between complex scientific information and the public's understanding, while also navigating fear, confusion and uncertainty within the various Canadian audiences. These strategies were not merely informational but also persuasive, aiming to cultivate trust and ensure the effective dissemination of health messages, especially within a culturally and linguistically diverse country like Canada. The role of rhetoric in public health communication became particularly evident as it sought to align and influence citizens' behaviors with the collective goal of managing the pandemic.

4.5.2 Foster dialogue and collaboration

Despite the evidence that these rhetorical strategies also had the potential to invite criticism, fostering dialogue and collaboration can work to stabilize residual historical and social implications. For example, the "war" metaphor might have alienated certain segments of the population, particularly Indigenous communities with historical grievances regarding state control and authority. Efforts to improve through open dialogue with Indigenous leaders can influence more collaboration. These rhetorical choices highlighted the delicate balance public health communicators had to maintain. While aiming to motivate action and foster unity, they also had to ensure that their language did not inadvertently reinforce existing social divisions or amplify mistrust.

4.5.3 Address the emotional and cultural dimensions of public engagement

The challenge of cultivating trust amid a health crisis was further compounded by the emotional and psychological impact of the pandemic. Risk communication, therefore, requires more than the simple presentation of facts and figures. As Perelman’s theory

suggests, persuasion in times of crisis also involves connecting with the audience on an emotional level, acknowledging their fears, uncertainties, and anxieties. It is this emotional engagement that helps build trust, fostering an environment in which the public is more likely to adhere to health measures and public directives.

The COVID-19 pandemic highlighted the importance of transparency, honesty, and adaptability in communication. In an era of rapidly evolving information, public health and political leaders had to demonstrate not only expertise but also a willingness to evolve their messages as new data and guidelines emerged. However, as discussed earlier, this responsiveness was not always achieved. Public trust was frequently strained by inconsistent messaging, lack of clarity, and the politicization of expert advice. In this context, the role of local media outlets, such as the *Waterloo Region Record*, became especially significant. While early reporting often echoed official government messaging, coverage over time began to include more critical assessments, editorials, and letters that reflected public frustration and institutional accountability gaps.

This rhetorical shift, captured in editorials and community commentary, illustrates how local media navigated between amplification and critique, ultimately shaping a more nuanced public discourse. Local journalism's ability to engage directly with the community, offer relevant local perspectives, and provide timely updates from local authorities and experts proved crucial in fostering a sense of connection and solidarity during the crisis. Yet it also played a watchdog role, questioning political and public health communication strategies when they faltered. This localized approach to communication thus not only complemented national and global messaging but also helped restore a measure of trust by acknowledging the public's concerns and representing them within broader debates about risk, responsibility, and public health authority.

In conclusion, the rhetoric of trust, as cultivated through the media's role in public health communication during the first year of COVID-19, serves as an important case study for future public health crises. As the world faces future challenges, including the potential for new global health risks or "Disease X" (WHO, 2024), the lessons learned from the COVID-19 pandemic will be critical. This research emphasizes the need for more effective, empathetic, and transparent risk communication that connects with diverse audiences while

fostering trust between political leaders, health authorities, and the public. Moreover, it underscores the potential for local media to serve as a vital tool in building and maintaining this trust, offering a localized approach to communication that complements broader national and global strategies. As such, a rhetorical approach to public health communication, one that acknowledges both the practical and emotional dimensions of risk, remains essential in managing future crises.

The analysis of pandemic rhetorics in this chapter revealed how trust was constructed, challenged, and at times eroded through government and public health communication during the first year of the COVID-19 crisis. By examining the rhetorical strategies that shaped public understanding of risk, particularly through appeals to ethos, this chapter traced how language, leadership, and media intersected to frame collective action and institutional credibility. Yet, as the pandemic entered its second year, the rhetorical terrain shifted. The emergence of vaccines introduced new hopes, anxieties, and controversies that deepened the public's engagement with, and resistance to, expert authority. Chapter 5 builds on these findings by applying Witte's (1992) Extended Parallel Process Model (EPPM) to examine how rhetorical constructions of fear, efficacy, and trust influenced vaccine discourse in Canada. This next chapter turns to vaccine rhetorics as a critical site for analyzing how ethos operates under heightened uncertainty, and how trust becomes a dynamic force in shaping public perception, persuasion, and participation.

Chapter 5:
Vaccine Rhetorics: Myth, Misinformation or Conspiracy – Examining Canada's "Unprecedented" COVID-19 Vaccine Efforts

As the first year of the COVID-19 pandemic ended, Canadians found cautious optimism in the arrival of vaccines, which promised a potential end to widespread lockdowns and restrictive mandates. Yet, the vaccine's emergence introduced new complexities: not only was it seen as a solution to the health crisis, but it also became a focal point for political controversy, misinformation, public hesitation, and polarized discourse. This chapter explores how trust, specifically as constructed through *ethos*, shaped Canadian responses to the pandemic, particularly in relation to vaccine uptake and the evolving public perception of expertise and authority. If the first year of the pandemic revealed an erosion of trust stemming from institutional contradictions, miscommunication, and shifting mandates, the second year magnified these tensions. As debates around vaccines unfolded, so too did broader questions about who is trusted, why that trust succeeds or fails, and how rhetorical strategies, rooted in *ethos*, can either reinforce or undermine public engagement. In tracing these dynamics, this chapter positions *ethos*, characterized as moral character and ethical appeals, with trust, associated with authority and expertise, not as a static concept but as a rhetorical and ethical construct that evolves through crises, and is mediated through language, leadership, and media representation.

This chapter examines how rhetorical constructions of expertise and authority influenced public responses to COVID-19 vaccination during 2021 (the second year of the pandemic). I ask two interrelated questions: (1) How do networks of public health, political leadership, and media interact in shaping vaccine communication and public trust across Canadian audiences? And (2) How can rhetorical analysis of vaccine discourse help authorities develop more localized, responsive, and effective strategies for future health risk communication? Drawing on rhetorical theory, particularly concepts of ethos, identification, and punctuated trust introduced in earlier Chapters (2 and 3), this chapter explores how both institutional and resistant voices constructed credibility, whether through appeals to shared values, emotional resonance, or insider authority. Through an analysis of local media coverage, this chapter identifies rhetorical best practices shaped through the construction and disruption of ethos,

highlighting moments where emotional appeals (e.g., fear, hope, and social responsibility) were used to build or undermine public trust. It also considers how competing narratives, such as misinformation and protest, challenged official discourse by offering alternative forms of ethos, grounded in moral clarity or personal autonomy. In doing so, the chapter contributes to a deeper understanding of how trust is cultivated, punctured, and repaired within the contested rhetorical landscape of vaccine communication.

As discussed in the earlier sections of this project, understanding these dynamics requires more than the clear dissemination of facts. It involves recognizing how individuals emotionally, socially, and symbolically process health information within their immediate communities. As Maya Goldenberg (2021) argues, trust is not simply belief, it is "having confidence in someone or something," and includes a relational and epistemic condition that underpins how people engage with expertise, institutions, and one another (114). Within the context of vaccine communication, trust must therefore be seen not only as an outcome but also as a rhetorical construct shaped through ethos of the credibility, character, and perceived integrity of the speaker or institution. Heidi Yoston Lawrence (2020) further emphasizes that vaccine rhetoric arises not solely from abstract ideas but from the materiality of vaccination itself. She explains that only by "understanding how material shapes and constrains discourse can we truly understand that nature and construction of vaccine rhetorics, arguments of concern and support, as they are expressed and experienced" (Lawrence, 22). Building public trust, then, requires communicators to engage not just with data, but also with the lived realities and discursive negotiations that occur around health interventions. As scholars such as Dubé et al. (2020) and Fischhoff et al. (2011) have noted, effective risk communication depends on clarity, cultural sensitivity, and ethical engagement with communities. In this way, rhetoric, like medicine, can be carefully crafted to promote health, foster trust, and guide communities through crises.

5.1 Introduction: COVID-19 – Vaccine Hesitancy, Trust, and the Limits of Risk Communication

Through a thematic analysis approach combined with rhetorical analysis of local news media coverage, this chapter examines how expert networks, particularly public health authorities,

and the media collaboratively shaped COVID-19 vaccine communication during the second year of the pandemic. Using an expanded thematic coding framework, incorporating rhetorical strategies and (new to the analysis framework) Witte's (1992) Extended Parallel Process Model (EPPM), this study systematically analyzes how appeals to fear, hope, and social norms framed vaccination as both a public health necessity and a contested social issue. This chapter argues that the convergence of misinformation, political polarization, and the erosion of traditional media authority profoundly challenged public health messaging, amplifying distrust and reducing acceptance of protective measures and challenging vaccine programs. In response, this study demonstrates the necessity of a rhetorical approach to risk communication that prioritizes transparency, fosters collaboration, and engages the emotional and cultural dimensions of audience response.

The analysis that follows traces key rhetorical patterns and EPPM pathways (introduced in *Chapter 3*) observed across the media sample, leading to a set of recommended strategies that include: 1) enhancing public trust, 2) encouraging vaccine acceptance, and 3) fostering community resilience in future health crises. These findings suggest that local media, particularly when embedded within and responsive to their communities, play a crucial role in shaping risk communication strategies that reflect the rhetorically complex ways people identify with and interpret health messages. In smaller, localized contexts, where ethos is constructed through familiarity, proximity, and shared stakes, trust becomes both more fragile and more recoverable. This chapter considers how emotional appeals (e.g., fear, hope, social responsibility) interacted with perceptions of authority, and how both official and resistant voices leveraged ethos to make their cases, either reinforcing public health goals or undermining them through claims of insider knowledge, moral autonomy, or parental protection. By recognizing how these competing rhetorical strategies operate, and how trust is punctuated by moments of misstep or clarity, vaccine messaging can be better tailored to support not only effective health behaviors, but also ongoing civic engagement. Ultimately, localized, rhetorically informed strategies offer a way to address both emotional and epistemic barriers to vaccine uptake, contributing to more equitable and responsive public health communication during times of crisis.

To reveal the importance of localized, trust-centered strategies in vaccine risk communication, this study pursues two interrelated objectives: (1) to examine how networks of public health authorities, political leadership, and local media interact to shape vaccine communication and influence public trust across Canadian audiences; and (2) to investigate how rhetorical analysis of vaccine discourse can help develop more effective, localized strategies for health risk communication. Drawing on grounded theory (Glaser & Strauss, 1967; Charmaz, 2006/2009) with a more thematic analysis approach, rhetorical theory (Fahnestock, 1999; Miller, 1989), and the Extended Parallel Process Model (Witte, 1992; Maloney et al., 2011), this research applies a multi-layered thematic and rhetorical analysis to media coverage from the *Waterloo Region Record* ("*The Record*") during the second year (2021) of the COVID-19 pandemic.

This study contends that local news media played a key role in framing probabilities, the essential language of risk, for their communities, contributing to increased public risk literacy and providing critical education around vaccine safety, efficacy, and effectiveness (Leiss, 1996). In contrast to framing science as absolute, local media recognized that scientific knowledge, even when peer-reviewed, is cumulative, tentative, and subject to change as new evidence emerges (Leiss, 1996). This acknowledgment of scientific uncertainty, coupled with an emphasis on explanation, community values, and lived experiences, helped bridge barriers between specialized expert discourse and public understanding. As Leiss notes, failures in risk communication often originate from the mismatch between the statistical language of experts and the intuitive, harm-centered language of the public, particularly when risks are perceived as involuntary or inequitably distributed (Leiss, 1996). This also critically addresses Witte's EPPM model where threat, defined as "A danger or harm that exists in the environment whether we know it or not," is not necessarily the actual threat proposed, but rather how people perceive that threat, that motivates them to action (Witte et al., 320). If the perceived threat motivates people to action, then what the message is and how it is crafted directly affect threat perceptions. For example, fear appeal messages will incite action to the degree that they successfully convince message recipients that they are susceptible to severe consequences associated with the threat (Maloney et al., 207). With Witte's desire to re-introduce (or re-emphasize) the role of fear appeals, she contends that perceived efficacy also

plays a critical role in determining whether a subsequent response is adaptive or maladaptive, such as vaccine acceptance or denial.

In the context of the COVID-19 vaccine rollout, local media played a vital interpretive role during periods of heightened public anxiety, such as the controversy over AstraZeneca vaccine safety, confusion around vaccine availability and priority phases, and inconsistencies between federal and provincial health messaging. Journalists and public health officials in the Waterloo Region worked to clarify evolving guidance, contextualize risks, and legitimize public concerns, thus fostering a sense of cooperative understanding within the community (Weidner, 2021; Rabson, 2021). These interventions were not simply informational. They were deeply rhetorical, shaping how audiences understood who to trust and why. At stake was not only the accuracy of public health messaging, but also its ethos, its capacity to demonstrate credibility and goodwill in the face of uncertainty. When missteps occurred, such as shifting eligibility timelines or conflicting expert recommendations, these moments tested and sometimes punctured that ethos (punctuated ethos as a graduated scale), creating space for skepticism or misinformation to gain traction. This chapter considers how local media navigated these tensions: whether appeals to community, safety, and shared responsibility effectively constructed a trustworthy ethos, or whether they were undermined by competing narratives that destabilized institutional authority.

By focusing on the local public audience, rather than treating vaccine hesitancy as a uniform national phenomenon, this study offers a more nuanced perspective on how geographic, demographic, and psychosocial factors shape vaccine attitudes and behaviors. This localized approach invites deeper questions about rhetorical identification: How were publics invited to see themselves in vaccine messaging? Was trust built through appeals to shared identity, or did moments of dissonance fracture that identification? Through this lens, the analysis traces how rhetorical constructions of trust were negotiated in real time, responding to both supportive and resistant voices within the community. Ultimately, this chapter explores how ethos, identification, and punctuated trust shaped Canadian responses to COVID-19 vaccination, with a particular focus on the evolving public perception of expertise and authority. In rhetorical terms, ethos functions not only as an attribute of institutional actors, such as public health officials or political leaders, but also as a

relationship constructed through language, narrative, and emotional resonance. Local media, as both translators and framers of vaccine discourse, played a critical role in either sustaining or disrupting that relationship. By investigating how appeals to ethos were deployed in *The Record*, this study reveals how trust was rhetorically constructed, challenged, and reconstituted in response to one of the most significant public health crises in recent history.

This chapter is organized into three main sections. It begins with a literature review of current research on rhetorical strategies relevant to risk communication and vaccine hesitancy (building on those presented in earlier chapters). The second section analyzes the historical and contemporary implications of vaccine hesitancy, and the rhetorical strategies traditionally employed to address it. Finally, the third section highlights the role of local journalism in cultivating community trust and fostering collaboration in support of vaccine acceptance. Vaccine communication during the COVID-19 pandemic was instrumental in shaping public perception and behavior, with local media like the *Waterloo Region Record* serving as a crucial site of rhetorical intervention. Scholars such as Dubé et al. (2020) and Fischhoff et al. (2011) emphasize the importance of audience-centered communication strategies, particularly those that build credibility and clarity around both the risks and benefits of vaccination. While existing literature addresses rhetorical appeals such as fear, hope, and social norms, there remains a gap in understanding how these strategies interact with ethotic appeals, particularly in localized media contexts where trust is constructed in proximity to shared cultural, geographic, and institutional identities.

This study addresses that gap through a qualitative, case-study-based method analyzing how the *Waterloo Region Record* used rhetorical appeals, including fear, hope, social norms, and especially ethos, to build trust, foster informed consent, and counter misinformation. By situating this analysis within the broader context of Waterloo Region's COVID-19 vaccine rollout, the research identifies effective messaging strategies while also noting challenges in communicating across skeptical or marginalized audiences. Ultimately, this work demonstrates how the rhetorical construction of ethos in local media was critical in mediating public understanding of health authority, risk, and responsibility.

In the following Literature Review (complementing the full *Chapter 2, Literature Review*), I examine three interrelated bodies of scholarship: (1) risk communication theories

and practices in public health; (2) the relationship between public trust, vaccine hesitancy, and health misinformation; and (3) rhetorical approaches to analyzing health discourse, particularly within localized media environments. Together, these frameworks highlight the central role of ethos as both a communicative resource and a contested site, one that informs the public's willingness to trust, comply with, or resist public health directives during global crises.

5.2 Literature Review

In his *Encomium of Helen*, Gorgias famously likens the power of speech to the effect of drugs on the body: "For just as different drugs dispel different secretions from the body, and some bring an end to disease and others to life, so also in the case of speeches some distress, others delight, some cause fear, others make the hearers bold, and some drug and bewitch the soul with a kind of evil persuasion" (Gorgias, *Encomium of Helen*, 14, 53). This analogy underscores the dual potential of rhetoric, to heal or to harm, to inform or to deceive, and it is particularly resonant in the context of Canada's vaccine communication efforts during the COVID-19 pandemic. In this chapter, I engage with how rhetoric, like medicine, is not inherently good or bad, but depends on its composition, delivery, and reception. As this chapter explores, persuasive public health messaging, especially around vaccination, must navigate a fragile rhetorical terrain shaped by trust, credibility, and competing narratives. While rhetoric can "bewitch the soul" through misinformation and fear, it can also guide individuals toward action, connection, and collective resilience through appeals to hope and social norms. This chapter delves into the role of trust through media narratives and rhetorical strategies to uncover how networks of public health, political leadership, and media interact in shaping risk communication and influencing vaccine confidence (or hesitancy) across Canadian audiences, particularly in Waterloo Region. It will also examine how vaccine rhetorics can inform more localized, trust-centered approaches to emergency health communication and public engagement.

The development, testing, and global distribution of COVID-19 vaccines occurred at an unprecedented speed and scale, representing a historic departure from traditional vaccine timelines, which typically span several years or even decades (Saag, 2022). This rapid

mobilization of scientific, governmental, and logistical networks was unparalleled, reflecting both the extraordinary urgency of the pandemic and the unprecedented collaboration across public and private sectors. Canada launched its COVID-19 vaccination program on Tuesday, December 15, 2020, a mere nine months following the announcement of the COVID-19 pandemic and lockdowns implemented across Canada. According to a Media Ecosystem Observatory (MEO, 2020) study, a majority, or 65 percent of Canadians intended to take a vaccine, while 15 percent were unwilling, and a further 20 percent were unsure (Owen et al., 2021).[37] The success of vaccination campaigns depends on high rates of acceptance by the public to achieve community or herd immunity,[38] which means that vaccine hesitancy, those who are unwilling or unsure, pose a danger to public health. According to an international Ipsos (2020) survey, a higher percentage, 73 percent, (October 2020) said they would get a COVID-19 vaccine if available (Ihlen et al., 2021), while14 percent were considered to be neutral or unsure (Lazarus et al., 2021).[39] Despite early indications of strong public willingness to be vaccinated, by August 2021, Canada's Coronavirus Variants Rapid Response Network (CoVaRR-Net) reported that 88 percent of COVID-19 cases were among the unvaccinated (2021).[40] This disparity between intent and behavior highlights a deeper and more complex challenge that relates to past, historical beliefs and negative attitudes towards vaccination (WHO, 2019, Southwell et al., 2020).

The World Health Organization defines vaccine hesitancy, as the reluctance or refusal to vaccinate despite vaccine availability and considered hesitancy one of the top ten global health threats even before the COVID-19 pandemic (WHO 2019). The WHO considers

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[37]See the Media Ecosystem Observatory (MEO) "Understanding vaccine hesitancy in Canada" study, a joint effort of research labs at McGill University and the University of Toronto. Together, the Centre for Media, Technology, and Democracy (McGill), the Network Dynamics Lab (McGill), and PEARL (the Policy, Elections, and Representation Lab, Toronto) produce work examining the relationships between information and media ecosystems and citizen behavior (Owen et al., 2021).

[38] According to the World Health Organization (WHO), 'herd immunity', also known as 'population immunity', is the indirect protection from an infectious disease that happens when a population is immune either through vaccination or immunity developed through previous infection (WHO, 2020).

[39] Vaccine hesitancy and misinformation present substantial obstacles to achieving coverage and community immunity. The percentages found in this global study led to the conclusion that "the current levels of willingness to accept a COVID-19 vaccine are insufficient to meet the requirements for community immunity" (Lazarus et al., 2021, 227).

[40] By September 2021, Canada's rates of fully vaccinated persons of the total population ranged from 59 to 73 precent (CoVaRR-Net, 2021).

vaccine hesitancy not merely a reaction to scientific uncertainty or misinformation, but shaped by a range of sociocultural, political, and emotional factors that include historical distrust, perceived risk, and value-based reasoning (2020). According to Larson et al. (2018), vaccine acceptance involves "multiple levels of trust: trust in the product (the vaccine), the provider (the specific healthcare professionals or administrative staff that are involved in providing and administering vaccination), and trust in the policy-maker (the health system, government, and public health researchers involved in approving and recommending the vaccine," (1600).[41] These researchers contend that perceptions of trustworthiness are subjective, since the same person or institution may be ascribed different levels of trustworthiness by different individuals, depending on those individuals' personal experiences and biases (Larson et al. 2018). Southwell et al. (2020) further argue that effective public health messaging must go beyond factual accuracy to address the social context of decision-making and the relational dynamics of trust. These insights suggest that resistance to COVID-19 vaccination was likely influenced not only by the novelty of the vaccine itself, but also by persistent, pre-existing patterns of skepticism and disengagement.

The following section examines vaccine hesitancy from the perspective of Canadian public health communication, focusing on how government authorities and local media framed vaccine-related risks and benefits during the rollout. Rather than viewing hesitancy solely as a reaction to the COVID-19 vaccines themselves, this section situates it within a broader history of public uncertainty, systemic trust issues, and evolving perceptions of scientific and political authority. Central to this framing is the construction of ethos, how trustworthiness, expertise, and identification were rhetorically cultivated (or eroded) through appeals to emotion, values, and community. By exploring the rhetorical foundations of risk communication in Canada, particularly the interaction of fear, efficacy, and trust, this section introduces key determinants and strategies aimed at persuading the vaccine-hesitant,

[41] Larson et al. (2018) suggest that trust in information needs to be considered at multiple levels, such as trust in the information itself (researchers reference Cummings, 2014; Frewer et al., 1996; Ozawa et al., 2016), as well as trust in those who produce and propagate the information (Connelly et al., 2012; Trevana et al., 2013). They considered trust in information as nested within the trust held in the source of that information and recognizing that each source of information also possesses attributes that inform one's assessment of its trustworthiness and reliability (1600).

especially those not firmly opposed but uncertain. It also considers how competing narratives, including those driven by misinformation or moral resistance, attempted to establish their own ethos through rhetorical mirroring. In doing so, the section sets the stage for a deeper analysis of how public health campaigns sought to navigate and shape vaccine attitudes during a critical and contested phase of the pandemic.

5.2.1 Risk Communication Theories and Practices in Public Health

In the Canadian health care system, provinces and territories are responsible for vaccination. Vaccine hesitancy is traditionally considered to be "influenced by the 3-Cs, complacency, convenience, and confidence," and at its core, strategies are aimed at targeting the uncertainty that exists among individuals who are not firmly opposed to vaccination but remain unsure (CoVaRR-Net, 2021).[42] This group represents a critical audience for public health communication because they are often persuadable, provided their concerns about safety, effectiveness, and emotional factors, like trust are adequately addressed. Key determinants influencing this uncertainty include the vaccine's country of origin, its technological platform (e.g., mRNA vs. viral vector), and perceived political or economic interests tied to its production and distribution, as well as drivers related to complacency, convenience and confidence (MacDonald and Sage Working Group on Vaccine Hesitancy, 2015). Specifically, *confidence* is linked to trust in the authorities, or the "ability of the government" to handle health crises (Ihlen et al., 2021; Xu et al., 2020). Notably, the MEO (Owen et al., 2021) study found a disconnect between public discourse and media framing: while Canadians increasingly engaged in vaccine-related conversations on social media, spaces often rampant with unverified claims and conspiracy theories, mainstream and local news media primarily emphasized logistical narratives focused on vaccine development,

[42]See "Vaccine Hesitancy" CoVaRR-Net (2021) for more details about the Government of Canada's strategic "5C" model that includes, 1) confidence (safety, importance, and efficacy of vaccines), 2) complacency (perception of low severity of disease and low risk), 3) convenience (vaccines being affordable, available, accessible, and an individual's ability to understand the need for a vaccine), 4) calculation (individual engagement in searching for vaccine information and evaluating risks of infection versus vaccination), and 5) collective responsibility (extent to which individuals are willing to protect others by vaccination) (CoVaRR-Net, 2021).

rollout, and accessibility, ultimately framing vaccination (rightly or wrongly) as the definitive solution to the pandemic (1).

Vaccines were seen by many as hope with the promise to an end to lockdowns and an end to the threat of the spreading infection, thus, bringing an end to fear, uncertainty and concerns for self and others in the community. Findings from other research (Tao et al., 2023; Spadaro et al., 2020; Nabi and Prestin, 2016) confirmed my own analysis of local news media coverage, showing positive connections where themes of vaccine readiness, vaccine confidence, vaccine roll-out and availability, were paired with effective appeals to fear, hope and social norms, for example suggesting that “Vaccines offer hope for reaching the end of the pandemic” (Johanna Weidner, A2, March 10, 2021). While the government, public health authorities, and media all framed vaccination as the definitive solution to ending the COVID-19 pandemic, this framing was largely derivative. That is the media, rather than acting independently, primarily took their lead from official communications. Although portraying vaccines as the path to normalcy was not inherently incorrect, this rhetorical strategy may have overstepped critical boundaries in effective risk communication (Gallagher & Lawrence, 2020). Specifically, as Leiss (1992) argues, the essential language of risk relies on conveying "probabilities," the ongoing, uncertain, and evolving nature of scientific knowledge, rather than offering absolute reassurances. By framing vaccination in overly deterministic terms without sufficiently addressing the uncertainties inherent in vaccine efficacy, virus mutation, or rollout logistics, public messaging left significant gaps (Wang et al., 2022). These omissions failed to fully offset public fear and uncertainty and instead may have unintentionally amplified skepticism when the evolving scientific reality did not match the certainty projected in early messaging. Thus, the alignment between government, public health, and media narratives, while cohesive, ultimately compromised the nuanced communication of risk necessary for maintaining public trust during an unfolding crisis (Leiss, 1992).

5.2.2 The Relationship Between Public Trust, Vaccine Hesitancy, and Health Misinformation

Canadians were already fearful and uncertain from the earliest COVID-19 origin stories, with a quarter (26 percent) of Canadians believing in at least one of the widely circulating conspiracy theories, including the claim that COVID-19 was being engineered as a Chinese bioweapon (Everts & Greenberg, 2020).[43] Although this study does not directly analyze conspiracy discourse or online misinformation, existing research underscores a growing vulnerability among the Canadian public toward misinformation and declining trust in traditional institutions (Garrett, 2019; Vicario et al., 2016). This erosion of trust reflects a broader rhetorical problem: the destabilization of ethos, not simply of individual experts, but of entire systems of knowledge and authority.

Although this study does not directly address online misinformation or conspiracy-driven discourse, existing research points to a growing vulnerability towards trusted sources for news and information among the Canadian public during the pandemic, marked by declining trust in government health recommendations (Bridgman et al., 2020). This susceptibility to mis/disinformation, especially in digital environments, significantly complicates vaccine uptake efforts by eroding public confidence in both the message and the institutions delivering it. Controversy and skepticism also contribute to heightened confusion, further proliferation of conspiracy narratives, and a notable erosion of public trust in government health recommendations (Dubé et al., 2020; Salvi et al., 2021).

This vulnerability of public trust was especially acute in digital environments, where competing narratives proliferated rapidly. In the case of vaccine communication, the effect was more than informational confusion, it was a crisis of identification. When official messages failed to align with peoples lived experiences or appeared to contradict prior statements, the result was a “punctuation” of trust. Individuals no longer saw themselves reflected in the public health messaging or felt that those in power were acting with integrity. As Dubé et al. (2020) and Salvi et al. (2021) observe, controversy and skepticism fueled further confusion and heightened susceptibility to conspiracy narratives. In rhetorical terms,

[43]According to Everts and Greenberg (2020), another 11 percent believe that it is being spread to cover up harmful health effects associated with exposure to 5G wireless technology.

these moments marked a breakdown in persuasive appeal: the failure of ethos as a dwelling place where shared values, trustworthiness, and credibility are constructed and sustained.

The rapid circulation of conflicting information, especially through social and digital media, amplified uncertainty and undermined public health efforts. As the Canadian Council of Academies (2023) notes, if even a portion of those who believed COVID-19 was a hoax had accepted vaccination early in the rollout, an estimated nearly 3,000 deaths and 13,000 hospitalizations could have been avoided, saving over $300 million in health care costs (CCA, 2023). These numbers reveal more than missed opportunities. They point to the rhetorical cost of mistrust. Vaccine hesitancy in this context was not merely a product of ignorance or defiance, but a reflection of how audiences selectively responded to appeals based on their perception of the speaker's credibility, consistency, and alignment with their values.

Importantly, mis/disinformation was not confined to social media. The echoes of doubt and resistance appeared in traditional media as well, sometimes through the selective amplification of skeptical voices or the inconsistent framing of evolving guidance. For rhetoricians, this signals that building public trust requires more than correcting facts, it demands attending to the ethos of both messengers and institutions and recognizing how competing narratives challenge that authority. Effective vaccine communication, then, must work not only to transmit knowledge, but to reconstruct trust where it has been eroded. By tracing how ethos is made and unmade in both supportive and resistant messaging contexts, this analysis deepens our understanding of why certain public health appeals succeed while others fail in moments of crisis.

5.2.3 Rhetorical Approaches to Analyzing Health Discourse Within Local Media Contexts

This study draws on rhetorical theory to understand how health messages are not only shaped and framed but also how they construct expertise and credibility across diverse publics. Central to this process is ethos, which Aristotle described as the most potent form of persuasion, rooted in the perceived character, trustworthiness, and moral authority of the

speaker (*Rhet*., 1.2.1355b). In public health discourse, where uncertainty and risk are high, ethos plays a vital role in how messages (and speakers) are received and acted upon.

In Carolyn Miller's (2001), "Writing in a Culture of Simulation – Ethos Online," she explains that when trust is most urgently needed, such as during public health crises, the failure to perform the rhetorical work of ethos has serious consequences (270). Building on earlier explanations, Aristotle positioned ethos as the default appeal in conditions of uncertainty, where audiences must rely on the perceived character of a speaker rather than on verifiable facts. Ethos acts as a "kind of presumption," suggesting that a "trustworthy character lightens the burden of proof" (Miller, 2001, 270). However, the absence of a trustworthy, credible character, whether due to inconsistency, perceived indifference, or ethical missteps, can erode the very grounds on which persuasion depends.[44] A speaker may possess expertise, but if their ethos falters, audiences are less likely to listen, let alone act. This breakdown in perceived trustworthiness leaves a gap that can be filled by alternative voices, misinformation, or distrust, a dynamic especially visible in the COVID-19 pandemic.

Jeanne Fahnestock's (1998) analysis of scientific communication across genres furthers this understanding by demonstrating how expert knowledge is rhetorically transformed in its movement from technical to public spheres. By comparing original scientific texts to their media popularizations, Fahnestock identifies changes in genre, "statement types," and the trajectory of rhetorical argument via classical stasis theory (332). Scientific reports tend to occupy the forensic stasis, establishing factual claims and causal explanations, but when reframed by political leaders or news media, they often shift toward the epideictic for the purpose of affirming values, fostering identification, and encouraging collective action. These shifts are not simply a matter of tone or translation but of strategic ethos-building, where media and institutional actors must recalibrate their appeals to align with the audience's values, concerns, and perceived risks. As Fahnestock notes, persuasive success often depends on "adjustments of new information to an audience's already held values and

[44] Miller draws on Aristotle's Rhetoric (I.2) to argue that ethos serves as a kind of "presumption," a shortcut for trust when evidence is incomplete or delayed. In health crises, the loss of ethos is often not abrupt but accumulative, an erosion caused by contradiction, opacity, or perceived condescension (270). These failures open space for competing narratives, which Fahnestock (1998) later shows can shift the persuasive genre of science itself, changing how credibility is constructed and contested across public forums.

assumptions," which may include appeals to community, moral responsibility, or shared vulnerability (334).

In this context, local journalism functions as a crucial rhetorical mediator. Health journalists do more than simply report on facts, events, or particular claims. They also selectively amplify, translate, or contest institutional messages. This study examines how ethos was constructed in the *Waterloo Region Record*, particularly in how articles positioned local health experts, critics, and community voices with respect to vaccination. These media representations shaped how institutional authority was framed, either as credible and compassionate or overreaching and inconsistent, especially when it came to contentious topics like vaccines, lockdowns, and mandates. By analyzing these rhetorical negotiations of ethos, this study contributes to a more nuanced understanding of how public trust is built, tested, and sometimes eroded during health crises.

This negotiation is evident in local coverage of pediatric vaccination plans, where scientific announcements are paired with emotional, future-oriented messaging. For example, when Dr. Supriya Sharma, Health Canada's Chief Medical Adviser, announced vaccine approval for children aged 12 and up, her statement emphasized not only safety and efficacy but also emotional restoration: "The vaccine will support the return to a normal life for our children who have had such a hard time over the past year" (Thompson, May 6). This exemplifies how rhetorical accommodation in health discourse not only conveys scientific facts but frames them within value-laden narratives that align with public concerns, family values, and community resilience.

Building on this understanding of rhetorical transformation, this study applies Kim Witte's (1992) Extended Parallel Process Model (EPPM) as a core analytical framework (see Fig. 5.1).[45] As a communications scholar, Witte's EPPM advances health communication theory by explaining how audiences respond to messages that incorporate fear appeals, which

[45] Maloney et al., (2011) further clarify that the success of fear appeals depends not on the level of fear invoked, but on how well messaging balances threat with actionable, effective solutions. Witte's EPPM (1992), is grounded in persuasion theory and fear appeal research within communication studies, drawing from earlier psychological models like Leventhal's fear control/danger control framework and Rogers' Protection Motivation Theory (PMT).

are common in vaccination discourse. According to the model, individuals first assess the perceived threat of a health risk (its severity and their susceptibility) and then evaluate the perceived efficacy of a proposed response (its effectiveness and their ability to carry it out). When both threat and efficacy are high, people engage in danger control, motivated protective action such as getting vaccinated.

Witte's (see Fig. 5.1) theory offers a framework for distinguishing between two core components of persuasive health messaging: perceived threat (including severity and susceptibility) and perceived efficacy (including self-efficacy and response efficacy). Critically, Witte argues that it is the interaction between threat and efficacy, not just the presence of fear, that determines whether a message motivates adaptive behavior (danger control) or triggers message rejection (fear control). As she writes, "fear arousal is the key to understanding message rejection processes," and when people are exposed to high threat but perceive low efficacy, they are more likely to "deny or defensively avoid the threat" rather than act on it (Witte, 1992, 330). This theory suggests that protest acts are a result of high threat and low efficacy situations. When efficacy is low, even if the threat is high, fear control dominates, leading to defensive responses like denial, avoidance, or resistance (Witte, 1992; Maloney et al., 2011). This dual-path framework is especially relevant for studying COVID-19 vaccination discourse (and protest rhetoric in Chapter 6), where messages often blended appeals to fear (the dangers of infection) and hope (the promise of a return to normal life) with evolving social norms around vaccination uptake.

By pairing Fahnestock's rhetorical insights with the EPPM's psychological model of persuasion, this study captures how local media moderated not only what was said, but how it was said, and with what emotional and behavioral consequences.

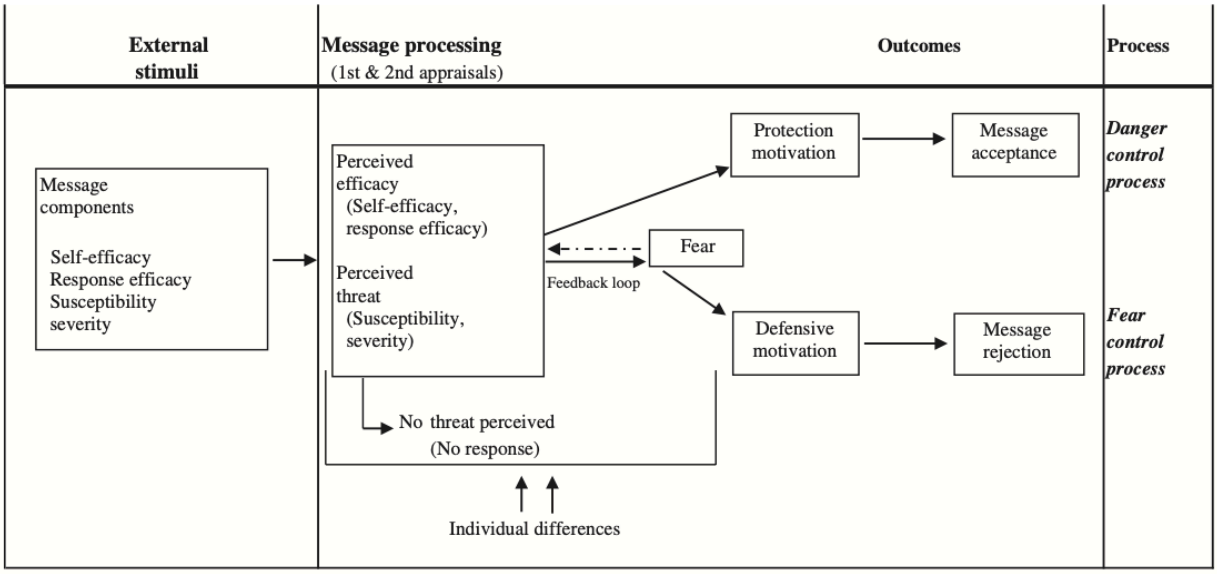


Fig. 5.1. The Extended Parallel Process Method (Witte, 1992; Maloney et al., 2011, 207).

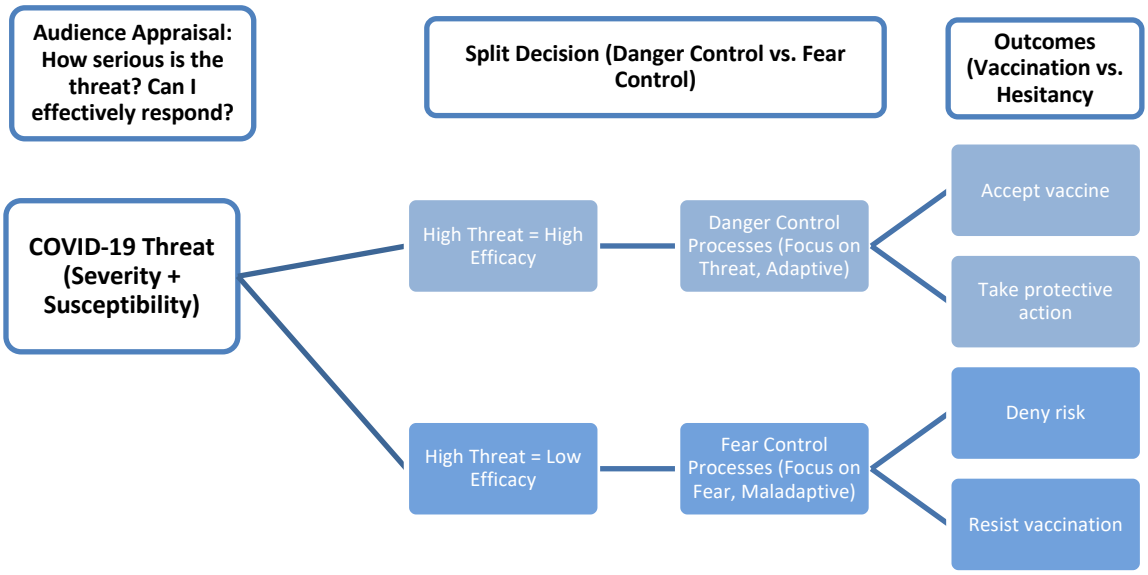


Fig. 5.2. Vaccine Rhetoric: Applied Extended Parallel Process Method (Witte, 1992, Maloney et al., 2011, 270).

In this above example (see Fig. 5.2), the "Vaccine Rhetoric: Applied EPPM" framework reintroduces fear as a key emotional driver in persuasive health communication and offers a systematic account of how individuals cognitively and emotionally respond to risk messaging in the form of decision-making around whether to vaccinate or not.

According to Witte, when both perceived threat (e.g., the severity and susceptibility of contracting COVID-19) and perceived efficacy (e.g., belief in the vaccine's effectiveness and one's ability to access it) are high, individuals engage in danger control processes. In Figure 5.2, Witte's model is revised to demonstrate the application of EPPM to vaccination and risk messaging and their impacts on decision-making and action. In the danger control state, people respond to the actual danger, not their fear, by adopting adaptive, protective behaviors such as choosing to vaccinate. However, if perceived threat is high but perceived efficacy is low, individuals engage in fear control processes. Here, the initial fear evoked by the threat intensifies, and individuals focus on managing their emotional reaction rather than addressing the danger, leading to defensive, maladaptive responses such as denial, vaccine hesitancy, or conspiracy endorsement (Witte, 1992; Maloney, Lapinski, & Witte, 2011).

Integrating the EPPM into rhetorical analysis allows this study to track not just what emotional appeals were made (fear, hope, social norms), but how the balance between threat and efficacy framing shaped public trust, acceptance, or resistance to vaccination at the local level. Applying the EPPM to the context of COVID-19 vaccine communication reveals how appeals to fear (highlighting the dangers of infection) and hope (the promise of returning to normalcy) either motivated action or intensified resistance, depending on how effectively messaging balanced threat with efficacy. Although EPPM has been successfully applied in domains such as HIV prevention and anti-smoking campaigns, its application to pandemic vaccine communication, particularly within Canadian local news contexts, remains largely unexplored (Maloney et al., 2011). This study addresses that gap by analyzing how emotional (pathos) and other (logos) rhetorical appeals were constructed in local media narratives, specifically influencing public perceptions and vaccination behaviors, by how they either fostered danger control (encouraging vaccination) or fear control (fueling skepticism and resistance), and what these dynamics reveal about building trust in public health communication during a crisis (Witte, 1992; Maloney et al., 2011).

5.3 Methods

To explore these challenges, this study takes a thematic analysis approach to examine the rhetorical strategies used in public health risk communication during the second year of the

COVID-19 pandemic in Canada (2021), specifically focusing on the vaccination rollout and public appeals to increase vaccine uptake. The analysis centers on local media coverage from the *Waterloo Region Record*, which offers one lens for analyzing how vaccine messaging was framed, disseminated, and interpreted at the community level during a pivotal moment of public health crisis.[46] Local media play a historically significant role in Canada's health communication landscape: from early 19th-century smallpox vaccination campaigns, to mid-20th-century polio immunization drives in the 1950s, to the expansion of influenza vaccination programs beginning in the 1970s and 1980s (Colgrove, 2006; Rutty & Sullivan, 2010). Thus, the success of immunization efforts has consistently depended not only on biomedical innovation but also on public trust, community engagement, and effective localized communication strategies.[47] Understanding how vaccination was rhetorically constructed during COVID-19 thus builds on a longer history of how Canadians have been persuaded toward, or dissuaded from, collective health action.

Initially following grounded theory principles (Glaser & Strauss, 1967), this research instead takes a more thematic analysis approach, identifying patterns in how risk and public health messaging is framed, disseminated, and perceived by the impacted audiences. Using Strauss and Corbin's (1990) coding framework, the analysis proceeded through three stages: open coding to categorize key rhetorical strategies and themes; axial coding to explore relationships between trust-building, authority, risk perception, and behavior; and selective

[46] This analysis is limited to coverage published in the *Waterloo Region Record* ("*The Record")*, a traditional print and online newspaper serving the Waterloo Region. While *The Record* provides valuable insight into local media framing and public discourse surrounding COVID-19 vaccinations, it is not the sole source of information available to community members, nor does it claim to represent the full range of perspectives or interests held by all Waterloo Region residents. The study's focus on *The Record* reflects an interest in the rhetorical and journalistic practices of one local media institution and should not be interpreted as a comprehensive account of community sentiment or behavior. Moreover, while traditional media outlets can influence public understanding and trust, they operate within a broader media ecosystem that includes social media, interpersonal communication, and institutional messaging. As such, *The Record* cannot be held solely responsible for the choices or outcomes related to local vaccine uptake or public health responses.

[47] Historically, the success or failure of vaccination campaigns in Canada has hinged not solely on scientific innovation, but also on public trust and localized communication efforts. For example, the 1885 smallpox vaccination campaign in Montreal faced intense public resistance, culminating in riots fueled by mistrust of government health authorities (Bates, 2005). Similarly, mid-twentieth century polio vaccination efforts demonstrated that public compliance was closely linked to effective, community-based health messaging (Rutty & Sullivan, 2010). These historical precedents highlight that vaccine acceptance in Canada has always been deeply intertwined with the rhetorical construction of risk, authority, and trust within local contexts.

coding to refine these emergent patterns into a coherent theoretical model. Recognizing that risk communication is dynamic, socially constructed, and deeply context-dependent, this study also aligns with a constructivist grounded theory approach (Charmaz, 2006, 2009), acknowledging the researcher's interpretive role in making meaning from localized vaccine discourse.

In addition to thematic coding, this study incorporates a rhetorical analysis layer to identify the persuasive appeals embedded within local news narratives (as seen in Chapter 4). Drawing on rhetorical theory and decision science (Miller, 1989; Fahnestock, 1999), the analysis focused on appeals to fear, hope, and social norms, which were systematically tracked across coding phases. Appeals to fear emphasized the severity and susceptibility of COVID-19, often warning that without widespread vaccination, further illness, death, and economic disruption would ensue. Appeals to hope framed vaccination as a pathway to ending the pandemic, frequently using headlines and narratives that promised a "return to normal" once community immunity thresholds were reached. Appeals to social norms reinforced vaccination as a civic duty, spotlighting stories of frontline workers receiving vaccines and urging citizens to "do their part" in protecting vulnerable populations. These appeals were closely tied to constructions of ethos, trustworthiness, moral authority, and identification with the community.

Local experts, such as regional health officers or pharmacists, became recurring characters whose credibility was built not only through expertise but through proximity and shared stake in local outcomes. At the same time, these appeals could be punctuated by logistical failures, changing guidelines, or misinformation, which introduced moments of rhetorical instability and challenged official credibility. Enthymematic reasoning, assuming the trustworthiness of public health authorities, was a recurrent feature, yet this implicit trust was not always unproblematic, specifically when competing narratives framed vaccine resistance as morally superior, medically justified, or driven by insider knowledge. Including this rhetorical mirroring helps show how both institutional and resistant actors constructed competing versions of ethos to claim legitimacy.

Further, this study applies Witte's EPPM (1992) to deepen the analysis of how risk and efficacy were communicated to the public. EPPM offers a robust framework for

understanding how individuals cognitively and emotionally process fear-based appeals (see Fig. 5.1). In the context of COVID-19 vaccination messaging, communications frequently combined elements of perceived threat (severity and susceptibility) with efficacy appeals (response efficacy and self-efficacy). Applying EPPM systematically at each coding stage allowed the study to assess whether media messaging fostered danger control responses (adaptive behaviors such as vaccination) or fear control responses (avoidance, skepticism, hesitancy). Crucially, these emotional responses were mediated by ethos: messages perceived as credible, empathetic, and locally grounded were more likely to support danger control responses, while inconsistent or impersonal messaging risked provoking fear control or resistance responses. Moreover, resistant rhetorics, such as anti-vaccine letters or protest coverage, mobilized their own emotional appeals (e.g., fear of government overreach, concern for children) and crafted ethos through moral clarity or appeals to personal freedom. By mapping the rhetorical construction of threat, efficacy, and ethos within local media narratives, this research contributes theoretically by extending EPPM to analyze real-world vaccine discourse, and practically by identifying the rhetorical patterns that support or erode vaccine acceptance. It emphasizes the urgent need to understand trust as a dynamic, punctuated process, constructed, disrupted, and renegotiated within ongoing public health communication.

5.3.1 Search and Screening

This study draws exclusively on articles from the *Waterloo Region Record*, a privately Canadian-owned local news outlet serving the Waterloo Region. Focusing on the second year (December 2020 to December 2021) of the COVID-19 pandemic, this research investigates how the *Waterloo Region Record* framed public appeals for COVID-19 vaccination for a local audience, and how these communications shaped public perceptions of risk, efficacy, and trust. Articles were systematically selected based on their relevance to the COVID-19 vaccine rollout, public health messaging, perceived vaccine safety and effectiveness, and public reactions to vaccination policies and mandates. In total, 217 articles were collected and analyzed in this timeframe. The collection and analysis focused specifically on news coverage that directly reported on the development and delivery of COVID-19 vaccines,

including thematic relevance, such as health risks, the risks and benefits associated with vaccination, and moves towards fact-based arguments versus myth, as well as rhetorical significance to vaccination programs.

5.3.2 Data and Analysis

The analytical framework (see Fig. 5.3) employed a multi-stage coding process informed by rhetorical analysis and the Extended Parallel Process Model (EPPM). First, during Open coding, all of articles were analyzed to identify key themes, such as appeals to scientific trust, public skepticism, emergency versus reassurance appeals, and local framing of national vaccine narratives. Rhetorical strategies (e.g., metaphor, analogy, emotional appeals) were systematically coded alongside explicit markers of EPPM dimensions: perceived threat (severity and susceptibility) and perceived efficacy (response efficacy and self-efficacy). Second, axial coding examined how rhetorical techniques corresponded with potential EPPM (Extended Parallel Process Model) pathways by analyzing patterns in the framing of risk and efficacy. While direct audience reactions were not observable, the coding process inferred likely *danger control* responses (e.g., adaptive actions like accepting guidelines or vaccination) or *fear control* responses (e.g., expressions of skepticism, avoidance, or resistance) based on how the articles constructed threat severity, personal vulnerability, and the effectiveness of recommended actions.[48] Finally, selective coding developed an integrated framework categorizing the media's rhetorical functions, as amplifier, skeptic, translator, or behavior influencer, while also mapping how message outcomes aligned with EPPM predictions regarding successful or unsuccessful health risk communication. The results of this analysis are reported in (Tables 5.1 and 5.2), which represent the full analysis but show excerpts/examples from only a select few articles. The overall analysis and discussion refer to the full details from the analysis of all the articles.

[48] It is important to note that it is not possible to definitively determine whether media messages produced danger control or fear control responses among audiences. Individuals rarely rely on a single communication source; rather, their responses are shaped by a complex interplay of factors, including prior beliefs, interpersonal influence, social media, and cumulative exposure to various official and unofficial narratives. As such, the analysis infers potential audience responses based on the rhetorical construction of risk and efficacy within the texts, while acknowledging these limitations (Powell et al., 1993).

This study aims to contribute both practical and theoretical insights: practically, by identifying best practices for localized health risk communication that enhances vaccine uptake; and theoretically, by demonstrating how EPPM can be applied to analyze the rhetorical construction of trust, efficacy, and fear in real-world public health discourse. Essentially, this research aims to answer or identify why some messaging was successful for more results-based framing spurring vaccination action, but also how and in what ways. Further, this research highlights the indispensable role of local journalism in mediating public health crises, shaping the emotional and cognitive responses of communities, and ultimately influencing collective action during emergency vaccination campaigns.

Rhetorical Strategy		**Analysis**
Theme / Concept (Open coding)	**Patterns/Relationship (Axial coding)**	**Theoretical Model/Framework (Selective coding)**
Theme and Strategy: Identify the complex, abstract, or technical concept and rhetorical strategy used (e.g., appeals to fear, hope, social norms; enthymeme; emotional language; trust-building; crisis framing; vaccination as "return to normal"). **EPPM:** Identify the presence of perceived threat (severity and susceptibility) and efficacy (response efficacy and self-efficacy) within the message.	1. **Establish relationship** between the theme, rhetorical strategy and EPPM structure. 2. **Analyze how appeals** (fear, hope, social norms) interact with perceived threat and perceived efficacy. 3. **Emphasize the intent and implications**: does the combination of rhetorical strategy and EPPM structure promote *danger control* (positive behavior change) or trigger *fear control* (defensive avoidance)?	**Identify:** how the strategy (e.g. appeal to fear) shapes understanding, emotional responses, or actions. What behaviors, attitudes, or values does this engage? **Outcome:** evaluate whether the rhetorical strategy aligns with audience needs and values to foster trust, reinforce compliance, or provoke resistance. This includes identifying moments where message tone, emotional framing, or source credibility either supported or undermined public health goals. E.g. Connecting trust, acceptance, and media influence

Coding	**Description**	**Example Categories**
Open	What is being said (themes) How it is delivered rhetorically, e.g. use of fear, hope and social norms appeals	- Identification of primary theme (Echoes government, Critiques, Emergency/Reassurance appeal, public reaction, Local focus) - Rhetorical strategy (metaphor, analogy, emotional appeals, enthymeme) - Fear appeals: Is there a presence of threat? (severity, susceptibility?) - Is there a presence of efficacy messaging? (response efficacy, self-efficacy?)

Axial	Identify relationships between themes and rhetorical strategies.	- Identify whether threat and efficacy are balanced: 1) **High threat + high efficacy = Danger control** (positive, adaptive message acceptance) 2) **High threat + low efficacy = Fear control** (message rejection, denial, reactance) 3) **Low threat = No strong reaction** • Examine how rhetorical choices reinforce or disrupt trust and message acceptance
Selective	Develop a core theoretical framework explaining how rhetorical risk communication strategies shaped public trust and action. E.g. identifying Media as Amplifier, Skeptic, Translator, Behavior Influencer.	Maintain "Media as" roles (Amplifier, Skeptic, Translator, Behavior Influencer) Add EPPM response categorization: • Danger control messaging (effective persuasion) • Fear control messaging (ineffective persuasion evokes denial, anger, skepticism) • No response (if neither threat nor efficacy is established)

Fig. 5.3. Vaccine Rhetoric: Rhetorical Thematic Coding Framework with Extended Parallel Process Model (EPPM)

5.4 Analysis: Establishing Trust Through Appeals to Hope, Fear and Social Norms

This analysis (see Table 5.1) examines how local news media during the second year of the COVID-19 pandemic framed public health risk communication through appeals to hope, fear, and social norms to influence vaccination uptake. Improving public understanding of the efficacy and safety of COVID-19 vaccines first requires addressing how trust is rhetorically constructed and sustained. My coding analysis found that the majority of vaccine-related articles primarily appealed to hope (coded as hope = 60, fear = 56, and social norms = 46), typically through explicit invocations of "hope" and repeated assurances that vaccines would restore normalcy by ending lockdowns and preventing infection and death. While earlier risk communication frameworks have focused largely on prompting individual self-protection by amplifying threat and efficacy perceptions, this study emphasizes the rhetorical appeal to social responsibility as a bridge between individual action and collective outcomes. For example, the article “Region’s vaccination rate may not meet fall goal” (Outhit, Jan. 12) exemplifies how local media combined fear appeals and expert authority to shift vaccination rhetoric from individual self-protection toward collective responsibility, framing herd immunity as a civic duty that bridges personal action with community outcomes (Outhit, Jan. 12). This frames vaccination not only through fear and urgency but also as a social norms appeal, casting herd immunity as a shared responsibility that offers hope of collective protection and a return to normalcy. In this way social responsibility can

function as a hope appeal, offering the promise of returning to normal life, such as the end of lockdowns or reopening of schools, if enough people act for the common good (e.g., by choosing to vaccinate). At the same time, it also serves as a social norms appeal, reinforcing the idea that following public health guidance is not only expected behavior but a shared moral obligation, or "do what your neighbor is doing," and that protecting others is part of one's civic duty. Both appeals frame vaccination not simply as personal protection but as a socially meaningful act embedded in community belonging and ethical care for others.

From a rhetorical standpoint, the evolving structure of media appeals throughout the vaccine rollout reflects Keränen's (2010) argument that medicine plays a central role in shaping the "contours of collective, networked and global life," fundamentally influencing how citizens and institutions respond to public health crises (104). In the early stages of vaccine distribution, local news coverage relied heavily on appeals to hope, positioning the vaccine as a long-awaited solution and a symbolic return to normalcy. This forward-looking rhetoric helped mobilize early public support by fostering trust, optimism and aligning vaccination with communal recovery. As the pandemic progressed, and particularly with the emergence of more transmissible variants such as Delta and Omicron, fear appeals increased, emphasizing threat severity and susceptibility to reinforce the urgency of widespread vaccine uptake. Simultaneously, appeals to social norms evolved in tandem with shifting public expectations: initially framed around collective efforts to "flatten the curve," these messages later emphasized vaccination as a shared civic responsibility, essential for achieving community or herd immunity. This rhetorical shift from individual optimism to collective responsibility mirrored the growing awareness that personal health decisions carried broader social consequences, highlighting how media messaging adapted not only to changing scientific data, but to the emotional and ethical trajectories of its audience over time.

Applying Witte's EPPM (1992) to this coverage reveals these temporal shifts in public perception and behavior aligned with fluctuations in messaging about threat and efficacy over the course of the vaccine rollout. The corpus of news articles demonstrates how in the early phases of the campaign, when the threat of COVID-19 remained high and messaging around vaccine safety and availability appeared to be clear and consistent, danger control responses were most effectively activated, likely contributing to widespread public support

and adaptive behaviors such as vaccine uptake. However, as the rollout progressed, more of the news articles pointed to the emergence of communication inconsistencies, specifically surrounding the AstraZeneca vaccine, which Ontario pulled from distribution on May 11, 2021, due to concerns over blood clotting (Government of Ontario, May 2021). These inconsistencies, along with shifting eligibility guidelines, new variants, and delays in vaccine supply, weakened the public's perception of vaccine efficacy. As a result, fear control responses such as avoidance, skepticism, and reduced trust in institutional guidance became more prevalent. These disruptions occurred at key moments, often coinciding with new waves or variant surges ("Delta variant," Weidner, June 23), complicating the public's ability to assess risk and trust in authority for solutions. Throughout, local media primarily acted as amplifiers and translators of government and public health messaging, reinforcing dominant narratives of hope and social norms (civic duty). Yet, their occasional pivot to a more skeptical stance, particularly during moments of policy confusion, reflects an adaptive rhetorical strategy, responding to evolving public sentiment and signaling the importance of timing and consistency in maintaining trust and promoting collective action.

The 18 articles analyzed below (see Table 5.1) are representative of the broader sample of 217 news articles collected from the *Waterloo Region Record* between December 15, 2020, and December 30, 2021. This curated subset was selected based on the diversity of rhetorical strategies, emotional appeals, and media framing styles observed across the full dataset. While not exhaustive, these articles exemplify key trends in vaccine communication and illustrate how local media engaged with themes of hope, fear, social responsibility, scientific authority, and public uncertainty at pivotal moments in the vaccine rollout.

Close rhetorical analysis of this representative sample reveals how ethos was constructed or contested in different contexts, and how emotional appeals were deployed to either support or challenge public trust in health institutions. The sample includes articles that reflect celebratory moments (e.g., initial approvals or successful clinic launches), those that register fear or uncertainty (e.g., variant surges, delays, and hesitancy), and others that serve corrective or motivational functions (e.g., reframing guilt, reinforcing civic duty). Taken together, these 17 articles (plus one article from Feb. 2, 2022) serve as a microcosm of the

broader media discourse, offering insight into how rhetorical strategies shaped public perception and vaccine behavior during a critical phase of the pandemic.

Table 5.1. Thematic, Rhetorical, and EPPM Analysis of COVID-19 Vaccine News Coverage (*Waterloo Region Record;* Dec. 9, 2020, to June 30, 2021, *plus Feb. 2, 2022)

News Article	Rhetorical Strategy		Analysis
	Theme + EPPM (Open Coding)	**Rhetorical / EPPM Outcome (Axial Coding)**	**Media Role as:** 1) Amplifier; 2) Skeptic; 3) Translator; 4) Behavior influencer **(Selective Coding)**
Health Canada approves Pfizer's vaccine (Mia Rabson, Dec. 9, 2020)	2 - Hope appeal; Scientific trust; High efficacy emphasized. **EPPM: High Threat + High Efficacy**	Danger control triggered; positive framing of scientific success, encourages vaccination. **Hope appeal; scientific trust**	1 – Media as Amplifier
COVID vaccine begins historic U.S. journey (Martha Irvine and Morry Gash, December 13, 2020)	2 - Hope appeal; Historical metaphor ("historic journey"); Trust in science and logistics. **EPPM: High Efficacy + Low Threat**	Hope and excitement reinforce vaccine acceptance **Hope appeal; "historic" metaphor**	1 – Media as Amplifier
Region's vaccination rate may not meet fall goal (Jeff Outhit, A1, January 12, 2021)	1 - Fear/threat appeal; urgency; statistical framing. **EPPM: High Threat + Moderate Efficacy**	Raises alarm but implies action possible, mild fear control risk. **Fear/threat appeal**	4 – Media as Behavior Influencer
Education assistants refuse to enter Kitchener school (Laura Booth, A1, January 12, 2021)	1 – Fear/Skepticism theme; public reaction highlighting resistance. **EPPM: High Threat + Efficacy unclear**	Highlights cracks in trust; local risk perception gaps. **Fear appeal, skepticism; public resistance**	2 – Media as Skeptic
COVID variants become more prevalent locally (Johanna Weidner,	1 - Fear/Threat appeal; uncertainty; urgency metaphor ("spreading variants")	Raises perceived susceptibility, incomplete efficacy frame risks fear control.	4 – Media as Behavior Influencer

A5, March 4, 2021)	**EPPM: High Threat + Moderate Efficacy**	**Fear appeal, threat of variants escalation**	
Waterloo vaccine clinic has 'smooth' start (Johanna Weidner, A4, March 5, 2021)	3 - Reassurance appeal; 2 – Hope appeal; Efficiency and access emphasized **EPPM: High Efficacy + Low Threat**	Builds local trust; reduces vaccine barriers. **Reassurance appeal: authority "control" metaphor reaffirmed.**	1 – Media as Amplifier
'Your turn is coming,' Trudeau says (Adina Bresge, B1, March 6, 2021)	2/3 - Hope and Social Norms appeal; motivational tone **EPPM: High Efficacy + Low Threat**	Reassures publics; builds anticipation and civic duty framing. **Hope and Social Norms appeal**	1 – Media as Amplifier
Vaccinations saved hundreds of lives: report (Holly McKenzie-Sutter, A5, March 9, 2021)	2/3 - Scientific trust; Efficacy validated; Data-driven reassurance. **EPPM: High Efficacy + Low Threat**	Strengthens response efficacy, reinforces danger control. **Scientific validation; Efficacy proof**	1 – Media as Amplifier
Vaccine rollout does not signal return to normal life: medical officer (Johanna Weidner, A2, March 10, 2021)	2 - Reframing hope; manages expectations; corrects earlier "end of pandemic" framing. **EPPM: Moderate Threat + Moderate Efficacy**	Adjusts public perception to long-term risk. **Hope appeal reframe; aimed at managing expectations**	3 – Media as Translator
Vaccines inject hope into world economy (The Associated Press, A10, March 10, 2021)	2 - Hope appeal; Economic recovery tied to vaccination; Efficacy for broader goals. **EPPM: High Efficacy + Low Threat**	Motivates by tying vaccination to collective prosperity. **Hope linked to recovery; appeal to social norms linked to "collective" framing.**	1 – Media as Amplifier
Race between vaccine, variants at 'critical point' (Adina Bresge, April 9, 2021)	1 - Fear, Urgency; Threat escalation; War/competition metaphor **EPPM: High Threat + Efficacy unclear**	Potential fear control if efficacy is questioned. **Threat escalation; use of "competition" metaphor**	4 – Media as Behavior Influencer
'I was so happy afterwards' *The Record* asked readers to share their experiences surrounding the rollout of the COVID-19 vaccine (Terry	3 - Personal narrative; Emotional validation; appeal to social norms (vaccination as a joyful act). **EPPM: High Efficacy + Low Threat**	Normalizes vaccination; reduces fear through peer modeling. **Emotional validation; appeal to social norms**	4 – Media as Behavior Influencer

Pender, A1, April 21, 2021)			
Guilt not a reason to wait for vaccine (Johanna Weidner, A3, April 21, 2021)	3 - Appeals to personal agency, Corrective framing against vaccine delay. **EPPM: Moderate Efficacy + Moderate Threat**	Reframes emotional conflict to promote proactive vaccination. **Corrective appeal; refers more to individual choice/agency, over collective framing.**	3 – Media as Translator
Health Canada maintains any vaccine available is best (Mia Rabson, A9, May 6, 2021)	3 - Reassurance appeal; Managing uncertainty about different vaccines (AstraZeneca concerns). **EPPM: Moderate Efficacy + Moderate Threat**	Danger control bolstered with emphasis on broad efficacy. **Reassurance appeal; Cross-vaccine efficacy**	1 – Media as Amplifier
Getting your COVID Vaccine is a civic duty (*Record's View*, June 8, 2021)	3 - Social Norms appeal; Moral framing. **EPPM: Moderate Efficacy + Moderate Threat**	Reinforces vaccination as a community obligation. **Moral framing; Social Norms appeal**	4 – Media as Behavior Influencer
Anyone not vaccinated at risk with Delta Variant (Johanna Weidner, A4, June 23, 2021)	1 - Fear appeal; High threat, high susceptibility (Delta variant escalation). **EPPM: High Threat + High Efficacy**	Can trigger danger control if efficacy is reinforced, fear control risk if efficacy unclear. **Fear appeal; High Threat**	4 – Media as Behavior Influencer
Vaccines saved lives in third wave, Tam says (Mia Rabson, A7, June 30, 2021)	2/3 - Strong Hope + Social Norms appeal; Framing mandates as protection, not coercion. **EPPM: High Efficacy + Low Threat**	Reinforces collective action frame; danger control supported. **Appeals to hope and social norms, e.g. civic responsibility framing**	1 – Media as Amplifier
Vaccine rollout for kids stalls (Jeff Outhit, Feb 2, 2022)	1 - Fear/Threat appeal; Low perceived efficacy for rollout logistics (delays). **EPPM: Low Efficacy + Moderate Threat**	Risks fear control if public loses faith in system. **Fear appeal, with threat to "control" metaphor due to logistic delays.**	2 – Media as Skeptic

(Note: While EPPM analysis ideally requires both perceived threat and efficacy to be present, several articles emphasize only one. Where threat is implied but not clearly framed, coding reflects this ambiguity. This limitation is acknowledged in axial and selective coding phases and suggests how message framing may have influenced reader interpretations unevenly.*)*

The data analysis presented in Table 5.1 reveals that the most effective vaccine communication strategies relied not solely on fear-based messaging. While fear-based messaging can play a role in heightening perceived threat and urgency, it is most effective

when balanced with positive appeals that foster collective action, shared responsibility, and sustained trust between citizens and public institutions. These findings support Harrison and Wu's (2020) global research, which demonstrates that combining fear with social norms appeals can positively influence vaccination acceptance in various global contexts (325).

The positive rhetorical appeals, framed around scientific trust, civic duty, and the promise of a return to normalcy, dominated the most impactful articles in the sample. For example, articles like "Vaccines saved lives in third wave, Tam says" (Rabson, June 30) and "Getting your COVID vaccine is a civic duty" (*Record's View*, June 8) paired hope with moral framing and shared responsibility, encouraging uptake by affirming communal values and reinforcing individual agency within a public health context. However, the full analysis findings do suggest that fear appeals work. Again, building on Harrison and Wu's (2020) global examination of fear and social norm appeals, subsequent studies show that social norm messaging can increase vaccine acceptance by strengthening perceptions of civic responsibility. By contrast, fear-based appeals on their own may reduce psychological efficacy, amplify distrust, and ultimately diminish both perceived threat and motivation (Wang et al., 2). This demonstrates that combining fear and/or hope with appeals to social norms can foster greater acceptance of vaccination programs, particularly when messages are grounded in community-based values and delivered by trusted local actors.

While fear-based messaging did appear in articles such as "Anyone not vaccinated at risk with Delta Variant" (Weidner, June 23) or "Race between vaccine, variants at 'critical point'" (Bresge, April 9), these stories were less consistently effective and predominantly showed inconclusive evidence of efficacy. Their emotional intensity risked overwhelming readers, especially when not paired with clear efficacy messaging or actionable guidance, an imbalance that, according to Witte's (EPPM) model, may trigger fear control responses such as denial or avoidance rather than the desired danger control behavior of vaccination. In contrast, messages grounded in community narratives or positive identification, such as "I was so happy afterwards" (Pender, April 21), demonstrated how narrative framing and ethos construction could model trust and solidarity through personal testimony. Ultimately, the evidence in Table 5.1 support a communication approach that integrates hopeful and socially grounded rhetoric (particularly when conveyed by trusted local actors who reflect the values

and concerns of their communities). In this additional analysis below (from Table 5.2), I build on these findings by further examination into how these rhetorical strategies, especially appeals to hope, fear, and social norms, were deployed to construct ethos, shape public identification, and negotiate trust in vaccine messaging across different stages of the rollout.

At the rhetorical level, these strategies construct a localized ethos, one that is not simply institutional or expert-driven but emerges through identification with shared emotional experiences, social roles, and civic commitments. In this way, ethos operates not as a static quality of the speaker or institution, but as a negotiated, contingent performance that must be reaffirmed over time. For example, the article "Getting your COVID vaccine is a civic duty" (*Record's View*, June 8) explicitly framed vaccination as a moral responsibility, using social norms and community-oriented language to construct a collective ethos. Similarly, in "Vaccines inject hope into world economy" (*Associated Press*, March 10), the appeal to global recovery worked rhetorically to align public health goals with economic optimism, an emotional and practical appeal that reinforced a forward-looking, resilient ethos. Articles like "Waterloo vaccine clinic has 'smooth' start" (Weidner, March 5) and "'Your turn is coming,' Trudeau says" (Bresge, March 6) also contributed to this trust-building process by pairing hope and reassurance with positive experiences and inclusive language that affirmed shared community goals.

Conversely, when fear appeals were used without sufficient assurances of efficacy, or when policy shifts (such as changing vaccine supply timelines) created confusion, public trust could appear to waver. The article "Region's vaccination rate may not meet fall goal" (Outhit, Jan. 12) heightened perceived threat but only moderately reinforced efficacy, raising concerns that could lead to fear control responses. Similarly, "Vaccine rollout for kids stalls" (Outhit, Feb. 2, 2022) reflected a dip in trust, with logistical challenges undermining the government's control metaphor and leaving room for public doubt. These moments reflect what I call punctuated trust, disruptions to the perceived credibility of public health messaging that open rhetorical space for skepticism, resistance, or misinformation to gain traction.

Yet even in these moments, local media often stepped in to repair trust through clarifying information, narrative personalization, and appeals to shared identity. For instance, "I was so

happy afterwards" (Pender, April 21), which featured first-person vaccine experiences, modeled vaccination as an emotionally satisfying and socially accepted act, reinforcing social norms through local storytelling. Likewise, "Health Canada maintains any vaccine available is best" (Rabson, May 6) addressed public confusion surrounding AstraZeneca by emphasizing cross-vaccine efficacy, helping to restore confidence and redirect discourse toward informed choice and trust in health institutions. This underscores the role of local journalism not just as a conveyor of institutional information, but as a rhetorical actor that co-constructs ethos through proximity, emotional resonance, and interpretive framing. By focusing on community-centered rhetoric, the *Waterloo Region Record* contributed to sustaining public trust even amidst scientific uncertainty and policy challenges, an essential factor in improving vaccine attitudes, behaviors, and broader public health outcomes. In this sense, effective vaccine communication is not merely about message content, but about the relational dynamics of credibility, empathy, and shared meaning that undergird public persuasion in times of crisis.

Additional research considerations might include addressing areas that the MEO survey and analysis highlighted, such as gaining a better understanding of the underlying attitudes and beliefs that shape vaccine hesitancy in Canada (Owen et al., 2021). These insights are particularly relevant to rhetorical and health communication studies because they point to the centrality of ethos, that is, the perceived credibility, moral character, and authority of the speaker or institution, in influencing public decision-making. Ethos is not static but situational, contingent on how well a message aligns with the values, identities, and expectations of its intended audience. Harrison and Wu (2020) reinforce this need for a deeper engagement with beliefs and attitudes by suggesting that we examine "how much common value we have collectively constructed as a society that includes communities, individuals and the state," a process that is fundamentally rhetorical in nature (328). Understanding shared values is central to ethos construction, especially in the context of vaccination, where public acceptance is deeply tied to trust in medical authorities and institutions.

In the context of the COVID-19 vaccine rollout, the *Waterloo Region Record* consistently appealed to shared community values such as collective responsibility, civic duty, public

safety, and trust in local expertise. These values were embedded in stories that emphasized protecting vulnerable populations, celebrating frontline workers, and promoting timely access to vaccines as a shared achievement. For instance, headlines such as “Getting your COVID Vaccine is a civic duty” or features on local residents expressing joy after vaccination (“I was so happy afterwards”) reinforce a communal ethic of care and moral obligation to participate in public health efforts. Stories featuring school boards, local clinics, and regional health officers tapped into readers' trust in familiar institutions and their expectation of clear, practical guidance during a crisis.

By aligning with these shared values, the newspaper made rhetorically strategic appeals designed to motivate action and foster compliance not through coercion or abstract authority, but through identification, positioning vaccination as something people like "us" do for each other. These stories effectively constructed ethos by showing that the media outlet not only conveyed credible information but also understood and participated in the community’s lived reality. This rhetorical mirroring of local concerns and moral commitments was crucial in sustaining trust and promoting public health measures during a time of uncertainty.

While much of the current COVID-19 research has focused on fear, anxiety, and the effects of emotional appeals on the public’s resilience to mis(dis)information, more attention could be directed toward the historical, relational, and culturally situated foundations of trust that shape ethos. This includes the values and beliefs communities hold about health, authority, and collective responsibility, factors that impact how vaccine messages are received and whether they are believed. Ethos, in this context, becomes a critical measure of both institutional legitimacy and community receptivity. Considering Canada’s decentralized healthcare system, where provinces and territories manage vaccination efforts, trust-centered partnerships at the regional or community level, with local health units, culturally relevant organizations, and scholarly networks, offer a more responsive and rhetorically attuned model. These relationships can cultivate local ethos by fostering consistency, transparency, and identification with community values, ultimately enhancing decision-making and improving vaccination acceptance.

5.4.1 How Networks of Public Health Authorities, Political Leadership, and Local Media Interact to Shape Vaccine Communication and Influence Public Trust Across Canadian Audiences

This section of the analysis (see Table 5.2) illustrates how the *Waterloo Region Record* acted as a critical intermediary in the public health communication ecosystem, particularly in its role of mediating, translating, and localizing the vaccine messaging issued by public health authorities and political leaders. Rather than opposing these official narratives, local media often echoed and reinforced fact-based public health messaging, while simultaneously adapting it to resonate with local concerns and counter local misinformation. Across a corpus of 76 articles published between January and October 2021, under the thematic category of "Fact-Based Arguments versus Myths," articles such as "COVID-19 vaccine myths debunked" (Weidner, Jan. 14) and "What we know about J&J's single-dose shot" (*Canadian Press*, April 27) served as *translators*, helping to interpret national or technical information into accessible content grounded in community-specific contexts and questions. In doing so, these articles supported *danger control* responses in the EPPM framework by maintaining high perceived efficacy and offering readers clear, actionable guidance. While official authorities provided the core scientific messaging, local media added an essential layer of audience-aware interpretation, increasing message relevance and reinforcing public trust.

Conversely, articles such as "Ontario stops AstraZeneca vaccine" (Jeffords, May 12) and "Steady supply of vaccine is still months away" (Malone, Jan. 15) highlighted disruptions in messaging, delays in rollout logistics, or changing public health advice. These narratives, marked by a lack of clear efficacy framing, risked undermining institutional ethos, particularly when media fulfilled its role as a public skeptic in ways that amplified, rather than tempered, community frustration. These articles punctuated trust by invoking emotional dissonance, challenging identification with public health institutions, and risking fear control responses such as hesitancy or disengagement. Such instances show how emotional tone (fear vs. reassurance) interacts with trust: fear alone, without accompanying efficacy or narrative coherence, often fails to motivate acceptance.

At the same time, local media also worked to reconstruct ethos and rebuild collective identification through moral and emotional appeals. Headlines such as "Getting your COVID

vaccine is a civic duty" (*Record's View*, June 8) and "Momentous occasion as COVID vaccination begins for children" (Weidner, November 27) framed vaccination as a moral and communal act. These narratives employed hope and social norms to appeal to shared values, activating a danger control response by aligning individual behavior with collective responsibility. The emotional resonance of such appeals, especially when delivered by trusted local voices, reinforced identification with community and increased the credibility of institutional recommendations. The 10 articles analyzed below (see Table 5.2) are a representative sampling from this larger set, illustrating how different rhetorical strategies either bolstered or destabilized trust in vaccine messaging over time.

Table 5.2. Thematic, Rhetorical, and EPPM Analysis of COVID-19 Vaccine News Coverage (*Waterloo Region Record*, date range Jan. 14, 2020, to Dec. 30, 2021)

News Article	Rhetorical Strategy		Analysis
	Open Coding (Theme + EPPM)	**Axial Coding (Rhetorical / EPPM Outcome)**	**Selective Coding (Media Role) as: 1) Amplifier; 2) Skeptic; 3) Translator; 4) Behavior influencer**
COVID-19 vaccine myths debunked (Johanna Weidner, Jan. 14, 2021)	3 - Social norms appeal, Reassurance; Misinformation correction; High Efficacy **EPPM: High Efficacy + Low Threat**	Danger control; Positive framing of scientific success encourages vaccination. **Reassurance appeal, scientific trust;**	3 – Media as Translator
Steady supply of vaccine is still months away (Kelly Geraldine Malone, A7, Jan. 15, 2021)	1 – Fear appeal/threat; Delays; **EPPM: Low logistical efficacy + High Threat**	Risks fear control if public loses faith in system. **Fear appeal, threat to "control metaphor" due to logistic delays.**	2 – Media as Skeptic
Vaccine rollout causing frustration (Johanna Weidner, A1, Feb. 24, 2021)	1 – Fear appeal, trust erosion; Rollout logistics; Low perceived efficacy **EPPM: Low efficacy = High Threat**	Risks fear control if public loses faith in system. **Fear appeal, threat to "control metaphor" due to logistic delays.**	2 – Media as Skeptic
Trudeau warns requiring COVID-19 vaccine passports raise	Ethical critique; Mixed appeals;	Risks fear control if public loses faith in system. **Fear appeal.**	2 – Media as Skeptic

'questions of fairness' (Cassandra Szklarski, B1, March 13, 2021)	**EPPM: Moderate efficacy + Moderate Threat**		
Health officials seek to convince skeptical public of vaccine safety (Mia Rabson, A5, April 5, 2021)	2 – Hope appeal and trust; scientific authority; **EPPM: High Efficacy + Moderate Threat**	Hope and excitement reinforce vaccine acceptance **Hope appeal; "historic" metaphor.**	4 – Media as Behavior Influencer
AstraZeneca to remain in use here (Mia Rabson, A7, April 15, 2021)	3 - Social Norms appeal, Reassurance aims to clarify public concern; **EPPM: Moderate efficacy + Moderate Threat**	Builds local trust; reduces vaccine barriers. **Reassurance appeal**	3 – Media as Translator
What we know about J&J's single-dose shot arriving this week (Canadian Press, A7, April 27, 2021)	3 - Social Norms appeal, Factual reassurance; Single-dose efficacy emphasized. **EPPM: Moderate efficacy + Low Threat**	Builds local trust; reduces vaccine barriers. **Reassurance appeal**	3 – Media as Translator
Ontario stops AstraZeneca vaccine (Shawn Jeffords, May 12, 2021)	1 – Fear appeal/threat; Safety concerns **EPPM: High Threat + High Efficacy**	Raises perceived susceptibility; incomplete efficacy frame risks fear control. **Fear appeal as controversy over vaccines evolves.**	2 – Media as Skeptic
"Rural COVID cases rise again amid low vaccine uptake" (Jeff Outhit, A1, Oct. 9, 2021)	1 - Fear appeal/threat; Low vaccine confidence; High susceptibility **EPPM: High Threat + High Efficacy**	Raises perceived susceptibility, incomplete efficacy frame risks fear control. **Fear appeal as variants escalates.**	4 – Media as Behavior Influencer
'Momentous occasion' as COVID vaccination begins for children (Johanna Weidner, A1/A9, Nov. 27, 2021)	2 – Hope appeal; Family-centered; Safety for youth; **EPPM: High Efficacy + Low Threat**	Hope and excitement reinforce vaccine acceptance **Hope appeal; "historic" metaphor.**	1 – Media as Amplifier

Overall, this second year of the pandemic (January to December 2021), centered on COVID-19 vaccine rollout, underscores the complex rhetorical interplay between public health guidance, political communication, and local media mediation. As the analysis of Table 5.2 illustrates, the *Waterloo Region Record* functioned not merely as an informational intermediary but as a key rhetorical actor, translating scientific developments, questioning political decisions, and shaping public responses through narrative framing and emotional appeals. While some articles reinforced public trust by emphasizing efficacy and community responsibility, others exposed tensions and inconsistencies that risked eroding confidence in official narratives. These findings reveal that successful vaccine messaging depends not only on scientific accuracy or logistical clarity but also on the media's ability to construct ethos, reinforce shared values, and navigate emotional terrain in ways that resonate locally. Particularly within smaller communities, where public trust is often grounded in familiar voices and shared experiences, media framing has significant power to encourage identification, counter misinformation, and sustain credibility even during moments of crisis or uncertainty.

To further examine this dynamic, the next section analyzes how appeals to hope, fear, and social norms were strategically deployed across both Tables 5.1 and 5.2. These rhetorical strategies, central to Witte's EPPM, not only shaped emotional responses but also influenced the construction and negotiation of trust, offering insight into what kinds of vaccine messaging succeeded, which faltered, and why?

5.4.2 How rhetorical analysis of vaccine discourse can help develop more effective, localized strategies for health risk communication

Appeals to Hope: Vaccines as a Symbolic and Material Way Back to Normal Life

Table 5.1 and 5.2 demonstrates how rhetorical analysis can uncover the affective and strategic dimensions of vaccine discourse, particularly the deployment of *hope* as a means of persuading publics to adopt health-protective behaviors. Across the local media archive, 60 articles included direct appeals to hope, either through explicit uses of the word "hope" or through framing that emphasized vaccines as a symbolic and material path out of the pandemic. For instance, headlines like "Vaccines are hope, but it's not going to be easy

getting to the finish line" and community voices such as pharmacist Sarah Heidinger's remark, "it will be really good to get as many vaccinations as possible and get our lives back to pseudo normal" ("Clinics," March 3), reflect how hope was used to both orient audiences toward a post-pandemic future and justify current inconveniences or sacrifices. Rhetorically, this follows a logic of deferred gratification: individuals were asked to endure present discomforts, delays, side effects, ongoing restrictions, in exchange for a future return to normalcy.

While media are often seen as contributors to public controversy or confusion (Theivendrampillai et al., 2023), this local coverage complicates that narrative by illustrating how journalistic storytelling actively fostered trust and solidarity at the community level. Across the vaccine rollout timeline, local news served not merely as a conduit for health directives, but as a translator of institutional authority, building emotional resonance, validating public concerns, and reinforcing collective resolve. Early coverage emphasized hope, establishing a tone of reassurance through consistent messaging from trusted local figures like Dr. Julie Emili, who stated, "There's hope too. There's still a way to go… but I am encouraged to see more hope on the horizon" (Weidner, November 27). Such statements were framed within milestone narratives, "COVID-19 milestone represents 'difficult year,'" which acknowledged hardship while guiding audiences toward a shared recovery timeline.

As the pandemic unfolded, this hopeful framing evolved in response to public fatigue and uncertainty, maintaining trust through transparency and localized relevance. Articles did more than relay policy updates. Collectively, they crafted a shared temporal narrative in which the community could see itself reflected, struggling, adapting, and ultimately progressing. Headlines such as "Health Canada approves Pfizer's vaccine" (Dec. 9, 2020) or "COVID vaccine begins historic U.S. journey" (Dec. 13, 2020) framed vaccine distribution not merely as logistical achievement but as the turning point in a collective recovery narrative. These narratives often invoked phrases like "momentous occasion" or "expect enthusiasm to grow," situating vaccination as the reward for pandemic endurance. This rhetorical logic mirrors a broader cultural narrative of deferred gratification, asking readers to tolerate present hardship for future gain, revealing how appeals to hope often double as instruments of persuasion grounded in neoliberal work ethic.

Other headlines like “This is one time it’s good to be old” (Booth and Monteiro) reframed vulnerability as advantage, motivating vaccine uptake among older adults by offering a subtle, affirming shift in perspective. In doing so, local media positioned themselves as emotionally attuned, culturally grounded interlocutors, whose proximity to both their sources and their readers allowed for nuanced trust-building. These relationships, nurtured through repeated engagement (consistency in authors and/or strategy), empathetic framing, and consistent access to local expertise, were central to fostering audience trust and message uptake, both of which are indicators of effective public health communication. In this analysis, “success” is reflected in rhetorical alignment with EPPM danger-control responses (e.g., increased vaccine willingness, social norm reinforcement), the circulation of consistent local messaging, and the media’s ability to bridge institutional guidance with community-specific values and concerns. Trust in local media thus functioned as a rhetorical conduit between national-level communications and individual-level decision-making during a moment of collective crisis.

However, the affective structure of hope in these articles also reveals tensions and limitations. Hope was frequently aligned with individual action, suggesting a neoliberal logic in which each person’s willingness to get vaccinated was framed as the key to communal recovery. In articles such as “This is one time it’s good to be old” (Booth & Monteiro, March 5), older adults were encouraged to see age as an advantage, subtly reinforcing a message of personal benefit over collective obligation. In contrast, quotes like "’Your turn is coming,’ Trudeau says” (Bresge, April 9), hinge recovery on personal action, implicitly suggesting that vaccination alone will restore social equilibrium. Hope is tied to patience and personal action. Trudeau’s comment reassures Canadians that their opportunity to contribute to the solution (getting vaccinated) is coming, reinforcing the idea that individual compliance equates with collective progress. Or from a global perspective, “Vaccines inject hope into world economy” (*Associated Press*, March 10), framing links global recovery to personal vaccination choices. While the stakes are global, the framing rests on individuals making hopeful, rational decisions to vaccinate, now downplaying systemic barriers or global inequities. So, we can see how this individualized framing may have overlooked systemic inequities, such as access barriers or culturally embedded distrust. While emotionally

compelling, these hope narratives sometimes undercut broader possibilities for fostering communal resilience grounded in equity, shared responsibility, and structural support.

Ultimately, rhetorical analysis provides crucial insight into how affective appeals such as hope function not only to persuade but to structure how audiences imagine their relationship to risk, responsibility, and recovery. In this case, local media demonstrated a unique capacity to reinforce public trust by using emotional resonance, temporally oriented narratives, and localized framing to connect institutional messages to readers lived realities. Yet, as the analysis shows, these appeals often emphasized individual responsibility, at times obscuring the need for broader systemic support and collective solutions. Understanding these rhetorical dynamics is essential for developing more effective, equity-aware, and community-sensitive health risk communication strategies, ones that not only inform but also engage, motivate, and sustain public trust in the face of ongoing uncertainty.

Appeals to Fear: Acknowledging Risk and Managing Uncertainty

Fear-based appeals appeared in 56 articles across the full local media archive, reflecting the emotional gravity of COVID-19 and the intense public uncertainty surrounding the emergence of highly transmissible variants such as Delta and Omicron. These appeals often emphasized the severity and susceptibility components of the Extended Parallel Process Model (EPPM), reinforcing the threat posed by the virus while simultaneously urging protective action. For instance, in "Ontario to expand booster eligibility" (Thompson, Jan. 8), Ontario's Chief Medical Officer Dr. Kieran Moore warned that Omicron would become the dominant strain in "mere weeks," prompting urgent calls for booster uptake to mitigate the forecasted surge. Such messaging was not designed to incite panic, but to validate public fears and channel them toward danger control responses, such as adaptive behaviors like masking, limiting contact, or seeking vaccination.

Rather than manufacturing fear, these articles often worked to manage it, offering clarity and reassurance through local experts and authority. In "Writing was on the wall for OHL season" (Brown, April 21) and "Vaccines inject hope into world economy" (*Associated Press*, March 10), fear-based messaging was paired with appeals to hope, offering readers an emotional balance between caution and optimism. This rhetorical duality aligns with recent

research (Tao et al., 2023) suggesting that hope-infused corrections of misinformation were more persuasive and more likely to yield desired behavioral intentions than fear appeals alone. A misinformation study (Tao et al., 2023) about COVID-19 treatments found that appeals to fear (threat information) caused more misperceptions. While corrections (employing fact-based arguments) offered improved belief accuracy, corrections incorporating hope appeals showed enhanced effectiveness as well as more "desirable downstream behavioral intentions through corrected beliefs" (333). Articles like Dan Popowich's reflective op-ed "What can we learn from our history of human behavior and dealing with disease?" (Jan. 16) provided important historical context that softened the edge of fear by situating present anxiety within a history of human resilience.

Importantly, fear was often implied rather than explicitly stated, embedded within narratives about ICU capacity, rising hospitalization rates, or the rapid spread of variants, stories that signaled danger without resorting to alarmist language. These implicit appeals functioned rhetorically as enthymemes, inviting readers to supply the missing premise; for example if hospitals are overwhelmed and variants are spreading, then vaccination is necessary. This form of enthymatic reasoning proved powerful because it relied on shared community assumptions about risk and responsibility, allowing audiences to arrive at the "right" conclusion (with respect to public health) without being overtly told what to do. The success of this strategy is evident in the correlation between these rhetorical framings and the rise in local compliance indicators reported during vaccine rollouts and shifting public sentiment toward acceptance, as reflected in both news coverage and reader contributions (e.g., *Letters to the Editor*) that echoed these implicit logics.

While not broken out as a standalone category in Table 5.1 or 5.2, rhetorical devices like enthymeme and metaphor were integrated through thematic open coding and tracked through axial links between emotional tone and the Extended Parallel Process Model (EPPM) dimensions of threat and efficacy. For example, metaphorical framings, such as the pandemic as a "wave," a "fight," or a "race" between variants and vaccines, helped to structure urgency and position vaccination as a strategic and hopeful response. As Nussbaum (2021) reminds us, fear should be placed in conversation with other emotions: "Where is hope if everyone talks about how our society is falling apart, riven by fear, anger, disgust, and envy?" (198).

Local media coverage exemplified this balance by pairing fear with guidance, reassurance, and context, transforming fear from a paralyzing force into a motivational one. The rhetorical strategy was not simply to warn, but to structure emotion into action, cultivating a space where readers could interpret risk not as inevitability, but as something navigable through informed choice and civic participation. While many of these fear-based narratives succeeded in aligning urgency with actionable solutions, the emotional tone of fear sometimes risked undermining trust, especially when institutional messages were inconsistent or shifting. In these moments, ethos became a fragile construct, shaped not only by the authority of the speaker but also by the coherence and transparency of the message itself.

Fear-based appeals in the vaccine coverage often functioned as urgent warnings, mobilizing public concern by emphasizing the severity of the pandemic, particularly during moments of variant surges or logistical failures. Articles such as "Anyone not vaccinated at risk with Delta Variant" (Weidner, June 23) and "Rural COVID cases rise again amid low vaccine uptake" (Outhit, Oct. 9) framed risk in terms of escalating threats, using stark language to convey the consequences of inaction. These headlines invoked EPPM's high threat pathways and attempted to direct readers toward danger control outcomes, encouraging vaccination as a rational response to heightened susceptibility. However, the potential effectiveness of these messages depended on their ability to pair fear with strong efficacy cues; when efficacy was unclear or absent, these appeals risked sparking fear control responses such as resistance, skepticism, or disengagement.

In this sense, ethos was constantly in flux, strengthened when fear was paired with solutions, and undermined when fear was presented without clear, actionable guidance. For instance, in "Steady supply of vaccine is still months away" (Malone, Jan. 15), the erosion of logistical credibility left a vacuum that diminished institutional trust. These disruptions were compounded by shifting health recommendations, such as the evolving guidance on AstraZeneca's safety ("Ontario stops AstraZeneca vaccine," Jeffords, May 12), which punctuated previously stable ethos formations and exposed the public to confusion and second-guessing. In these moments, the media's role shifted from amplifying guidance to reflecting public doubt, with journalists often mirroring the hesitancy circulating in their communities.

Crucially, fear appeals did not operate in isolation. They interacted with the public's preexisting trust in institutions, and when that trust was fragile, fear often exacerbated skepticism. This was especially apparent in articles where fear was implied but not counterbalanced by efficacy or solidarity, such as “Vaccine rollout causing frustration” (Weidner, Feb. 24). Here, the emotional tone tapped into public anxiety without providing sufficient reassurance, undermining both institutional credibility and the effectiveness of the appeal. In these cases, ethos was “unmade” through inconsistent messaging, logistical missteps, or moral ambiguity, signaling to readers that the authorities in question were either not fully in control or not fully trustworthy.

At the same time, resistant voices also drew on rhetorical appeals to ethos, constructing alternative credibility through moral clarity, insider knowledge, or protective intentions. While these perspectives were less present in the *Waterloo Region Record’s* editorial voice, their echoes were detectable in coverage of delays, safety concerns, and community hesitancy. For example, in “Health officials seek to convince skeptical public of vaccine safety” (Rabson, April 5), hesitancy was framed as a rational response to conflicting messages, subtly legitimizing doubt as a form of civic responsibility. In this sense, the media occasionally performed a kind of rhetorical mirroring, amplifying public uncertainty while still maintaining deference to scientific authority.

Ultimately, the persuasive impact of fear appeals hinged not only on how threatening the message was, but on whether it maintained rhetorical integrity, balancing urgency with clarity, credibility, and care. When this balance was achieved, fear could function as a catalyst for action. However, when it faltered, it often became a trigger for resistance, fatigue, or apathy.

Appeals to Social Norms: Mobilizing Community through Collective Responsibility

In addition to appeals to hope and fear, a third rhetorical pattern emerged prominently in local vaccine coverage: appeals to social norms, which positioned vaccination not only as a personal decision but also as a civic and communal responsibility. Forty-six articles were coded with this appeal, many of which emphasized the ethical imperative of protecting others, particularly those most vulnerable, through collective action. Statements such as

"Getting your COVID vaccine is a civic duty" (*Record View*, June 8) exemplify this frame, suggesting that being vaccinated is not merely a personal health choice, but a social expectation tied to community resilience.

These appeals reflect the need to understand vaccine hesitancy not only in terms of information gaps or individual risk perception, but also through the lens of social influence, cultural norms, and trust in institutions. According to CANVax (2024), vaccine decision-making is shaped by a complex interplay of structural, attitudinal, and cultural factors, including peer behaviors and perceived expectations within communities.[49] When news stories highlighted how local workplaces, schools, or religious organizations encouraged or required vaccination, such as "Vaccine or negative test required for paramedics" (Seto, Oct. 9), they reinforced the normativity of vaccination, increasing the likelihood that hesitant individuals would follow suit to align with their social groups.

However, some social norms appeals were also framed through a disciplinary or exclusionary lens, targeting unvaccinated individuals as outliers who jeopardized collective recovery. Articles such as "They're angry and I don't blame them" (McKenzie-Sutter, June 21) gave voice to frustrations from vaccinated individuals toward the unvaccinated, invoking a tone of moral responsibility that bordered on social shaming. While potentially effective in reinforcing norms and incentivizing acceptance, such messaging risks eroding ethos by portraying public health as punitive rather than inclusive. It may also alienate communities already experiencing distrust or marginalization, especially when vaccine access is uneven or culturally inappropriate.

In this contested terrain, ethos was constructed not only by official sources, public health officers, medical experts, and political leaders, but also by resistant voices who claimed alternative credibility. Some skeptical individuals or groups framed their decisions not as selfishness, but as expressions of personal integrity, bodily autonomy, or moral clarity, often drawing on parental protection or distrust of government as justification. These rhetorical mirrors, "I'm not anti-vaccine, I'm pro-choice" or "I just want more time to decide what's best for my kids," echo the language of care and civic duty while challenging the institutional

[49] The "Canadian Vaccination Evidence Resource and Exchange Centre" (CANVax) is a project of the Canadian Public Health Association funded by the Public Health Agency of Canada from 2017 to 2023.

narrative. Such counter-appeals reveal how ethos can be contested, claimed, and reframed on both sides of the vaccine discourse, complicating the presumed clarity of pro-social messaging.

Importantly, rhetorical appeals to social norms in local media often bridged the personal and political by framing individual choices, such as masking or vaccination, as meaningful contributions to the collective good. This strategy helped position readers not merely as isolated decision-makers, but as socially embedded citizens whose actions were part of a broader, communal public health response. By aligning personal behavior with civic responsibility, these appeals cultivated a shared sense of duty and belonging, reinforcing local trust and engagement. As Keränen (2014) argues, public health discourse constructs "networked publics" that form around shared biological and social vulnerabilities (104-105).[50] In this light, local vaccine messaging succeeded in framing immunization as a moral good, aligned with community identity, mutual care, and the desire to return to safely shared spaces. To improve future pandemic responses, such messaging must remain rooted in localized realities, and be attuned to the multiplicity of publics, including those who resist, respecting the cultural and communicative preferences of the communities they aim to reach. The *Waterloo Region Record*, for instance, frequently situated vaccine uptake within the specific contexts of Waterloo Region's schools, places of worship, and local businesses, spaces familiar to its readership. Articles such as "Your turn is coming," (Bresge, March 6) and coverage of local clinic rollouts emphasized not only accessibility but also communal responsibility, presenting vaccination as both a civic duty and a shared local experience. This framing anchored social norm appeals in tangible, everyday settings, making abstract public health goals more immediate, relatable, and actionable.

Taken together, the rhetorical appeals to hope, fear, and social norms did not function in isolation but in a dynamic and often fraught interplay throughout the local media's vaccine roll-out coverage. Hope-oriented messaging fostered optimism and promoted acceptance by

[50] Keränen recognizes that in a time when medicine and health play an increasingly prominent role in shaping the contours of "our collective, networked and global life," we need to understand how citizens, institutions, and movements increasingly organize around biological, medical, and health matters (104). She contends that by doing so, we can better account for the vital roles that publics play in shaping the contours of biomedicine and health.

projecting a return to normalcy. However, these appeals often leaned on individualistic narratives of effort and delayed reward, which risked obscuring the structural supports necessary for equitable access and uptake. Fear-based appeals, while emotionally charged, held greatest potential to be effective when coupled with high-efficacy messaging and contextualized explanations, validating public anxiety without collapsing into panic or distrust. Meanwhile, appeals to social norms mobilized collective responsibility by framing vaccination as a moral and civic obligation, yet sometimes veered into disciplinary or exclusionary tones that complicated efforts to build inclusive trust. These emotional and ethical appeals intersected with broader negotiations of ethos, for example who is seen as credible, trustworthy, and worth following, shaped not only public understanding but also the affective climate of vaccine response. Local media, in this regard, acted not merely as a conduit for health information but as a critical rhetorical agent, shaping identification, reinforcing or destabilizing public trust, and mediating between official messaging and community interpretation.

5.5 Conclusion: Rhetorically Informed Vaccine Strategies

These findings inform the study's final conclusions, which map how rhetorical strategies, especially those grounded in ethos and attuned to local contexts, can be refined to foster more effective, equitable, and trust-centered vaccine communication moving forward. This mapping unfolds across three subsections. The first addresses how rhetorical accommodation and community-based reporting fostered trust by constructing ethos around shared identity, local credibility, and responsiveness to community concerns, even as that ethos was occasionally contested or undermined by evolving scientific guidance or shifting policies. The second subsection revisits strategies for encouraging vaccine uptake through the lens of the Extended Parallel Process Model (EPPM), highlighting how emotional appeals, particularly hope, fear, and social norms, interacted with perceptions of efficacy and threat. Here, I reflect more deeply on which appeals aligned with danger control outcomes and where rhetorical missteps risked resistance or disengagement. Finally, I consider how these rhetorical practices contributed not only to acceptance, but also to a sense of emotional solidarity, shared moral responsibility, and community resilience. This includes examining

how both "official" and "resistant" voices constructed competing versions of trust and credibility. Taken together, these findings underscore the importance of rhetorically informed, locally grounded, and emotionally intelligent communication strategies, especially those attuned to ethos, identification, and the fragile dynamics of trust in times of public health crisis.

5.5.1 Enhance Public Trust

This study applied rhetorical analysis to local media coverage, specifically the *Waterloo Region Record*, of the COVID-19 vaccination rollout to identify best practices for improving health risk communication in the face of vaccine hesitancy. Drawing on Fahnestock's (1998) work on science popularization, I examined how traditional media translated complex scientific discourse for public audiences, not merely by simplifying technical information but by aligning it with local values, emotional registers, and community concerns (Fahnestock 332).[51] Fahnestock's (1998) insight that such accommodations often shift from forensic (evidence-based) to epideictic (value-based) discourse was particularly relevant in vaccine coverage, where stories frequently framed the vaccine not only as a medical innovation but also as a symbol of resilience and recovery. To further interpret this shift, Miller's (1989) critique of decision science proves instructive. She contrasts the rationalistic, instrumental logic of decision science, rooted in "bounded rationality" and quantifiable outcomes, with the human-centered, deliberative logic of rhetorical theory (44). Where decision science abstracts away emotion and context, rhetoric embraces uncertainty and the need to persuade diverse audiences through symbolic means. In the case of COVID-19 vaccination, local media's success lay in their ability to frame risk not as a purely technical problem, but as a social and moral issue, relying on shared language, narrative, and ethical appeals. This rhetorical perspective enabled local journalists and experts to build trust with their communities by communicating not just information but meaning, a critical element in encouraging vaccine uptake.

[51] The sociology of science and investigation of the rhetoric of scientific communication has grown since Fahenstock's article in 1998, although the rhetorical perspective and analysis remain relatively unexplored.

This rhetorical reframing proved essential in cultivating public trust. Articles frequently emphasized clarity, reassurance, and contextualization over technical detail, often featuring commentary from local experts to help readers navigate uncertainty without heightening anxiety. These strategic choices allowed news media to mediate between public health institutions and local audiences, fostering a discursive environment in which trust could be sustained even amid changing guidance or supply delays. Rather than sowing doubt, the media primarily worked to reinforce public confidence by validating concern while emphasizing collective benefit. As Fahnestock (1998) argues, this form of rhetorical accommodation enhances engagement by addressing public interest while still maintaining the epistemic integrity of the scientific messaging.

These strategies worked rhetorically by constructing ethos around shared values and trusted community figures, such as doctors, pharmacists, and local public health officers, etc., whose credibility derived not only from their expertise but from their identification with the community itself. This relational ethos helped audiences see themselves in the message, activating a form of identification that reinforced public trust. However, moments of confusion or shifting public health guidance also revealed punctuated trust, as even well-meaning local coverage occasionally had to reconcile changing facts or address public skepticism triggered by broader institutional inconsistency.

Crucially, these rhetorical accommodations were not neutral acts of simplification, but more importantly, grounded in a relationship of trust between local reporters and their communities. Unlike national media, local journalism has the advantage, and growing privilege, of proximity. Reporters live in the communities they cover, rely on local experts for commentary, and understand the regional nuances of public health challenges. This embeddedness fosters an organic rapport between journalists and audiences, enabling more responsive, empathetic, and trustworthy communication. Rather than merely relaying top-down health directives, local reporters helped translate them in ways that aligned with lived realities. Their role, reporters, journalists, editors, was not only to convey facts but also to interpret meaning, mediating between science and sentiment, institutional authority and personal concern. As this analysis suggests, public health messages appeared to gain traction in the community through this trust-based relationship, as evidenced by the alignment

between local media framing and subsequent public discourse, reader engagement, and reported behavioral trends such as vaccine uptake and compliance with public health guidelines. While causation cannot be definitively established, the consistency and repetition of localized messaging, alongside positive representations of public participation, indicate that the media's interpretive function played a meaningful role in shaping public response.

5.5.2 Encourage Vaccine Uptake

The analysis of local reporting revealed rhetorical patterns, particularly appeals to hope, fear, and social norms, that shaped emotional responses and supported different pathways of persuasion. Using Witte's EPPM (1992), this study identified how these appeals were likely to activate either danger control (motivated action) or fear control (avoidance and denial), depending on the balance between perceived threat and efficacy. Appeals to hope were slightly higher (60 vs. 56) in the media archive, offering audiences a future-oriented reward for present sacrifices. These narratives positioned vaccination as a route back to normalcy and served to soften the fear and confusion that dominated early pandemic discourse. Appeals to fear were strategically used to underscore urgency, especially with the rise of new variants, but they were often paired with clear information and actionable steps, reinforcing efficacy and fostering adaptive outcomes. Appeals to social norms worked to reinforce shared responsibility and civic duty, aligning individual behavior with community wellbeing.

These findings support Leiss's (2004) call for risk communication strategies that move beyond simple information transmission to emphasize the importance of fostering "reasoned dialogue among stakeholders" and translating scientific results "in terms appropriate for nonexpert audiences" (202). Local reporters, in this context, played a pivotal role in facilitating that dialogue by interpreting scientific risk and uncertainty with language that reflected shared values, community knowledge, and cultural context in ways that resonated with public experience. Their reliance on trusted local experts, including consistent references from trusted public health officers, pharmacists, physicians, and volunteers, help to personalize vaccine messaging, while affirming the legitimacy of public concerns. With the attention to regional context and consistency in messaging they helped reduce the psychological distance between public health authorities and the communities they serve.

Local journalism didn't merely echo institutional messages, it added nuance, accountability, and trustworthiness. These rhetorical choices helped audiences feel seen and heard, building a communicative environment rooted in empathy rather than authority alone. This suggests a model for future vaccine and health communication: one that blends rhetorical insight with grounded, localized expertise to foster acceptance, especially among hesitant populations.

These emotional appeals, hope, fear, and social norms were most effective when they maintained the ethos of public institutions through transparent, empathetic, and actionable language. The use of local voices and recognizable faces supported the rhetorical function of identification, aligning public health messages with the lived experiences of readers. At the same time, the presence of competing narratives, including misinformation and conspiracy theories, revealed the fragility of that ethos. Where the media ignored or failed to address those competing claims directly, a gap emerged, contributing to punctuated trust by undermining the clarity and authority of official narratives.

5.5.3 Build Community Resilience for Future Health Crises

This study reinforces the argument that effective vaccine communication must be embedded in a broader ecosystem of public trust, rhetorical sensitivity, and localized engagement. By examining how media discourse reflected and reframed evolving scientific and political narratives, the research highlights how local journalism can operate as both translator and amplifier of institutional messaging, shaping not just how information is received, but how it is emotionally and ethically processed by the public. Fahnestock's (1998) theory of accommodation in science helps explain the rhetorical shift in public health discourse, while Witte's EPPM framework provides a lens through which the emotional and motivational consequences of that discourse can be understood.

Equally important is the community-building function of local journalism. Reporters at the *Waterloo Region Record* played a pivotal role not only in informing but in connecting community members to one another and to their institutions. Their stories emphasized local experiences, acknowledged collective sacrifices, and fostered a sense of belonging through shared narratives. This reciprocal relationship between journalists and readers became a conduit for both emotional solidarity and health behavior guidance. As trust in national

institutions declined, the local media emerged as a stabilizing force—credible, accessible, and grounded in the realities of everyday life.

As we look ahead to future health emergencies, these insights offer critical guidance. Health communication strategies must be responsive to local needs, culturally attuned, and emotionally intelligent. Appeals that balance urgency with reassurance, and individual agency with collective action, are most likely to succeed. Partnerships with local media should be prioritized not only for their reach, but also as foundational to building and sustaining trust, resilience, and effective public response in ways that national messaging often cannot. In a context where misinformation, polarization, and pandemic/public fatigue continue to challenge institutional credibility, rhetorical approaches offer powerful tools for designing more effective, inclusive, and humane public health communication.

Combined, these findings suggest that addressing vaccine hesitancy requires an integrated network of public health agencies, political authorities, and local media that prioritize transparent, timely, and audience-centered communication with the public. By focusing on localized perspectives and rhetorical strategies, such as appeals to trust, shared values, and social responsibility, these networks can foster dialogue, build credibility, and promote collaborative public engagement. This study of vaccine rhetorics offers valuable insights for designing future emergency health communication strategies, emphasizing the need for context-sensitive messaging that resonates with diverse audiences and motivates collective action grounded in mutual care and accountability.

These findings underscore that trust is not a one-time achievement, but a dynamic rhetorical relationship shaped by ongoing identification, transparent messaging, and cultural attunement. When moments of dissonance arise, such as changing vaccine guidelines, unequal rollout, or digital access barriers, punctuated trust becomes visible, revealing the limits of institutional ethos and the need for continuous re-engagement. Local media's ability to sustain identification through consistent tone, contextual relevance, and visible accountability helps to stabilize this trust and reconstitute ethos even amid disruption.

Chapter 6:
Protest Rhetorics: Resist, Resee and Reshape – Canadians Take A Stand Against COVID-19 Measures

When anthropologist Margaret Mead was once asked what she considered to be the first sign of civilization, she reportedly pointed not to tools or monuments, but to a healed femur, evidence that someone had stopped to care for another long enough for them to survive injury (Lasco, 2022). While this oft-circulated anecdote may be fictional, its viral resurgence (as memes and stories on Facebook and Instagram) at the start of the COVID-19 pandemic reveals something essential: in moments of crisis, people reach for stories that affirm collective care, survival, and the human capacity to rebuild. As Gideon Lasco (2022) writes, during pandemics, societies turn to familiar narratives, symbols, and moral frameworks to process disruption and reassert a sense of meaning. Stories like Mead's become viral not because of their historical accuracy, but because they encapsulate the cultural longing for stability and moral clarity amid uncertainty.

This rhetorical longing for resilience, rooted in stories of helping, healing, and communal effort, was a defining feature of early pandemic discourse in Canada. But as the pandemic dragged on, initial narratives of community solidarity began to erode. What began as a public health emergency demanding community action and collective sacrifice transformed, for some, into a crisis of trust, autonomy, and legitimacy. Canadians found themselves navigating not just the physical risks of COVID-19, but the social and financial strains of lockdowns, inconsistent policies, and expanding police powers.[52] By 2022, protests would emerge as the defining rhetorical response to the fraying social contract. In this chapter, I propose that these protests signify attempts to reclaim voice, agency, and alternative visions of what resilience could mean.

It is within this tension, between the moral imperative to protect one another and the perceived overreach of institutional authority, that protest rhetorics took root. This chapter examines how resistance to public health mandates in Canada, particularly the Trinity Bible

[52]According to the Canadian Civil Liberties Association (CCLA) and the Policing the Pandemic Project" (2020), the COVID-19 pandemic resulted in a great deal of social control, noting "that between April 1 and June 15, 2020, there were over 10,000 tickets issued, or charges laid related to COVID-19. Across the country, this resulted in over $13 million dollars in COVID-related fines to date" (Deshman et al., CCLA, 2020, p. iii).

Chapel's ("Chapel") defiance of lockdown orders in Waterloo Region (Dec 2020–Jan 2021) and the Freedom Convoy ("Convoy") protests in Ottawa (Jan–Feb 2022), articulated a competing vision of resilience: one grounded not in care and acceptance, but in autonomy, dissent, and deliberative disruption. Drawing on rhetorical concepts such as *ethos*, *kairos,* and "tipping points" (Gladwell, 2002; Ding, 2014), this chapter explores how protest became not just a political act, but a cultural and rhetorical reckoning, challenging dominant narratives of trust, safety, and collective responsibility, and forcing a reconsideration of what community resilience looks like in times of crisis.

Despite the focus on health communication during the COVID-19 pandemic, a gap remains in understanding how publics rhetorically respond to prolonged crises, particularly through protest (Dubé et al., 2020; Dubé et al., 2022). Most risk communication research focuses on message design, misinformation, or public acceptance, often overlooking protest as a legitimate form of civic engagement (Leiss & Powell, 1997/1998; Fischhoff, 1995, 2012, 2014, 2017, 2019, 2020). This chapter addresses that gap by reframing protest rhetoric not as rejection, but as a form of what Judith Butler (2015) refers to as "participatory deliberation" or collective acts of assembly and expression through which marginalized or dissenting publics claim visibility, contest prevailing norms, and demand a place in ongoing democratic dialogue, and emerging most visibly when public trust is strained. (Butler, 2015).

Crucially, such deliberation often centers around competing constructions of ethos, the perceived character, credibility, and moral positioning of key figures such as Prime Minister Justin Trudeau, Trinity Bible Chapel Pastor Jacob Reaume, and Freedom Convoy organizer Tamara Lich (née King). Each of these individuals projected distinct rhetorical identities: Trudeau emphasized national unity and scientific rationality, Reaume invoked religious liberty and spiritual conviction, and Lich mobilized appeals to personal freedom and government accountability. By analyzing these rhetorical performances, this research highlights how ethos is not static but contested, constructed and deconstructed across media platforms, public statements, and grassroots mobilization. This chapter contributes to evolving theories of crisis communication by foregrounding the role of rhetoric in moments of public rupture and tipping points, where individuals must navigate conflicting appeals to trust, legitimacy, and moral authority.

Two central questions guide this analysis: (1) What kinds of entry points can professional, and health communicators employ to actively participate in and help shape ongoing (sustained crises) and future conversations about global issues such as epidemics, climate change, and community resilience? And (2) What literacy practices, including rhetorical strategies and perspectives on influence, should be incorporated into health risk communication planning and preparedness to better equip future professionals for the complex demands of high-stakes (risk and/or sustained crisis) communicative events? By analyzing protest rhetorics through this lens, this chapter offers a framework for understanding how publics engage with, resist, resee and ultimately reshape risk discourse in the face of uncertainty. In this light, the Chapel and Convoy protests exemplify how protests can serve as catalysts for public discourse but also reveal the difficulties of maintaining a cohesive public sphere amid conflicting arguments and agendas, and extenuating communication circumstances.

6.1 Introduction: COVID-19 Protests – From Compliance to Contestation

Building on the previous chapters' analysis of pandemic and vaccine rhetorics, where appeals to hope, fear, and social norms were used to foster public trust and encourage protective behaviors and vaccine uptake, this chapter shifts focus to the breakdown of trust and the emergence of protest as a rhetorical response. Pandemics remind humans of their own fragility and failings (Lynteris, 2020). I contend that protest acts such as the Chapel lockdown defiance and the Convoy can be reframed as discourses of risk and regulation. This reframes the negative and/or sensational nature of protest coverage, to instead be viewed through the transformative lens of public deliberation or argumentation. Through this lens, news media, specifically at the local level (*Waterloo Region Record)*, served as a stabilizing force, striving to maintain trust, understanding, and unity within society, despite differences of opinion, all of which are essential for strong social cohesion and community resilience (Moustakas, 2023).[53]

[53] Social cohesion can be defined as the "glue that binds societies," essential for achieving peace, democracy and development. This "glue" is made up of four key components: 1) Social Relationships, 2) Connectedness, 3) Orientation towards the common good and 4) Equality (Moustakas, 2023).

In his article, "The Personal, Technical, and Public Spheres of Argument: A Speculative Inquiry into the Art of Public Deliberation," Thomas Goodnight (1982) suggests that public debate or protest may be a sign of weakened public trust, but it may also reflect a deeper transformation in the democratic function of media (214). In this context, protest emerges not solely as a threat to community resilience, but as a rhetorical practice of deliberation and meaning making, a way for publics to negotiate fears, values, and visions for the future, as "a momentary pause in the flow of events, an opportunity to look down the present road as well as paths untaken" (Goodnight, 214). To trace this rhetorical shift from compliance (acceptance/adherence) to contestation that took place during the COVID-19 pandemic, this chapter examines two pivotal protest events that unfolded at different scales but reflected common tensions: the Trinity Bible Chapel's public defiance of provincial lockdown orders in Waterloo Region (December 2020–January 2021) and the Freedom Convoy protests in Ottawa (January–February 2022)**.** These case studies illustrate the parallel and distinct rhetorical dimensions of localized dissent rooted in faith-based and community values and broader national resistance, both of which, centered on personal liberty, authority overreach, and distrust of institutional narratives. This study applies a multi-layered thematic and rhetorical analysis to selected media coverage from the *Waterloo Region Record* ("*The Record"*) during the second (2021) and third year (2022) of the COVID-19 pandemic

Continuing this analysis through the lens of risk communications (Ding, 2014), deliberative rhetoric, public argumentation (Goodnight, 1982) and rhetorical analysis (Fahnestock, 1998, 2011, 2021; Burke, 1966; Bitzer, 1968; and McMurry, 2014), I map how these protests emerged as rhetorical acts shaped by breakdowns in perceived efficacy and trust. Once again, initially drawing on grounded theory (Glaser & Strauss, 1967; Charmaz, 2006/2009), this research takes a more thematic analysis approach, and the Extended Parallel Process Model (EPPM, Witte, 1992; Maloney et al., 2011). Continuing my focus on the significance of *ethos* to pandemic rhetorics, the analysis focuses on how protestors positioned themselves as credible moral agents, defenders of freedom, faith, or livelihood, challenging authority and public health narratives. Carolyn Miller's (1992) interpretation of *kairos* sharpens the focus on the timing and urgency of these acts, as they erupted during key points in the pandemic, such as tightening restrictions, extended mandates, and growing fatigue.

Drawing on Ding's (2014) risk communication and Gladwell's (2002) notion of tipping points, this research highlights how breakdowns in perceived efficacy and rising distrust contributed to public dissent, transforming criticism and skepticism into protest (Ding, 35-40). As Goodnight's (1982) model reminds us, these were not merely personal grievances or technical disputes, but moments of public argument, where Canadians negotiated the ethical, political, and social boundaries of control, citizenship, and crisis response.

To clearly map out the sequence of events surrounding these two case studies, I employ stasis theory, a classical rhetorical framework revisited by Jeanne Fahnestock (1998). Drawing on Fahnestock's stasis theory (outlined in Chapter 3), this chapter maps how protest discourse escalated from factual disagreement to value-based deliberation, by progressing through the four main stases: (1) conjecture (fact); (2) definition; (3) quality (value); and 4) policy. I chart the evolution of disagreement as it progresses through debates over what happened, how it should be categorized, how it should be evaluated, and ultimately, what should be done about it. When applied to modern public disputes such as the Chapel's defiance of Ontario lockdown orders in late 2020 and early 2021, or the Convoy blockades in early 2022, stasis theory reveals how exigence is shaped rhetorically, moving from immediate disruption to enduring public conflict and policy response.

6.1.1 Case Study 1: Chapel and Civil Disobedience (Dec. 2020 – Jan. 2021)

The first stasis, conjecture (fact), centers on whether an event occurred and what the basic details are. For the Chapel protest, the congregation, led by the Pastor openly held in-person religious services despite public health restrictions. Media coverage from early January 2021 clearly positions, moving into definition (second stasis), defining the act as a public transgression, with headlines framing the situation as "civil disobedience" (Seto, Jan. 9), "illegal, dangerous church service" (D'Amato, Jan. 6), and noting that there have been "charges laid" (Monteiro, Jan. 7). These headlines function rhetorically to assert factual occurrence while also amplifying the protest's visibility and urgency. Through repetition and confirmation from legal and police sources, the event becomes established as a fact, an intentional act of defiance, not a misunderstanding or rumor. The public exigence arises from

the disruption of normative health behaviors, leading to broad calls for clarity, judgment, and enforcement.

Once the fact of the action is established, public discourse simultaneously shifts into the second stasis: definition. What is the nature of the act? Is it a form of civil resistance, an expression of religious liberty, or an illegal gathering? Competing rhetorical frames emerge here. The Chapel leaders assert their right to worship as a constitutionally protected freedom, while government authorities, legal experts, and much of the media define the act as public endangerment and defiance of public health policy (see Table 6.1; Reaume: *Open Letter*, Dec. 3, 2020; Jackson, *The Record*, Jan. 5, 2021.). This contest over definition is central to how the public interprets the event, with some viewing it as moral courage and others as reckless illegality. In Fahnestock's (1998) terms, the way the event is defined becomes a site of ideological struggle, shaping what kind of crisis the public believes they are facing (345).

The third stasis, quality, interrogates the ethical and moral implications of the event: Is this act just or unjust? Harmful or necessary? Public response here is polarized. While some community members expressed sympathy for the Chapel's emphasis on spiritual needs and communal worship, many others condemned the act as selfish and dangerous during a period of rising COVID-19 case counts and hospital constraints (see Table 6.2, *Letters to the Editor*, January 6, 2021). Headlines describing the services as "dangerous" (Clarke, Jan. 6) and noting "charges laid" (Monteiro, Jan. 7) further reinforce a negative moral framing. Fahnestock (1998) emphasizes that it is often this moral assessment, not the fact itself, that establishes exigence (345). The use of moral language such as "defy" or "disregard" (Clarke, Jan. 6), and "illegal" (Hutchinson, April 26), signals to the public that the event represents not just a breach of policy, but a threat to communal safety and ethical norms.

Finally, the fourth stasis, policy, asks what action should be taken. In the Chapel case, the policy stasis was activated swiftly: injunctions, fines, and police enforcement followed (see Tables 6.1 to 6.3). But this moment also exposed broader questions about the limits of enforcement, the authority of the state over religious institutions (see "Defying health law doesn't reflect Christian behavior," Denstedt, Jan. 6), and the sustainability of public acceptance of pandemic regulations (see full details in Table 6.2 and 6.3). The Chapel's continued defiance led to mounting legal pressure but also energized protest narratives that

contributed to the rhetorical build-up toward later national-scale resistance movements such as the Convoy. As Fahnestock (1998) notes, when exigence is filtered through policy stasis, the stakes become collective, and reflective of what society permits, punishes, or reforms (346).

Layered within these stases, most notably in the third stasis, is a contest of ethos, a rhetorical struggle over who holds moral authority. Grounded in ethos, this analysis highlights how the Chapel leaders, particularly Pastor Jacob Reaume, positioned themselves as credible moral agents acting not out of defiance for its own sake, but in defense of higher-order principles such as religious freedom, spiritual duty, and constitutional rights. In media coverage and public statements, Reaume constructed an identity aligned with pastoral care and faith-based resilience, invoking scriptural authority and civic language to legitimize the Chapel's actions. This self-positioning challenged the ethos of public health officials and state authorities, who emphasized scientific expertise and legal responsibility for the overall health of the broader community. The rhetorical confrontation, then, was not only about facts, definitions, or moral quality, but about which figure, and by extension, which institution, could claim the trust of the community. The ethos-based contest reveals how public perception of credibility, character, and moral obligation shaped not only judgments about the protest itself, but also broader questions of institutional trust, authority, and resistance during the pandemic.

In the Chapel case, the tipping point arrived when public framing shifted from isolated defiance to a broader moral and legal controversy. The moment the Chapel leadership defied court injunctions and repeated enforcement actions, public discourse crystallized around whether civil liberties could justify actions that endangered public health. Local media played a pivotal role in amplifying this escalation, using headlines like "Illegal, dangerous church service" (D'Amato, Jan. 6) and "Pastor charged after repeated violations" (Monteiro, Jan. 7), which reinforced the moment as one of communal reckoning (see Table 6.3 for full details). This rhetorical turning point marked a transition from debate to polarization, making visible the clash between public safety and religious freedom as not only a legal issue but a matter of ethical and civic identity. It is at this juncture that trust, both in institutions and in moral authority fractured, setting the stage for broader patterns of resistance.

6.1.2 Case Study 2: The Ottawa Convoy (Jan. – Feb. 2022)

As Canada moved from the early urgency of vaccine rollout at the beginning of 2021, to a broader public response, including vaccine mandates, later in 2021, the rhetorical strategies surrounding COVID-19 messaging shifted. What began as appeals from health and political authorities, conveyed through official news sites promoting collective acceptance, over time, the constraints of pandemic fatigue, financial concerns, and mental health issues combined to form increasingly vocal forms of resistance. Initially shaped by media narratives emphasizing hope, social duty, and scientific trust, (as discussed in Chapter 5) vaccine uptake was largely framed as a civic responsibility. However, as inconsistencies in messaging, extended lockdowns, and growing social and economic strain continued to evolve, this gave rise to skepticism and public contestation.

Canada's *Freedom Convoy* protest began on January 22, 2022, as a localized expression of resistance to federal vaccine mandates affecting cross-border truckers but rapidly escalated into a nationwide political movement. It was launched by the group *Canada Unity* and organized by a small number of core leaders (e.g., James Bauder, Tamara Lich, and Benjamin Dichter). The protest gained traction in opposition to public health measures implemented by the Canadian federal government in response to COVID-19. Early supporters objected to the federal vaccine mandates imposed on cross-border travel between Canada and the United States on January 15, 2022, which directly impacted long-haul truckers' ability to work if they chose not to be vaccinated (Gillies et al., 2). Again, employing Fahnestock's (1998) version of stasis theory, we can trace how this protest shifted from a factual dispute into a sprawling cultural and political rupture.

In the first stasis (conjecture/fact), the core question centered on whether vaccine mandates and related public health restrictions were unjustifiably harming workers, particularly long-haul truckers. Media coverage from early January 2022 (see Tables 6.4, *Letters to the Editor*, and 6.5, *Opinions*) clearly positions the act as a protest against vaccine mandates, with headlines framing the situation as "a protest" (D'Amato, Jan. 6), "'Freedom Convoy' not about freedom" (Stevens, Jan. 31), and "Ottawa braces for trucker protest" (Rabson, Jan. 28). This question was further intensified by mainstream and fringe media coverage highlighting convoy routes, growing public support, and videos of trucks

converging on Ottawa. The factual basis for the protest, e.g. that mandates would prevent truckers from working cross-border, was generally accepted, though media and political actors contested the severity and scale of the threat to the trucking industry. Importantly, as the protest expanded, so too did the factual disputes: Did the protest reflect legitimate civil disobedience, such as our right to "freedom of 'peaceful assembly'" (Stevens, Jan. 31) or was it a thin veneer for extremist ideologies?

The second stasis (definition) became a point of fierce rhetorical contention. Media outlets, political leaders, and protest organizers clashed over how to categorize the movement. Was it a legitimate demonstration, an occupation, a populist uprising, or a far-right insurgency akin to the "insurgency to overthrow the democratically elected government, as Donald Trump and his enablers tried to do at the Capitol in Washington on Jan. 6, 2021" (Stevens, Jan. 31)? Protesters defined their action as a peaceful fight for freedom, bodily autonomy, and protection of the Charter of Rights and Freedoms (see Table 6.4). Government and security agencies, by contrast, labeled it a threat to public safety, particularly after connections to American conspiracists and anti-government extremists emerged (see Table 6.5). These competing definitions, as the *Record's View* (Feb. 9) put it, the "Convoy leaves us with big questions," created a polarized media environment, in which identical facts were framed and defined through radically different moral lenses.

In the third stasis (quality), rhetorical arguments turned to whether the protest was justified or harmful, as the "greatest threat to freedom" (Copland, Feb. 26), or a moral and ethical evaluation (see table 6.4). Supporters praised the Convoy as an expression of democratic dissent, "It's all about freedom" (*Record's View*, Feb. 9) and resistance to state overreach, "Elites blowing their response to trucker protests" (Whatley, Feb. 12), while critics condemned it as irresponsible, manipulative, and dangerously destabilizing, "protestors had 'both bark and bite'" (Osman, Dec. 27). Amplified by social media and alternative news platforms, protesters' rhetoric drew on emotionally charged narratives of betrayal, "Western rage is not going away" (Steward, Feb. 23), urgency, and governmental illegitimacy. The ethical framing was complicated by the Convoy's diverse coalition, which included both peaceful dissenters and radicalized actors advocating civil unrest. This divergence in assessments of quality also reflected differing views on who constituted the

legitimate public. Some coverage focused on the presence of peaceful dissenters advocating civic freedom, while others spotlighted radical actors and extremist symbols to discredit the broader movement. As a result, the public's ability to evaluate the Convoy's legitimacy was complicated by these competing portrayals, which blurred the boundaries between democratic protest and anti-democratic disruption. Thus, media narratives did not merely reflect public opinion but actively shaped ethical judgments about the protest's value and moral standing. This complexity deepened the public's struggle to assess the movement's legitimacy.

Finally, in the fourth stasis (policy), debate centered on what should be done: Should the government negotiate with convoy leaders? Should they be forcibly removed? Should emergency powers be invoked? The invocation of the Emergencies Act by Prime Minister Trudeau in February 2022 marked a dramatic policy shift and a rhetorical turning point, as explored in articles including "Seeing through "tricksters of Ceremony" (Webster, Feb. 11) and "Convoy leaves us with big questions" (*Record's View*, Feb. 9). It transformed the discourse from moral ambiguity into decisive action yet also fueled further distrust among those who viewed state intervention as authoritarian overreach.

Woven throughout each stasis in the Convoy protest is a dynamic clash of ethos, a struggle over who possessed legitimate authority, credibility, and moral standing. Protest leaders such as Tamara Lich and James Bauder, and most prominently spokesperson and convoy organizer Benjamin Dichter and figurehead Pat King, constructed public personas rooted in grassroots authenticity, framing themselves as defenders of liberty and truth in opposition to perceived government overreach (Holder & Miller, *Ottawa Citizen*, 2023). Their appeals to ethos emphasized lived experience, economic precarity, and individual rights, often invoking patriotic symbolism to validate their cause. In contrast, Prime Minister Justin Trudeau's ethos, grounded in institutional leadership and public health stewardship, was frequently questioned or rejected by convoy supporters, who painted him as out of touch, authoritarian, or even illegitimate (Stokel-Walker, *Wired*, 2022). Media coverage amplified this ethos struggle by repeatedly foregrounding individual actors and their rhetorical performances: Trudeau's calls for "unity and science" contrasted with King's viral videos invoking conspiracy-laden rhetoric and populist outrage (Stokel-Walker, *Wired*, 2022). These

competing appeals to ethos shaped public perception of the crisis, with trust aligning not merely along institutional or ideological lines, but through narrative constructions of character, intention, and integrity. Thus, the Convoy protest became a stage for rhetorical performances of ethos, in which both state actors and protest leaders vied to be seen as credible, principled, and representative of "the people."

For the Convoy, the tipping point occurred when protest activity in Ottawa shifted from symbolic dissent to a prolonged occupation that disrupted daily life and strained institutional authority. This kairotic moment, accelerated by national media saturation, international attention, and mounting pressure on federal leadership, culminated in the invocation of the Emergencies Act (Public Safety Canada, February 2022). As Ding (2014) suggests, rhetorical tipping points coincide with shifts in institutional framing. Here, the government's language moved from tolerance to urgency, and protesters' ethos shifted from that of marginalized dissenters to existential threats to national order. Headlines like "Convoy leaves us with big questions" (*Record's View*, Feb. 9) and "Seeing through tricksters of ceremony" (Webster, Feb. 11) captured the rhetorical shift, signaling a breakdown in mutual intelligibility and a turn toward force. The stasis shifted from disagreement to resolution, not through deliberation, but through institutional closure, further complicating the public's trust in democratic discourse and state responsiveness.

In the following *Literature Review*, I examine three interrelated bodies of scholarship that provide a theoretical foundation for analyzing pandemic protest rhetorics in Canada, such as the above case studies, as discursive renegotiations of public agency. First, I explore risk communication theories and public health crisis response, focusing on how institutional messaging manages uncertainty, acceptance, and perceived threat. Central to this is Witte's EPPM (1992), which, as discussed in Chapter 5, illustrates how fear and efficacy are perceived to shape behavioral outcomes, and why low perceived efficacy may lead to defensive responses such as denial or protest. Second, I turn to scholarship on public trust, particularly the ways it is constructed through ethos, and how it deteriorates under conditions of surveillance, inconsistent policy, or perceived inequity. Scholars such as Kitchin (2020), Lupton (1993, 2013), and the Canadian Civil Liberties Association (CCLA, 2020) show how enforced measures and data-driven governance can undermine credibility and trigger

resistance. Here, the role of media is crucial: it acts as both an amplifier and a gatekeeper of institutional ethos, mediating how authority is framed, contested, or reasserted. Third, I draw from rhetorical frameworks that explain how publics respond to crisis when trust erodes. Fahnestock's (1998, 2021) rhetorical stylistics help trace how protest arguments evolve through disputes of fact, definition, quality, and policy. McMurry's ecological perspective positions rhetoric as a system-wide response to crisis, while Goodnight's delineation of the personal, technical, and public spheres helps identify the shifting grounds of legitimacy in public discourse. Bitzer's concept of the rhetorical situation provides a final lens for understanding how moments of rupture, when exigence meets breakdown, invite deliberation and rhetorical invention. Together, these literatures illuminate how protest is not merely oppositional, but a rhetorical process through which trust, responsibility, and civic identity are publicly redefined.

6.2 Literature Review

As Canada's pandemic response evolved, public consensus began to fracture. The initial framing of vaccines as a communal act of resilience gradually gave way to a sense of overreach, as government mandates, vaccine passports, inconsistent enforcement, and surveillance-like practices (e.g., neighbors reporting neighbors) were perceived by some as infringing on civil liberties (Chidley-Hill, 2020). Emerging signs of public mistrust, fueled by pandemic fatigue, economic hardship, and increasing polarization, created rhetorical openings for public resistance and alternative narratives to take hold. Local media's role expanded beyond merely amplifying public health messaging to offer a kind of "protected space" for civic deliberation, a rhetorical common, where competing views and public arguments could circulate.

Borrowing from the research on vaccine hesitancy and public trust (Ihlen et al., 2021), in this analysis of protest rhetorics I build on the five key rhetorical principles that equally apply to broader pandemic communication: (1) protest (replaces hesitancy in this chapter) is not inherently irrational and should be understood as a legitimate concern; (2) messaging must be tailored to account for the diverse drivers of skepticism; (3) trustworthiness is not fixed, but situational and negotiated within specific cultural and social contexts; (4) where

uncertainty prevails, the character or ethos of the speaker becomes especially important; and (5) credibility can be strengthened by identifying shared values or emotional common ground with audiences (Ihlen et al., 2). These principles, rooted in rhetorical theory and communication practice, underscore the need for messages that not only inform but also invite identification, acknowledge vulnerability, and frame crisis as a shared human challenge. In this way, rhetorical strategies that prioritize trust and resonance over authority alone become essential tools for shaping constructive public engagement during periods of uncertainty and upheaval. This provides a foundation for the next section, which examines how trust is built, challenged, and sometimes lost in the unfolding drama of public crisis – to protests.

6.2.1 Risk Communication Theories and Public Health Crisis Response

As Judith Butler (2015) suggests, public assemblies may provoke hope or fear depending on how they are framed by language and media choices, particularly in how journalists decide which voices and arguments to include. Butler argues that naming matters: in certain contexts, "a movement is deemed anti-democratic, even terrorist, and on other occasions or in other contexts, the same movement is understood as a popular effort to realize a more inclusive and substantive democracy" (2). The Chapel protest did not erupt spontaneously. It emerged through weeks of deliberate rhetorical framing by the Chapel's leadership, specifically Pastor Jacob Reaume. In December 2020, he openly declared his intent to defy provincial lockdowns and hold indoor religious services, claiming such mandates violated constitutional rights and describing the church as a "vital refuge" (Reaume, Dec. 3, 2020). Local journalist Chris Seto's reporting carefully contextualized this protest, quoting both Reaume and regional officials to offer a nuanced view that explored the protestors' moral reasoning (see Table 6.1); this perspective illustrates what Butler might describe as "mobilizing vulnerability" (140). By including this balance of voices, within the same media outlet (*Waterloo Region Record*), allowed readers to interpret the protest as more than civil disobedience, as it became an appeal for public deliberation. Framed through Fahnestock's (1998) stasis theory, the Chapel's actions initiated a discourse of fact (what occurred), definition (what it meant), quality (was it justified?), and policy (what should be done).

Subsequent coverage by the *Waterloo Region Record* journalists like Monteiro, Jackson, Weidner, and Rubinoff (see Table 6.1) extended this deliberation, incorporating data on infection rates, community safety concerns, and alternative religious responses. In doing so, the local media played a critical role not only in documenting events but also in constructing a narrative that reinforced community resilience and public trust, core dimensions of effective risk communication. Their reporting served as a rhetorical bridge, translating institutional authority (and actions that resisted that authority as well) into locally meaningful discourse, while underscoring the essential role of trusted media during moments of protest and crisis.

Literature on risk communication, crisis response and fear appeal theories are diverse and inconsistent, which makes it near impossible to determine why some messaging succeeds and others fail. As Kim Witte outlines in her article, "Putting the fear back into fear appeals: The extended parallel process model" (1992), fear appeals, or "persuasive messages designed to scare people by describing the terrible things that will happen to them if they do not do what the message recommends," might be easy to identify, but empirical findings on their success or failure, are more often inconsistent or even contradictory (329). Similar to the method I employed in Chapter 5, to understand how publics are likely to respond to risk messaging in times of crisis, particularly during protests like the Chapel and the Convoy, this study also applies Witte's EPPM (1992). As mentioned in Chapter 5, Witte's (see Fig. 6.1) theory offers a framework for distinguishing between two core components of persuasive health messaging: perceived threat (including severity and susceptibility) and perceived efficacy (including self-efficacy and response efficacy). The interaction between threat and efficacy, and not simply the presence of fear, helps to determine whether a message motivates adaptive behavior (danger control) or triggers message rejection (fear control) (Witte, 1992, 330). This theory thus suggests that protest acts are a result of high threat and low efficacy situations.

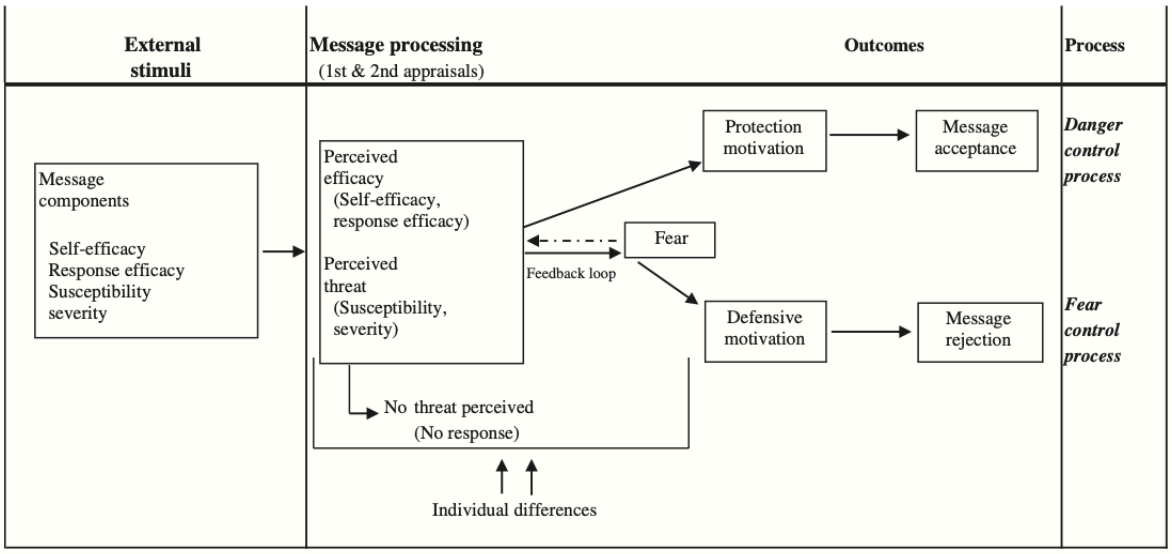


Fig. 6.1. The Extended Parallel Process Method (Maloney et al., 2011).

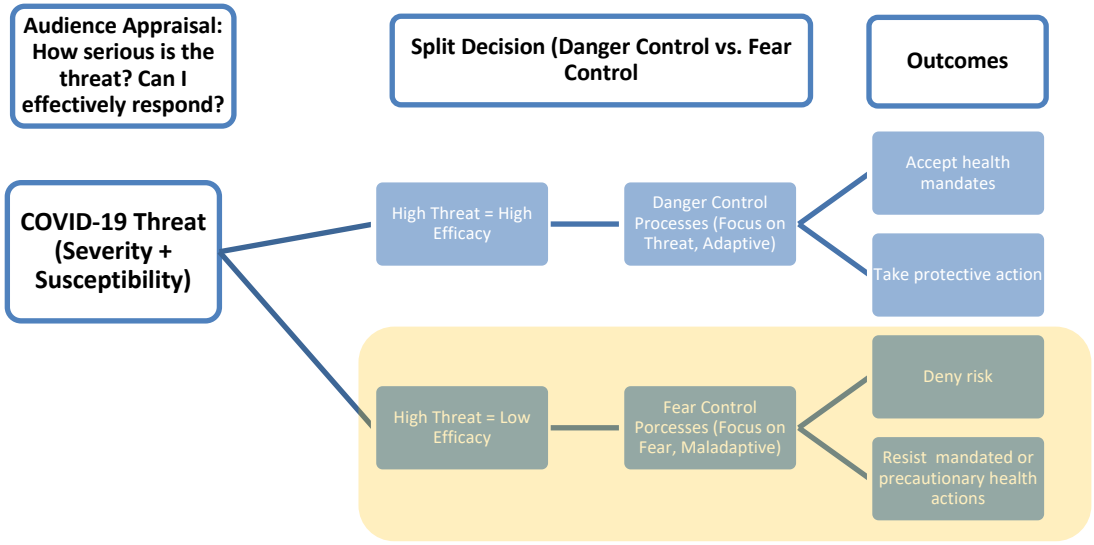


Fig. 6.2. Protest Rhetoric: Applied Extended Parallel Process Method (Witte, 1992).

This theoretical approach is especially useful in the context of pandemic protest rhetoric, where institutional messages often highlighted severe risks (e.g., community spread, hospitalization, death) without sufficiently affirming individuals' or communities' capacity to respond effectively. Witte emphasizes that studies which fail to account for efficacy tend to overlook why some fear appeals fail entirely, despite the clarity of the threat (331). In the Convoy case, for instance, public resistance to health mandates cannot be explained by

misinformation alone. However, EPPM helps account for how perceived loss of agency, policy confusion, and emotional overload contributed to fear control responses like protest, denial, and conspiracy uptake.

By replicating the blend of EPPM with thematic and rhetorical analysis presented in Chapter 5 but focusing on the high threat + low efficacy area of Witte's model, this study not only identifies moments of rhetorical breakdown but clarifies how messaging failure contributed to public mistrust and resistance. The model's insight, that high perceived threat combined with low perceived efficacy leads to maladaptive outcomes like denial, anger, or defiance, helps explain the affective drivers of protest during the COVID-19 pandemic. Yet the EPPM's strength lies in its adaptability: when paired with rhetorical theory, it becomes not just a behavioral tool but a diagnostic lens for understanding how messages are emotionally and ethically received. Emotional appeals, metaphors, and appeals to freedom function not only to frame threats, but to reinforce or erode the audience's sense of trust, agency and belonging.

To expand the emotional and rhetorical dimensions of EPPM further, this study draws on Jenny Rice's *Awful Archives* and Martha Nussbaum's *The Monarchy of Fear*. Rice (2020) conceptualizes conspiracy as a rhetorical mode that produces "archives of fear," or narratives assembled from fragments of uncertainty, frustration, and perceived betrayal (15-16). These archives do not rely on empirical verification but may offer coherence (to some) when institutional messaging fails. As she puts it, "the best conspiracy theory is one that most powerfully deploys conspiracism as an aesthetic end unto itself" (Rice, 48). Similarly, Nussbaum (2018) traces how fear, when intensified by isolation or inequality, devolves into blame, polarization, and the erosion of civic trust. Both authors offer crucial context for understanding why some publics reject official narratives even when presented with accurate information, an outcome predicted by the fear control side of EPPM. Together, they highlight the need for rhetorical literacy as a public health strategy, not only to correct misinformation but to engage publics empathetically in moments of perceived vulnerability and rupture.

The Chapel protest can be read as a localized manifestation of such a rupture, an emotionally charged challenge to institutional ethos under conditions of high threat and low trust. By contrast, the Convoy reflected a national-scale breakdown of trust in governance

and public health. Initially framed around cross-border vaccine mandates for truckers, the movement rapidly expanded into a sprawling coalition, incorporating vaccine skeptics, anti-government actors, and conspiracy theorists (Ling, 2022; Ward, 2022; and Gillies et al. 2023). While some participants voiced economic or civil liberty concerns, others mobilized extremist rhetoric and symbols, reinforcing the sense that institutional credibility had failed entirely (Ling, 2022).[54] Online disinformation and "guerrilla media" (Ding, 2014) amplified this unrest, transforming personal grievances into public spectacle. From an EPPM perspective, the convoy offered a high-threat narrative, placing civic freedoms under siege, but little in the way of constructive efficacy, producing mass fear control responses including denial, outrage, and symbolic occupation.

These rhetorical dynamics unfolded across the four stases identified by Fahnestock (1998, 2021): factual disputes over the mandates themselves, definitional debates about the nature of protest and freedom, evaluative claims about legitimacy, and finally, policy questions that culminated in the invocation of the Emergencies Act. In both the Chapel and Convoy cases, local media functioned as mediators within this rhetorical process, acting at times as amplifiers, skeptics, or translators. Their coverage shaped how risk, freedom, and trust were defined for local and national audiences, revealing the media's central role in either reinforcing or challenging institutional authority. At the same time, both protest events revealed a deeper rhetorical struggle over ethos, the credibility and moral positioning of key actors. Protest leaders such as Pastor Jacob Reaume and convoy figureheads like Pat King and Benjamin Dichter constructed themselves as principled outsiders resisting unjust state power, appealing to values of faith, freedom, and personal integrity. In contrast, government leaders such as Prime Minister Justin Trudeau presented themselves as guardians of public health and order, though their ethos was often contested by protestors who framed them as authoritarian or disconnected. These competing ethos performances, circulated, reframed, and sometimes undermined through media narratives, shaped how publics evaluated not only

[54] Organizers framed the demonstration as a protest about COVID-19 vaccination mandates and lockdowns. With many Canadians sharing that opinion, it gained credibility when a few Conservative politicians gave their support. However, the darker motivating beliefs became apparent when protesters began using their cellphones to broadcast live to Facebook, Twitter, TikTok, and other alternative social media sites, *Bitchute* and *Rumble* as live 24-hour news (Ling, 2022).

the events but the broader crisis of trust underlying them. By foregrounding these ethical contests, this analysis shows that ethos is not merely a quality possessed by individuals, but a rhetorical construct negotiated across discourse, identity, and institutional representation.

The moments of public rupture can also be viewed through the lens of rhetorical tipping points, a concept adapted by Ding (2014) to describe how sudden shifts in discourse often signal broader transitions in institutional framing, public sentiment, or policy response. Tipping points mark a convergence of kairotic forces, urgency, attention, and opportunity, that crystallize long-simmering tensions into visible and consequential action. In both the Chapel and Convoy cases, tipping points occurred when rhetorical escalation coincided with institutional rigidity: police charges and public condemnation in the Chapel case, and the invocation of the Emergencies Act during the Convoy. These were not merely escalations in event severity, but inflection points in public discourse where competing worldviews, affective intensities, and ideological divisions were exposed and amplified. Such moments make the rhetorical stakes of trust, authority, and public accountability acutely visible, offering insight into how civic life responds to disruption not only through argument, but through shifts in symbolic and emotional resonance.

In summary, effective risk communication during public health crises depends on more than information delivery, it requires rhetorical sensitivity to ethos, kairos, and the emotional states of audiences. As this analysis demonstrates, crisis rhetoric is most successful when it frames risk in ways that affirm audience values, provide clear pathways to action, and resonate within the broader cultural and emotional context. However, when institutional messages fail to do this, meaning when efficacy is unclear, and emotional resonance is lost, public responses may fracture into protest, conspiracy, and fear. This pivot sets the stage for the next section, which examines how trust itself is constructed rhetorically, how it erodes, and what can be done to repair it in a fractured civic landscape.

6.2.2 Theories of Public Trust and its Erosion

Building on the principles of effective crisis communication, this section considers scholarship on public trust, specifically, how trust is constructed rhetorically through *ethos* and how it deteriorates under conditions of surveillance, inconsistency, or perceived inequity.

As Aristotle notes, ethos is central to persuasion, built on perceptions of the speaker's moral character and credibility (*Rhetoric*, I). As Chapter 2 traced the historical shift in ethos from interpersonal to institutional authority, this chapter demonstrates how protest rhetoric both contests and reconfigures those norms. In protest discourse, ethos is not given, it must be constructed, often in response to institutional distrust or perceived abandonment. As discussed in Chapter 3, scholars such as Fahnestock (1998, 1999, 2011, 2021), Miller (1984, 1989, 1992, 2001, 2003) and Rice (2020) have shown how ethos is shaped rhetorically through both style and narrative coherence, especially when official authority is questioned. Therefore, trust is not static. It is situational and constantly negotiated, shaped rhetorically through the credibility of the speaker, the coherence of the message, and the degree to which audiences perceive shared values or empathy. Scholars such as Kitchin (2020), Lupton (1993, 2013), and the Canadian Civil Liberties Association (CCLA, 2020) document how state responses to the COVID-19 crisis, including intensified surveillance, enforcement measures, and unevenly applied policies, contributed to public skepticism, particularly when such responses seemed to ignore or marginalize certain communities. Under these conditions, enforced compliance can backfire, prompting resistance rather than cooperation, leading to further erosion of trust in authority and the institutions they represent.

In analyzing the erosion of public trust, I consider how ethos intersects with *kairos* as a central rhetorical concept for understanding moments of rupture and reaction. Carolyn Miller (1989), in "The Rhetoric of Decision Science," argues that rhetorical theory offers tools absent from technocratic models of governance, particularly the consideration of timing, audience, and emotion. Unlike decision science, which treats rationality as purely procedural, rhetorical reasoning acknowledges that "rationality is both substantive and procedural" and deeply shaped by "symbolic interchange" (Miller, 164). In this view, kairos is not merely a timely moment, but a break or rupture in communicative order that invites urgent meaning-making. During the pandemic, kairotic moments emerged when institutional messages about public health mandates, shaped by inconsistent policies, enforcement inequities, and surveillance, failed to resonate with public experiences. These failures destabilized the ethos of political and health authorities, undermining their perceived credibility and opening discursive space for protest and dissent. Both the Chapel and Convoy protests exemplify how

kairotic disruption can contribute to the public's reframing of legitimacy, risk, and responsibility, particularly when the dominant channels of crisis communication lose their persuasive force. In this way, kairos helps explain not just when publics respond, but why, particularly under conditions where trust has deteriorated and communication is experienced as exclusionary, contradictory, or unjust.

Here, rhetorical theory deepens our understanding of how trust functions as a persuasive appeal, especially during moments of public crisis and protest. In the context of pandemic response, perceived breaches in institutional ethos, such as inconsistent health messaging, contradictory political directives, or a failure to demonstrate accountability, create kairotic moments that prompt audiences to seek alternative sources of meaning and authority. These may include local media, peer networks, or community leaders who offer more resonant or trustworthy frames. Building on five rhetorical principles introduced earlier, this section argues that distrust and resistance should not be dismissed as irrational but instead recognized as rooted in lived experience and shaped by historical and emotional contexts. Second, efforts to build or repair trust must consider the diverse drivers of skepticism, which include not only misinformation but also fear, exclusion, and perceived inequity. Third, when scientific certainty is limited or evolving, the ethos of the speaker, demonstrated through moral character, practical wisdom, and goodwill, becomes especially critical. Fourth, communicators must engage audiences on their own terms, aligning messages with the cultural, social, and emotional realities of those they seek to reach. Finally, credibility and persuasion are most effective when rooted in shared values and emotional common ground, enabling a relational trust that can endure even in conditions of uncertainty (see Ihlen et al., 2021).

In this context, the media becomes more than a neutral partner. The media acts as both an amplifier and a gatekeeper of institutional ethos mediating how authority is constructed, challenged, or restored in public discourse. Journalists make rhetorical choices about whose voices are heard, which arguments are emphasized, and how events are framed (Majid et al., 2021). These decisions directly shape public perceptions of trust, credibility, and legitimacy. As such, this section explores how protest rhetoric, particularly in Canadian local news, not only reveals moments where trust broke down, but also where opportunities emerged to

reframe public discourse and restore civic dialogue. Jenny Rice (2020) adds that when trust in traditional institutions erodes, publics may turn to alternative narratives not for their factual accuracy, but for the affective coherence they offer, what she calls "archives of fear" (15-16). In such moments, ethos is forged not through expertise alone but through perceived alignment with community identity, emotional resonance, and the willingness to challenge dominant narratives. This makes media, especially local journalism, a key rhetorical actor in shaping whether public health messaging is accepted, contested, or protested.

As such, the Chapel and Convoy protests, did not emerge in a vacuum. As Lynteris (2020) observes, pandemics force societies to confront their own fragility, exposing deep structural inequities and prompting existential anxieties. The COVID-19 pandemic altered the social, political, and cultural fabric of Canada in profound ways, not only through the virus itself, but through the sweeping public health mandates and state surveillance practices implemented in response (Kitchin, 2020). The result was a rapid normalization of social control, including movement tracking, police enforcement, and fines for non-compliance. These mechanisms of compliance, often framed by government and media as necessary for public safety, created a rhetorical environment that fused risk discourse with moral judgment (Lupton, 1993; Lupton & Tulloch, 2002). Early pandemic media reinforced this notion by casting individuals as the primary agents of contagion, while downplaying systemic failures or broader socio-political accountability (Davis et al., 2014; Oxman-Martinez et al., 2009). In this context, pandemic protest rhetoric, whether expressed by a church defying lockdowns or truckers converging on Parliament, cannot simply be read as resistance to science, but as a response to the dominant trends towards moral and political construction of risk, regulation, and responsibility.

The COVID-19 pandemic, and particularly the rhetorical flashpoints of the Chapel and the Convoy protests, demonstrates the urgent need for professional and health communicators to adopt rhetorical literacy practices that account for how public trust is built, challenged, or eroded. Rather than attempting to explain the entire digital media ecosystem, this analysis stays grounded in how local and national protest discourse functioned rhetorically in specific public texts. The Convoy, for example, revealed not just political dissent, but a larger communication breakdown: message reception fractured as public health messaging lost

persuasive force amid competing definitions of risk, freedom, and responsibility. Through close rhetorical analysis of appeals to ethos, kairos, and narrative framing, this study shows how communicators can better recognize moments of rhetorical crisis, when high threat is perceived but efficacy is unclear, and respond with strategies that build identification, credibility, and clarity. This work highlights how rhetorical tools, such as audience awareness, stylistic control, and situational framing, are essential for professional communicators navigating health crises, where trust and collective action depend as much on how messages are said as on what they say.

To further understand how publics respond rhetorically when institutional trust erodes, the next section draws on foundational rhetorical frameworks that show how protest discourse takes shape during crises. These theories help explain not only why dissent emerges, but how it evolves through arguments over meaning, legitimacy, and response. Together, they provide the conceptual grounding for analyzing pandemic protest as a form of civic engagement shaped by breakdowns in credibility, ruptures in public trust, and the search for alternative frameworks of collective reasoning.

6.2.3 Rhetorical Approaches to Crisis and Protest Discourse

Rhetorical theory and discourse analysis offer tools to examine how pandemic protests in Canada functioned not only as political acts, but also as cultural and rhetorical reckonings grounded in questions of ethos and public trust. Central to this approach is Fahnestock's (1998, 2021) work on how scientific discourse is accommodated for public audiences, an act inherently tied to constructing and maintaining credibility (see my earlier discussions in Chapters 4 and 5). Protesters, reacting to what they perceived as a breakdown in institutional ethos, reframed public health mandates through personal narratives of faith, autonomy, and economic survival, filtering these experiences through what Burke (1966) called "terministic screens," the symbolic frames that shape both what is seen and how it is interpreted. Goodnight's (1982) tripartite model of argument, personal, technical, and public, helps explain how protestors challenged the rhetorical authority of science and inserted themselves into public discourse as alternative sources of meaning, legitimacy, and moral reasoning. This also generated alternative sources for trusted information.

During the pandemic, trust became a contested resource, shaped by shifting authority, competing evidence, and divergent values. This chapter reframes protest not as mere opposition, but as rhetorical resilience: a means of reclaiming voice and asserting care amid uncertainty. Drawing on McMurry's (2014) and Ding's (2014) concepts of crisis and "tipping points," the chapter analyzes protest discourse from December 2020 to March 2022 to show how rhetorical appeals like *ethos*, *kairos*, and *topos* help publics negotiate meaning during moments of disruption. Protest, in this view, becomes a generative space for civic deliberation and shared future-making.

In Ding's (2014) critical contextualized methodology (CCM) in transcultural communication about SARS, she offers a theoretically informed framework with a methodology to identify entry or tipping points, key players, power-knowledge forces, and approaches for investigating transcultural communication about global health events. Her examination of media's role in risk communication processes and the interaction among experts and governmental institutions highlights where risk information gaps or "risk communication vacuums" exist (Ding, 40-41, 67).[55] The evolution of digital communication technology, the transformation from traditional media and alternative media, and the subsequent embrace of "guerrilla media" provide the public with seemingly unlimited access to information (47).[56] These methods or communication channels are not only instantaneous but have global capability and reach, and they tend to become highly active in a crisis.[57]

[55] Ding's (2014) research identifies the negative impacts of risk information gaps, or "the risk communication vacuum," meaning that there is not necessarily a lack of communication between experts and the public, but something is "amiss in the nature and types of risk information being communicated" (Ding, 67). Her study on SARS in China found "excessive and selective reports" about nonessential aspects of a particular risk, creating false impressions about the actual nature and scope of the risk to the public.

[56] Ding defines guerrilla media as "interpersonal communication technologies widely used by and easily accessible to the general public, namely, technology-assisted media that include mobile-phone text messages, phone calls, Internet forums and chat rooms, traditional word-of-mouth, and popular social media applications, such as personal blogs, instant messaging, and the equivalent of Facebook, Instagram and X (formerly Twitter) in various countries" (47).

[57] Ding's research focused on SARS communication in China, Canada and the United States and the influence of cultural differences and how that shaped their communication practices and responses to the SARS and H1N1 epidemics. Her rhetorical and critical analysis of the construction of SARS as a social/cultural disease, in addition to being a medical one, sheds light on the interplay among medicine, politics, culture, ideology and power in various genres of SARS discourses (23-24).

Evidence of the negative impacts of these types of communication channels, particularly in terms of their speed and reach, can be seen in the Convoy outcomes.

This chapter draws on rhetorical stylistics and crisis rhetoric to examine how the language of public health communication and protest during the COVID-19 pandemic shaped perceptions of trust, risk, and authority in Canada. Employing Fahnestock's (1998, 2021) work on rhetorical stylistics, this study approaches communication not simply as a vehicle for transmitting facts but as a purposeful, audience-driven act of persuasion. Rhetorical stylistics acknowledges that while language does not argue by itself, humans use language to argue, and those intentions can be traced through stylistic choices. During the pandemic, Canadian political and public health authorities largely framed communication around the goal of "informing," a stylistic mode which presumes clarity and neutrality. Yet, as Fahnestock (2021) argues, the line between informing and persuading is often blurred, especially in contexts of heightened uncertainty and public anxiety (80).

Finally, as this analysis centers *ethos* as a critical dimension of rhetorical influence, I draw connections between how health authorities and media institutions attempted to position themselves as credible actors. Yet stylistic inconsistencies, contradictory messaging, and perceived moral overreach weakened their persuasive force. Fahnestock's (2021) stylistic model allows for the analysis of these rhetorical fractures, where language fails to uphold institutional credibility or resonate with specific publics. In times of crisis, the persuasive success of messaging depends not just on what is said, but how it is said, and by whom. These insights are particularly key when trust becomes a central site of tension.

These Canadian protest cases present a unique rhetorical situation. Despite Canada's reputation as a high social trust democracy with widespread vaccine uptake, these highly visible protest movements ranging from localized defiance (e.g., Chapel) to nationally disruptive events (e.g., Convoy) did happen (Soe Oo and Gable, *Reuters.com*, 2022). This paradox, between general acceptance and pronounced resistance, underscores the importance of examining not just protest content, but protest form: the metaphors invoked, the claims to ethos and credibility, and the appeals to shared cultural values. McMurry (2014) argues that rhetoric is not simply a reflection of crisis but a structure for responding to it. Protest, in this sense, is both a resistance to control and an expression of public deliberation. Likewise,

Ding's (2014) notion of "tipping points" emphasizes that rhetorical shifts often accompany changes in public sentiment, policy, or institutional framing. These shifts mark moments of *kairos*, where timing, context, and opportunity converge to reconfigure public discourse.

Despite the growing attention to risk and crisis communication and protest movements globally, the stylistic strategies employed in Canadian pandemic protest discourse remain underexplored. This study responds to that gap by using rhetorical stylistics and stasis theory to analyze the persuasive and discursive tactics used by both protestors and institutional actors. By identifying rhetorical tipping points and stylistic cues that shaped public perception, this analysis sheds light on how communicators might better navigate trust-building, message framing, and ethical persuasion during crises. As such, rhetorical analysis becomes not just a tool for critique but also a means of informing future health risk communication strategies.

6.3 Method

To understand how moments of public defiance became catalysts for wider discourses on trust, authority, and resistance, I examine two protests, one a local protest with the Trinity Bible Chapel in Waterloo Region and one, a more nationally focused protest with the Ottawa Region Freedom Convoy protest. I use a multidimensional coding framework, grounded in rhetorical theory and adapted for risk communication analysis. Specifically, the analysis assessed how *ethos* is constructed and contested, and whether moral authority is attributed to faith leaders or to public institutions, and to reveal how trust is rhetorically negotiated. The *kairos* dimension considered the temporal pressures and symbolic weight of the religious holiday season (Christmas) on the Chapel protests and the general pandemic fatigue brought on by the pandemic's third year of lockdowns, mandates and police powers, which heightened the sense of urgency and spiritual necessity expressed by protestors. Through topoi, or commonplaces, the analysis also traced recurring themes of religious freedom, government overreach, and the sacred versus secular divide that framed public arguments, as seen in the *Opinion* and *Letters to the Editor* sections of the *Waterloo Region Record* newspaper.

In keeping with the analytical approach adopted in Chapters 4 and 5, media framing was evaluated to determine whether media coverage acted as an amplifier, skeptic, or translator of government and legal discourse, key roles that influence public understanding and shape perceptions that lead to conditions for civic response. Finally, using Witte's EPPM (1992), the analysis assessed how messages associated with this case mobilized or failed to mobilize action. Specifically, I address how low perceived efficacy combined with high threat may have produced fear control responses (denial, defensiveness, or resistance), and how appeals rooted in distrust of secular science shaped public perceptions of risk and legitimacy.

Together, these coding dimensions offer a structured method to explore how rhetorical strategies and media representations converge to influence public resistance. They are designed to directly address the chapter's core research questions about: how communicators can identify effective entry points for engaging in contested public discourse, and what rhetorical literacy practices should be developed to support ethical, effective communication during future crises.

6.3.1 Search and Screening

This study draws exclusively on articles from the *Waterloo Region Record*, a privately owned Canadian local news outlet serving the Waterloo Region. Focusing on the second and third years of the COVID-19 pandemic (2021–2022), the analysis investigates how local media framed two major protest events, the Trinity Bible Chapel defiance of lockdown orders and the Ottawa-based Freedom Convoy, and how these communications shaped public perceptions of health risk, government authority, and institutional trust. Articles were systematically selected using a qualitative screening process based on temporal proximity (news media coverage that spanned in and around the late 2020, into 2021 and up until early 2022 period) to key protest events, thematic relevance, and rhetorical richness. In total, 180 articles were collected and analyzed. The analysis focused specifically on news coverage that directly reported on the protests themselves, expressed public responses (including *Letters to the Editor* and *Opinion* pieces), and/or conveyed related public health developments (e.g., vaccine mandates, lockdown policies, and enforcement actions).

Selection priority was given to texts that exhibited discernible acts of public argumentation and rebuttal, featured quotations from protest leaders, health officials, or local politicians, or included editorial framing that contributed to the public discourse. The 180 articles (made up of 61 local news and 35 national/global coverage, and the 84, specific to the two protest events) selected provided evidence of rhetorical patterns, such as appeals to ethos, emotional language, metaphor, and narrative framing, necessary for coding within the study's thematic and rhetorical analysis framework. By focusing on these criteria, the corpus reflects not only the factual chronology of events but also the evolving rhetorical dynamics through which protest, dissent, and institutional messaging were interpreted and contested in the local public sphere.

6.3.2 Data and Analysis

The analytical framework used in this study (see Fig. 6.1 and 6.2) applies a multi-stage rhetorical coding process grounded in discourse analysis, protest rhetoric, and classical stasis theory (Fahnestock, 1998, 2021). In the first stage, open coding, the articles were analyzed to identify key themes and discursive patterns. While earlier phases of this research focused on broader media framing, using themes such as *echoes of government messaging, critiques, emergency vs. reassurance appeals, public reaction, and local focus*, this later phase required an adaptation of the coding framework to account for the rhetorical dynamics specific to protest discourse. As protest content increasingly illuminated challenges to authority and civic norms, new themes were identified: (1) appeals to ethos (moral credibility); (2) expressions of public frustration or alienation; (3) challenges to scientific authority; and (4) oppositional framings of freedom versus control. These evolved themes remain conceptually connected to the original codes, but reflect a shift in rhetorical function, from acceptance messaging to contestation and renegotiation of institutional legitimacy (and draw on previous theming/framing work by Leah Ceccarelli, 2013). Particular attention was paid to rhetorical strategies such as metaphor, repetition, analogy, emotional appeal, and narrative positioning. These were tools used by both protestors and public institutions to advance claims and frame authority. While not yet sorted into formal EPPM categories, this initial coding stage

captured early signs of rhetorical crisis, where perceived threat and low efficacy surfaced implicitly, therefore setting the foundation for deeper analysis in subsequent coding phases.

In Axial coding, the analysis focused on how rhetorical form reinforced or subverted thematic meaning. This stage mapped the interaction between discursive techniques and deeper tensions around legitimacy, urgency, and moral authority. For example, protest narratives often invoked *kairotic* moments, such as "tipping points" (Ding, 2014), to amplify perceived grievances, while government and media responses attempted to stabilize discourse through appeals to legal order or scientific consensus. These dynamics were cross-referenced with Fahnestock's (1998) work on stasis theory, tracing how disputes evolved across four stasis points: fact (what occurred), definition (how it was framed), quality (how it was evaluated), and policy (what action was proposed). Tracking these shifts allowed the study to identify where persuasive strategies intensified or broke down.

Selective coding integrated these findings to categorize the rhetorical function of media and institutional actors in the broader protest discourse. As in the previous two chapters, media roles are classified as (1) amplifiers (repeating or legitimizing protest claims), (2) skeptics (challenging protest narratives), (3) translators (mediating between public and institutional perspectives), or (4) behavior influencers (attempting to sway public response through editorial or emotional framing). This stage also assessed how these roles fluctuated across case studies and protest timelines, revealing where institutional communication reinforced public trust, or contributed to its erosion.

Rather than measuring acceptance or persuasion alone, this analysis highlights deliberation, resistance, and rhetorical negotiation as core mechanisms of civic engagement during crisis. This study contributes both theoretical and applied insights: theoretically, by advancing rhetorical stylistics and protest analysis as tools for understanding how publics challenge or reshape institutional authority; and practically, by identifying communicative patterns and turning points that can inform future health risk communication, especially under conditions of social unrest. By examining protest as both rupture and response, this research repositions crisis communication not just as a management strategy, but as a public contest over meaning, legitimacy, and trust.

Rhetorical Strategy		Analysis
Theme / Concept (Open coding)	**Patterns/Relationship (Axial coding)**	**Theoretical Model/Framework (Selective coding)**
Theme: Identify the complex, abstract, or technical concept and rhetorical strategy used (e.g., Themes: ethos (moral authority), alienation vs. confusion, public defiance, and freedom vs. control; Rhetorical strategies: metaphor, repetition, narrative, emotional appeal) **EPPM:** Identify the presence of perceived threat (severity and susceptibility) and efficacy (response efficacy and self-efficacy) within the message.	4. **Establish a comparison** between the theme and the relationship to rhetorical strategy and EPPM structure. 5. **Analyze how appeals** (fear, hope, social norms) interact with perceived threat and perceived efficacy. 6. **Emphasize the intent and implications**: does the combination of rhetorical strategy and EPPM structure promote *danger control* (positive behavior change) or trigger *fear control* (defensive avoidance)?	**Identify:** how the strategy (e.g. appeal to fear) shapes understanding, emotional responses, or actions. What behaviors, attitudes, or values does this engage? **Outcome:** does the strategy resonate with the cultural, social, or situational context of the audience for maximum impact. E.g. Media roles: Amplifier (reinforce protest), Skeptic (challenge protest), Translator (contextualize), Behavior Influencer (shape public response).

Coding	Description	Example Categories
Open	What is being said (themes) How it is delivered rhetorically, e.g. rhetorical strategies, fear and efficacy appeals	- **Identification of themes** (e.g. 1) appeals to ethos (moral credibility), 2) expressions of public frustration or alienation, 3) challenges (defiance) to scientific authority, and 4) oppositional framings of freedom versus control) - Rhetorical strategies: Metaphor (e.g., "tyranny"), Pathos (fear, loss), Kairos (holidays, mandates) - Fear appeals: Framing state authority as existential threat - Efficacy appeals: Often absent or low; protesters emphasize lack of control or options
Axial	Identify relationships between themes and rhetorical strategies, particularly perceived threat vs. efficacy (EPPM)	- Identify whether threat and efficacy are balanced: 4) **High threat + Low efficacy = Fear control** (defensive protest, anger, conspiracy) 5) **High threat + High efficacy = Rare** (sometimes visible in calls to return to constitutional rights) **6) Low threat + High efficacy = Mostly absent** • Examine how rhetorical strategies eroded trust**,** shifting debate from policy acceptance to value-based opposition
Selective	Developing a core theoretical framework explaining how rhetorical strategies shaped public response and trust. Identify media's role in circulating messages and EPPM outcome**.**	• Media as: (1) *Amplifier*: Alt-media coverage of protest slogans and grievances (2) *Skeptic*: Legacy media coverage questioning legality and ethics (3) *Translator*: Outlets explaining mandates and police actions neutrally (4) *Behavior Influencer*: Editorials promoting public calm or demanding government accountability

		• EPPM outcome: • *Fear control* dominant (anger, protest) • *Danger control* rare • *No response* for audiences disengaged or numbed

Fig. 6.3. Protest Rhetoric: Rhetorical Thematic Coding Framework with Extended Parallel Process Model (EPPM)

6.4 Analysis: Earning and Sustaining Trust

The following analysis applies thematic analysis, rhetorical coding, and the Extended Parallel Process Model (EPPM) to local media, opinion, and public commentary to trace how these protests were framed, received, and reinterpreted, to reveal how rhetorical forms shaped not only institutional messages but also the public's capacity to engage, resist, or reimagine the terms of crisis communication. The Chapel and Convoy protests offer two distinct yet interrelated cases that show how moments of public dissent become rhetorical ruptures, or sites where competing values, anxieties, and appeals come together. These protests did more than challenge public health mandates but offered an opening for public discourse. They not only drew attention to the deeper fractures in institutional trust, but also questioned civic identity, and shared responsibility during the COVID-19 crisis. In this light, the Chapel and the Convoy exemplify how protests can serve as catalysts for public discourse but also reveal the difficulties of maintaining a cohesive public sphere amid conflicting arguments and agendas and extenuating communication circumstances.

The following tables (Tables 6.1 to 6.3 cover the "Chapel," and Tables 6.4 and 6.5 refer to the "Convoy") apply rhetorical and argumentation analysis to local media coverage of the Chapel and the Convoy protests. Table 6.1 examines the "Chapel" arguments as they evolve beginning with the *Open Letter* (Dec. 3, 2020) from Pastor Reaume of Trinity Bible Chapel, alongside supplemental reporting and commentary from the *Waterloo Region Record*. Table 6.2 focuses on *Letters to the Editor* published January 6, 2021, offering insight into community uptake and rhetorical negotiation. Together, these analyses illustrate how public discourse around these protests unfolded through argumentation, emotional appeals, and competing interpretations of risk, freedom, and democratic values.

This analysis, in part, considers the ethos of key figures, such as Pastor Reaume, Prime Minister Trudeau, and Convoy organizer Tamara Lich, each of whom constructed a public persona grounded in conflicting moral frameworks and claims to leadership credibility. Their

performances of ethos competed for public trust, often aligning with broader cultural narratives of authority, resistance, and belonging. The analysis is also attuned to kairos, revealing how rhetorical ruptures and tipping points (Ding, 2014) emerged at key moments when public discourse shifted, often in response to institutional enforcement, media framing, or escalating polarization. These moments functioned as accelerants, crystallizing dissent and reorienting public attention.

Finally, through *topos*, or culturally embedded lines of argument, the tables trace how shared values and recognizable narrative structures (e.g., sacrifice, freedom, persecution, collective safety) were deployed to persuade emotionally and ethically situated audiences (Miller, 2000). Using thematic analysis, rhetorical coding, and the Extended Parallel Process Model (EPPM), this chapter explores how resistance was framed not merely as public defiance but as a bid for moral legitimacy and civic participation. The media functioned as both witness and moderator, amplifying tensions while also translating between polarized positions to preserve space for public deliberation during a time of national crisis.

The first table below (Table 6.1) outlines the central arguments and rebuttals that shaped public discourse surrounding the Trinity Bible Chapel protest from January to April 2021. Drawing on local news reporting and community responses, this analysis maps how Pastor Jacob Reaume's claims about religious freedom, government overreach, and spiritual necessity were met with counterarguments grounded in public health data, legal interpretation, and alternative theological perspectives. These exchanges not only illustrate the clash of values, individual liberty versus collective responsibility, but also reveal how rhetorical appeals to ethos, community care, and legal legitimacy played out in public argumentation. By situating these claims within a broader crisis context, the table highlights how local media served as a forum for civic deliberation, giving voice to competing definitions of faith, law, and social duty in a moment of heightened moral and political tension.

Table 6.1: Argumentation Analysis of Chapel Protest and Public Discourse During COVID-19 (Local news, Jan 4 to April 26, 2021)

Claim	Counterargument or Rebuttal	Source
Pastor Jacob Reaume asserts that meeting in person is a biblical requirement, and restrictions violate religious freedoms.	Pastor Redekop counters that the desire to worship in person does not override community safety during a pandemic, emphasizing that worship can continue online and that faith can be enriched outside traditional church settings.	Reaume: Open Letter, Dec. 3, 2020 (posted on Chapel's website); Redekop: James Jackson, *The Record*, Jan. 5, 2021.
Pastor Jacob Reaume claims police were targeting the church to make an example of it.	Public health officials report widespread enforcement of public health orders, including actions against New Year's Eve parties and non-compliant businesses, with a focus on informing the public about restrictions rather than singling out specific groups.	Reaume: Chris Seto, *The Record*, Jan. 4, 2021; Monteiro: *The Record*, Jan. 7, 2021.
Pastor Jacob Reaume criticizes COVID-19 restrictions as "evil," citing low mortality rates.	Local Public Health data demonstrates a significant rise in COVID-19 cases and warns of community spread. From a rolling average of cases in September to December 2020, the incidence rate surged to 160 cases per 100,000 residents by early January 2021, reflecting the worsening pandemic situation.	Reaume: Sermon clip quoted in Catherine Thompson, *The Record*, Jan. 8, 2021.
Pastor Jacob Reaume argues that lockdowns are "unlawful" under the Canadian Charter of Rights and Freedoms, likening them to a police state.	Legal analysis acknowledges that pandemic measures infringe on rights but emphasizes that these rights are subject to reasonable limits justified in a free and democratic society, as outlined in the Charter's provisions.	Reaume: Repeated in sermons and blog posts, summarized in *The Record* articles; Hutchinson: *The Record*, Apr. 26, 2021.
Pastor Jacob Reaume accuses politicians of hypocrisy, citing violations of public health measures by some officials.	Local investigation reveals no breaches by politicians or health leaders in Waterloo Region, though similar violations were reported in other parts of Ontario.	Reaume: Statement during Jan. 3 service; Booth, Monteiro, Thompson: *The Record*, Jan. 8, 2021.
Pastor Jacob Reaume claims that church gatherings provide hope amidst "doom and gloom" of lockdowns.	Pastor Redekop emphasizes the church's responsibility to care for its congregation by prioritizing safety during the pandemic, advocating for online worship as a protective measure.	Reaume: Quoted in Chris Seto, *The Record*, Jan. 4, 2021; Redekop: James Jackson, *The Record*, Jan. 5, 2021.

In the spirit of public deliberation, the *Waterloo Region Record* invites readers to participate in civic discourse by submitting to its "Opinions" and "Letters to the Editor" sections. While submissions may be edited for length or clarity, these public-facing forums offer a meaningful rhetorical space where residents can reflect on community issues and add their voices to ongoing debates. Following the Chapel protests and the news of related charges, the *Record* published a full section of reader letters on January 6, 2021, each

expressing concern about the Chapel's defiance and affirming public health measures. These letters reflect not just individual reactions, but a broader consensus around shared values such as public safety, collective responsibility, and ethical leadership.

In rhetorical terms, this discourse reveals a layered interplay of ethos, kairos, topos, and temporality. Ethically, these letters juxtapose competing forms of ethos: Pastor Reaume's presentation of himself as a defender of religious freedom versus the writers' emphasis on a communal, care-based ethos grounded in Christian duty and civic responsibility. This rhetorical clash exposed a tension between individual conviction and public obligation, reframing the protest not as an isolated religious act, but as a challenge to broader moral norms. Kairotically, the publication of the letters at a moment of public rupture, just days after charges were laid and infections surged, illustrates a tipping point where long-building frustrations found timely, focused expression. These letters served as a kairotic response to a moment when rhetorical conditions were primed for ethical clarity and collective reaffirmation. The *temporality* of the protest and response is also rhetorically significant: the letters emerged in the immediate aftermath of the Chapel's defiance and during the peak of the pandemic's second wave, intensifying the sense of urgency, moral clarity, and public demand for accountability. The topos of the arguments, ranging from analogies about Christian love to appeals for public trust in science and law, demonstrated high emotional and cultural resonance. Writers drew on familiar narratives and shared moral vocabularies to make their positions accessible and persuasive to a local audience, thereby reinforcing dominant definitions of responsible citizenship and religious practice during a public health crisis.

6.4.1 Entry points for shaping conversations about global issues

Table 6.2 presents a rhetorical and argumentation analysis of seven *Letters to the Editor* published in the *Waterloo Region Record* on January 6, 2021, in response to the Chapel's defiance of public health restrictions. The goal of this analysis is to examine how everyday citizens, through short opinion texts, participated in public deliberation about risk, responsibility, and the ethics of protest during a health crisis. Drawing from thematic analysis (taken from grounded theory) and rhetorical frameworks, each letter was coded for

dominant emotional appeals (fear, hope, social norms), key rhetorical strategies (e.g., ethos, metaphor, narrative), and its alignment with broader patterns of argumentation as outlined in Fahnestock's (1998, 2021) stasis theory.

In this dataset, ethos emerges as a central site of rhetorical negotiation, as letter writers challenge Pastor Reaume's moral authority by reframing Christian duty as communal care rather than individual defiance. This reflects a competing ethos, where ethical credibility is not simply claimed but tested against public values and civic norms. Kairos is also central to this rhetorical moment: the letters were published during a peak in local infections and just days after legal charges were laid, marking a tipping point in public discourse where emotional urgency and ethical clarity converged. The temporality of this moment, the alignment of escalating crisis, community outrage, and institutional response, amplifies the rhetorical force of the letters as urgent interventions in an unfolding debate.

The topoi employed across the letters, moral analogy, shared civic responsibility, and the sanctity of life, draw on culturally resonant frames that evoke both religious and secular ethics. By situating their arguments within familiar value systems, the writers appeal to readers' emotions and shared sense of duty. Additionally, Table 6.2 integrates the Extended Parallel Process Model (EPPM) to assess how combinations of perceived threat and efficacy shaped the persuasive potential of each message, whether it encouraged adaptive behavior (danger control) or produced defensive reactions (fear control). To note, the threat and efficacy levels coded in this table refer to how each letter writer rhetorically frames the situation, particularly the perceived level of threat to public health and the implied efficacy (or ineffectiveness) of the response or actors involved. For example, "high threat + low efficacy" reflects the writer's view that COVID-19 poses serious danger and that the Chapel's actions were ineffective or counterproductive in reducing that threat. Finally, these selected letters are evaluated in terms of how they contribute to the media's rhetorical function, as amplifiers, skeptics, translators, or behavior influencers, helping to map how community discourse shaped, reinforced, or challenged institutional credibility during the pandemic.

Table 6.2: Rhetorical Analysis of *Letters to the Editor* – Chapel (January 6, 2021)

Rhetorical Strategy		Analysis
Theme / Concept (Open coding)	**Patterns/Relationship (Axial coding)**	**Theoretical Model/Framework (Selective coding)**
Letter 1: "Chapel didn't show neighborly love." (Bruce Bauer, *The Record*: A9) **Key issue:** The Chapel's defiance contradicts Christian values of love and care for others, especially during a public health crisis.	**Framing:** Ethos & moral judgment of hypocrisy. **Strategy:** Moral appeal, irony (Christianity vs. behavior).	**Stasis point: Quality** – Was this act just or loving? **EPPM: High threat + low efficacy → Fear control.** **Media as Behaviour Influencer** ***EPPM threat/efficacy** refers to the way the letter writer frames the public health risk and the effectiveness (or failure) of the actions taken by individuals, institutions, or the government.
Letter 2: "Church that defies law shows disregard for all." (Elizabeth Clarke, *The Record*: A9) **Key issue:** Lawbreaking undermines public trust and safety; protest framed as selfish and unjustified.	**Framing:** Policy and social responsibility uphold public order. **Strategy:** Legal reasoning, condemnation.	**Stasis point: Policy/Quality** – What is acceptable action? **EPPM: High threat + low efficacy → Fear control.** **Media as Amplifier**
Letter 3: "Defying health law doesn't reflect Christian behavior." (Kim Denstedt, *The Record*: A9) **Key issue:** Faith-based defiance is framed as un-Christian; prioritizing freedom over others' health is morally flawed.	**Framing:** Ethos & Quality: moral misalignment. **Strategy:** Religious reference, pathos (risk to others).	**Stasis point: Definition/Quality –** What is "Christian" behavior? **EPPM: High threat + low efficacy → Fear control.** **Media as Behaviour Influencer**
Letter 4: "We must all act together to stop COVID-19 spread." (Julie Dionne, *The Record*: A9) **Key issue:** Promotes unity across faiths; prioritizes safety of health systems and vulnerable populations.	**Framing:** Hope & Social Norms: emphasizes solidarity. **Strategy:** Collective ethos, appeal to shared duty.	**Stasis point: Policy** – What should we do now? **EPPM: High threat + high efficacy → Danger control.** **Media as Amplifier**
Letter 5: "This church is happy to comply with restrictions." (Rev. William Horne, Pastor, Glen Acres Baptist Church, *The Record*: A9) **Key issue:** Shows that religious communities can comply without compromising faith.	**Framing:** Ethos & Social Norms: acceptance as civic virtue. **Strategy:** Contrast with Chapel, ethos modeling.	**Stasis point: Definition/Policy –** What defines responsible faith? **EPPM: High threat + high efficacy → Danger control.** **Media as Amplifier and Behaviour Influencer**

Letter 6: "COVID-19 doesn't care what religion you choose to follow." (Ronnie Lowrey, *The Record*: A9) **Key issue:** Frames virus as impartial; religion is not a shield from consequence, meaning public safety trumps dogma.	**Framing:** Ethos & Fact: universal threat recognition. **Strategy:** Factual/logical framing; indirect warning.	**Stasis point: Conjecture/Quality –** What's the nature of the threat? **EPPM: High threat + low efficacy → Fear control.** **Media as Skeptic**
Letter 7: "God doesn't want people to be infected with COVID." (Bob Publicover, *The Record*: A9) **Key issue:** Argues that true religious practice promotes protection of life and responsible health action.	**Framing:** Ethos & Moral Clarity: religious appeal in support of science. **Strategy:** Theological ethos, moral appeal.	**Stasis point: Definition/Quality –** What is God's will in crisis? **EPPM: High threat + high efficacy → Danger control.** **Media as Behaviour Influencer**

Tables 6.1 and 6.2 reflect a strikingly unified rhetorical stance in response to the Chapel protest, with both journalists and members of the public expressing public concern through both emotional and ethical appeals. Open coding identifies dominant themes of fear, especially fear of infection, healthcare strain, and moral decay, alongside hope, rooted in collective unity, faith-based values, and public acceptance. Social norms emerge as a consistent thread, reinforcing communal responsibility, trust in health leadership, and the expectation that civic actors will prioritize the common good.

Rhetorically, the letters rely heavily on ethos, not only through appeals to Christian teachings and healthcare ethics, but also through the performance of competing ethos between figures such as Pastor Jacob Reaume and other community faith leaders. For instance, Rev. William Horne's letter "This church is happy to comply with restrictions" (Jan. 6, 2021) aligns acceptance with civic virtue, countering Reaume's framing of defiance as moral courage. Such contrasts foreground ethos as a contested space, where moral authority is negotiated through opposing values of duty, freedom, and care. Many of the letters adopt a narrative style, either through personal testimony, reflective moral storytelling, or community observation. For example, letters like "God doesn't want people to be infected with COVID" (Publicover, Jan. 6) use a personal theological framework to affirm public health guidance, while others such as "Chapel didn't show neighbourly love" (Bauer, Jan. 6) present a moral critique rooted in the writer's lived understanding of Christian responsibility. These letters often feature first-person voice, appeals to shared values, or moral scenarios that position the

writer as both witness and participant in the unfolding crisis. This narrative grounding increases the persuasiveness of their appeals by inviting identification and empathy from readers.

In axial coding, letters that emphasize shared ethical clarity (Denstedt, Jan. 6), public duty (Dionne, Jan. 6), and care for others align with the danger control process in the EPPM framework, encouraging adaptive responses such as adherence to health mandates or community solidarity. Conversely, letters marked by confusion, frustration (Clarke), or disillusionment (Bauer), such as "Church that defies law shows disregard for all" (Clarke), signal fear control, where concern is present, but efficacy is low, resulting in expressions of emotional fatigue or civic disengagement.

In selective coding, these letters function in multiple rhetorical roles. Some act as skeptics, critiquing protest rhetoric or institutional inconsistencies; others serve as amplifiers, reinforcing public health messaging with moral or spiritual framing; and still others operate as behavior influencers, modeling ethical conduct and suggesting socially responsible paths forward. Taken together, *the Record's* editorial decision to publish this range of letters illustrates how local media can function as a forum for deliberative democracy, enabling community members to publicly negotiate values, responsibilities, and responses during a time of public crisis.

These arguments also reveal moments of kairos, particularly in their collective response to the temporally specific rupture caused by the Chapel's defiance. The publication date, January 6, 2021, is significant: a moment when regional case counts were rising, national discussions about enforcement were intensifying, and pandemic fatigue was cresting (D'Amato). The letters demonstrate that kairotic urgency helped catalyze a rhetorical tipping point, where public emotion and institutional response were tightly coupled. As Ding (2014) notes, tipping points occur when rhetorical escalation intersects with institutional rigidity, and the letters reflect precisely that inflection (35, 37-41).

From a topos perspective, the letters use culturally resonant arguments and narrative framing strategies. Bruce Bauer's "Chapel didn't show neighbourly love" evokes both theological and social norms, while Julie Dionne's "We must all act together…" advances a collective, forward-looking hope. Metaphor and moral contrast are key tools here, helping

to frame the debate in terms of love versus selfishness, duty versus defiance, and community versus individualism.

Aligned with EPPM coding, letters like Publicover's, "God doesn't want people to be infected with COVID," combine high threat + high efficacy messages, modeling danger control by embedding public health alignment within theological rationale. Conversely, letters expressing disillusionment or outrage, such as Denstedt's "Defying health law doesn't reflect Christian behavior," may reflect fear control by emphasizing threat without a clear behavioral pathway. Together, these patterns reflect more than disagreement. They demonstrate civic argumentation shaped by temporality, emotion, and moral urgency**.** These EPPM assessments are based on the rhetorical cues embedded in the letters themselves, specifically, whether the author signals confidence in a viable response (e.g., compliance with health measures, moral obligation, or civic duty) or instead portrays the situation as overwhelming, hopeless, or lacking constructive solutions. High efficacy is coded when the letter suggests clear, actionable steps that align with public health guidance or moral authority; low efficacy is indicated when letters express outrage, helplessness, or distrust without offering a means of redress or behavioral change. The *Waterloo Region Record's* editorial choice to publish a coordinated page of letters at this moment amplified a sense of collective kairos, reinforcing the newspaper's role as a deliberative forum responsive to tipping points in public discourse. However, a space for true public discourse would suggest that some of the letters might have supported Reaume and his Chapel's stance on in-person worship. It is entirely possible that additional letters were submitted but not published.

Taken together, these letters illustrate how rhetorical principles, ethos, kairos, and topos, shaped community discourse in the wake of the Chapel protest. The writers draw on shared moral frameworks, cultural narratives, and emotional appeals to define responsible civic action and contest what they saw as a breach of communal trust. The editorial decision to publish a full page of letters on January 6, 2021, signaled a kairotic response to rising public tension, elevating local deliberation into a visible, collective moment of rhetorical action. These responses not only reinforced dominant public values like safety, compassion, and accountability, but also positioned the *Waterloo Region Record* as a central forum for negotiating meaning and trust. This groundwork sets the stage for the next layer of Chapel

analysis, how local editorials and opinion writers expanded, challenged, or recontextualized these communal arguments in the broader framing of public health, law, and leadership.

Now turning to the *Waterloo Region Record's* "Opinion" section (Table 6.3), of the total 31 articles analyzed (drawing on articles collected from the same time period as the Chapel protest, and post the above *Letters to the Editor*), the results indicate that the scope of deliberation is expanding. Here, journalists, public figures, and experts weigh in with broader arguments, connecting local actions to provincial and global crises. This next table illustrates how the full study applied to a small selection the same rhetorical framework, open, axial, and selective coding of the articles analyzed, to understand how these *Opinion* pieces further shaped and responded to public discourse during the pandemic.

Table 6.3: Rhetorical Analysis of *Opinion* articles (January 8 to February 1, 2021)

Rhetorical Strategy		**Analysis**
Theme / Concept (Open coding)	**Patterns/Relationship (Axial coding + EPPM)**	**Theoretical Model/Framework (Selective coding/Media role)**
Opinion: "Police should have shut down illegal, dangerous church service." (Louisa D'Amato, Jan. 6, 2021, *The Record*: A3) **- Themes:** (1) Appeals to ethos (moral credibility), (2) expressions of public frustration, (4) critique of authority's handling of the situation (control). **- Strategy:** Legal ethos, community protection at stake, direct critique of authority's ability to handle the situation.	**EPPM: Moderate threat + moderate efficacy →** **Mixed response**: understanding of protest motives but affirms need for authority to intervene for the protection of the community.	**Media as:** **(1) Amplifier** of public frustration **(2) Skeptic** of police inaction
Opinion: "Church protests against restrictions don't exist in a vacuum" (Stan Fowler**,** Jan. 8, 2021, *The Record*: A9) **- Themes:** (4) Religious freedom, (1) community ethics, complexity of obedience. **- Strategy** Ethos (Christian theology), narrative, irony, call for compassion.	**EPPM: Moderate threat + moderate efficacy →** **Mixed response**: understanding of protest motives but affirms public health duty	**Media as:** **(3) Translator** bridging faith and public health; (4) **Behavior influencer** urging ethical acceptance
Opinion: "What can we learn from our history of human behavior and disease?" (Dan Popowich, Jan. 16, 2021, *The Record*: A10)	**EPPM: Moderate threat + high efficacy →**	**Media as:** **(4) Behavior influencer** promoting

- Themes: (1) Historical reflection, repeated mistakes, (3) need for humility. **- Strategy**: Historical analogy, ethos (academic/scientific), reflective tone.	**Danger control response:** Promotes reflection and adaptive public learning	collective learning and empathy
Opinion: "In this lockdown, we have a full communication breakdown" (Keith Leslie, Jan. 22, 2021, *The Record*: A9) **- Themes:** (2) Breakdown in government-public trust, (4) confusion over rules. **- Strategy:** Repetition ("breakdown"), narrative, direct critique of government messaging.	**EPPM: High threat + low efficacy →** **Fear control response**; confusion leads to erosion of authority credibility	**Media as:** **(2) Skeptic** of institutional messaging; (1) **Amplifier** of public frustration
Opinion: "What is missing from the minds of conspiracy theorists?" (Dan Riga, Jan. 23, 2021, *The Record*: A11) **- Themes**: (1) Dangers of misinformation, (3) public irrationality, social psychology. **- Strategy**: Use of irony, logical critique, scientific ethos.	**EPPM: High threat + low efficacy →** **Fear control response:** warns of distrust spirals and cognitive closure	**Media as:** **(2) Skeptic** of conspiratorial thinking; (4) **Behavior influencer** urging critical thinking
Opinion: "COVID-19 and our forgotten freedoms" (Ezeani & Newman, Feb. 1, 2021, *The Record*: A9) **- Themes:** (2) Erosion of constitutional freedoms, role of law, (4) civic responsibility **- Strategy:** Legal ethos, moral urgency, analogy to Charter rights, emotional appeal to civil liberties	**EPPM: High threat + low efficacy →** **Fear control response**: Protest framed as justified response to overreach; institutional messages failed to maintain perceived legitimacy	**Media as:** **(1) Amplifier** of protest rationale; **(2) Skeptic** of public health overreach

The above analysis of *Opinion* articles (six out of a total of 31 articles analyzed) from the *Waterloo Region Record*, reveal how the local community, including public intellectuals, clergy, and commentators engaged in nuanced rhetorical negotiation over the ethics, legality, and social consequences of pandemic restrictions and protest. While some authors, like Ezeani and Newman (Feb. 1), used constitutional and legal frameworks to amplify protest rationales and critique state overreach, others, like Fowler (Jan. 6) and Popowich (Jan. 16), offered more mediating voices, acknowledging protest motivations while reaffirming civic responsibility and public health norms. Across the articles, rhetorical strategies such as historical analogy, theological reasoning, irony, and narrative were employed to assert ethos, frame risk, and invite public reflection. From the perspective of the Extended Parallel Process Model (EPPM), these opinions exhibit both danger control responses (encouraging

adaptive, informed behavior) and fear control reactions (articulating frustration or perceived helplessness in the face of communicative breakdown). Collectively, these texts position the *Opinion* section as a vital space of rhetorical deliberation, where the tensions between freedom and safety, rights and responsibilities, and authority and dissent were publicly worked through. The media, in this role, acts not only as a forum but as a translator and behavior influencer, helping to stabilize discourse in a time of deep uncertainty and fragmented trust.

A notable example of rhetorical intervention is Stan Fowler's *Opinion* piece, "Church protests against restrictions don't exist in a vacuum" (Jan. 8). As a professor emeritus of theology, Fowler leverages his academic and religious ethos to contextualize the Chapel's actions within a broader cultural and theological frame. He argues that the church's defiance of public health mandates reflects not only theological misinterpretation but also a deeper "culture war" sentiment in which conservative Christian groups perceive themselves as under siege. By referencing Bill C-6 (which banned conversion therapy) and controversies over the flying of Pride flags in Catholic schools, Fowler shows how grievances over pandemic restrictions are entangled with larger social and political anxieties. He ultimately warns against conflating temporary public health rules with existential threats to religious freedom, calling it a "serious confusion of categories." This piece serves as a rhetorical translator, bridging the gap between secular public health concerns and theological reasoning, while also modeling a danger control message under EPPM by affirming both the legitimacy of faith and the necessity of collective health measures.

In contrast, *The Record* columnist Luisa D'Amato's piece, "Police should have shut down illegal, dangerous church service" (Jan. 6), takes a more assertive stance. While maintaining her role as a journalist, D'Amato explicitly enters the public argument with a strong appeal to logos and ethos, criticizing what she views as insufficient enforcement of the Reopening Ontario Act. Her article blends factual evidence, including case numbers and legal responsibilities, with personal moral judgment, demanding accountability from police and civic leaders. She also invokes the authority of Waterloo Regional Police spokesperson Cherri Greeno to clarify the enforcement approach. D'Amato's contribution exemplifies a media voice acting as both skeptic and behavior influencer, urging institutional actors to meet

public expectations and reinforcing the urgency of risk mitigation. Together, these *Opinion* articles reveal the layered rhetorical dynamics of local discourse during the Chapel protest, showing how *The Record's* editorial pages became a space for theological interpretation, institutional critique, and civic reasoning under crisis.

The full collection of 31 *Opinion* articles, from February 2021 to July 2022, reflects a shifting rhetorical landscape that parallels public sentiment and institutional response to the evolving pandemic. Early pieces, such as "Vaccine rollout needs to be a top priority" (Stevenson, Feb. 18) and "We must make COVID-19 vaccinations mandatory" (Cohn, March 31), illustrate a period marked by urgency and high threat perception. These texts emphasized shared moral obligations and institutional credibility, aligning with the danger control process in Witte's EPPM, where high threat is met with high perceived efficacy, prompting adaptive behaviors such as vaccine uptake and community acceptance.

This rhetorical function is further illuminated through the lenses of *ethos*, *kairos*, and *topos*, as seen in the *Record's* opinion coverage during and immediately following the Chapel protests. Again, in D'Amato's editorial, "Police should have shut down illegal, dangerous church service" (Jan. 6), the *ethos* of moral outrage is grounded in a civic framework that prioritizes lawfulness and communal safety, criticizing institutional hesitation as a failure of duty. The timing of this piece, published immediately after news of the Chapel's defiance and just as infections surged, amplifies its *kairotic* force, marking it as a rhetorical inflection point demanding swift public response. Similarly, in Stan Fowler's "Church protests against restrictions don't exist in a vacuum" (Jan. 8), *ethos* is negotiated through theological reflection, suggesting that even in contesting state authority, moral credibility must be earned through compassion, not defiance. These articles deploy culturally resonant *topoi*: Christian obedience, constitutional freedom, and civic responsibility. In "What can we learn from our history of human behavior and disease?" (Popowich, Jan. 16), historical analogy serves as both strategy and *topos*, warning readers against "repeating the same mistakes" and positioning scientific humility as a credible moral stance. Meanwhile, critiques of communication failure in Keith Leslie's "In this lockdown, we have a full communication breakdown" (Jan. 22) reinforce the temporal volatility of public trust, missteps in messaging become moments of rhetorical rupture. This is echoed in Dan Riga's

ironic deconstruction of conspiracy belief (Jan. 23), where the *ethos* of scientific rationality is marshaled against irrationalism, and in Ezeani and Newman's "COVID-19 and our forgotten freedoms" (Feb. 1), where legal argumentation and Charter references form the *topos* of civil liberty and moral erosion. Together, these texts illustrate how *Waterloo Region Record* cultivated a space of ethical argumentation shaped by timely exigence (*kairos*), diverse moral appeals (*ethos*), and persuasive strategies (*topoi*) that resonated with both legal authority and cultural identity.

Finally, protestors constructed their own ethos through appeals not to science or public consensus, but to religious conviction, moral absolutism, and constitutional freedom. Pastoral leaders framed their defiance of public health orders as a higher moral obligation, to God over government, thus enacting a form of sacred ethos rooted in biblical authority. This rhetorical move repositions the church as a guardian of truth and conscience rather than as a violator of law. Media coverage initially framed this defiance with legalistic and public health language, yet as the church continued its resistance, local reporting began to reflect the moral seriousness and emotional conviction behind the protests. For instance, headlines describing the congregation as "standing firm in faith" or "defying state over conscience" suggest an evolving media stance that, while not fully sympathetic, increasingly acknowledged the ethical framework shaping these actions. This contestation of ethos, in terms of protest, reflects what I call *punctuated ethos*, a disruption of conventional authority by morally charged counterclaims that seek to displace institutional credibility.

In conclusion, Bitzer's concept of the rhetorical situation reminds us that exigence arises not just from events themselves, but from the way those events are framed and responded to. In this case, the protest was not just an act of civil disobedience, but a kairotic moment, a "moment of rhetorical salience," or a timely rupture that demanded public attention and rhetorical response (Miller, 165). Fahnestock's (1998) stasis theory helps explain how the debate evolved: from factual disputes about restrictions, to definitional and ethical arguments about religious freedom and responsibility, and finally to policy demands on enforcement and public accountability. The media's role in navigating these tensions, shaping ethos through sourcing, tone, and emphasis, was critical in sustaining a sense of civic engagement. As Burke suggests, language not only reflects reality but also selects and deflects it, and in

times of crisis, the ways in which rhetoric frames blame, risk, and hope shape public perceptions and actions (44-45). These insights point to the importance of rhetorical literacy practices that prepare health and professional communicators to engage proactively with communities.

This local case sets the stage for understanding how similar rhetorical tensions scaled up and intensified during the Freedom Convoy protest. The next section builds on this foundation by tracing how protest rhetoric escalated from localized defiance to a nationally polarizing movement, challenging public trust, political authority, and collective values on a much broader scale. In doing so, it underscores the urgent need for rhetorical literacy among professional and health communicators tasked with engaging publics amid contested meanings, fractured trust, and rapidly shifting discourse.

6.4.2 Literacy Practices – Creating a Sense of Certainty in the Face of Uncertainty

The Convoy began on January 22, 2022, in response to the Canadian federal government's vaccine mandate for cross-border truckers implemented on January 15, which required unvaccinated Canadian drivers to quarantine and barred unvaccinated U.S. truckers (Aiello, *CTVNews*, Jan. 20, 2022). Although originally framed as a grassroots trucker protest defending employment and civil liberties, the Canadian Trucking Alliance (Beghetto, January 2022) noted that 85 percent of truckers (at the time) were already vaccinated, and most did not support the demonstration.

As the Convoy gained momentum, it quickly evolved from a narrow grievance into a broader movement, attracting actors with anti-government, anti-vaccine, and extremist ideologies. The rhetorical expansion of the Convoy paralleled a series of tipping points in Canadian pandemic governance: prolonged lockdowns, the spread of the Omicron variant, growing pandemic fatigue, and increasingly inconsistent public messaging (Aiello, 2022). These ruptures created what Carolyn Miller (1989) defines as *kairos*, not simply a moment in time or timeliness, but a discursive rupture demanding rhetorical action, where publics reframe meaning through protest, dissent, and competing truth claims.

From a rhetorical standpoint, the Convoy exemplifies how protest emerges when ethos (institutional credibility) erodes and kairotic pressure escalates. Protesters seized the moment

to reposition themselves as defenders of freedom, but their message was fractured by conflicting claims, conspiratorial rhetoric, and the use of guerrilla media (Ding, 2014), which bypassed traditional sources to spread misinformation via social media platforms such as Instagram, Facebook, and YouTube. These channels amplified high-threat, low-efficacy narratives, triggering fear control responses in line with Witte's (1992) EPPM with the public rejection of mandates, denial of government legitimacy, and radicalized calls for political disruption.

To better understand these rhetorical shifts, I draw once again on Fahnestock's (1998) adaptation of classical stasis theory to trace how public discourse about the Convoy progressed through the four stases (disputes of fact (what happened), definition (what the protest was), quality (was it justified?), and policy (what should be done). This framework illuminates how competing arguments evolved and polarized, ultimately pressuring institutional responses, including the unprecedented invocation of the Emergencies Act on February 14, 2022 (Public Safety Canada).

The following tables (Tables 6.4 and 6.5) illustrate the analysis using thematic analysis, through open, axial, and selective coding, alongside rhetorical and EPPM frameworks, to illustrate how local public responses to the Convoy protest were constructed and circulated in the *Waterloo Region Record*. Specifically, I examine 22 *Letters to the Editor* (Table 6.4) and 21 *Opinion* articles (Table 6.5), focusing on how appeals to *ethos* (credibility, moral authority), *kairos* (timing, urgency, rhetorical opportunity), and *topos* (culturally resonant arguments and values) structured public engagement. These responses demonstrate how local media provided a platform for negotiating civic trust, offering a rhetorical space where institutional credibility, public sentiment, and ethical judgment were contested in real time. Understanding these dynamics reveals how trust is not merely given or withdrawn but rhetorically constituted, reshaped, and sometimes fractured during moments of rupture.

The *Letters to the Editor* articles responding to the Convoy, featured in the *Waterloo Region Record*, offer a snapshot of local civic engagement and public sentiment during a volatile national moment (articles selected during the Feb. 4 to 26 period). These letters, often brief but rhetorically potent, collectively frame the protest not as a legitimate expression of civic resistance, but as a movement co-opted by extremist rhetoric and

misinformation. Dominant themes include concern over the misuse of freedom language, the erosion of public trust, and the threat to democratic norms posed by the protest's escalation and symbolism. In terms of rhetorical strategy, writers frequently employ irony, redefine "freedom," and mobilize cultural analogy to highlight the disconnect between the Convoy's claims and its actions. The use of ethos, particularly the invocation of civic duty, public health values, and moral responsibility, is central, with writers challenging the character and credibility of the protest's leadership and participants. From a stasis theory perspective (Fahnestock, 1998), most letters dwell in the stages of definition ("What kind of protest is this?") and quality ("Is it ethical or irresponsible?"), with few progressing to concrete policy recommendations, which reveals public disillusionment and rhetorical gridlock.

Applying Witte's EPPM (1992), the letters (11 of the 21 presented in Table 6.4) predominantly reflect a high perception of threat, particularly regarding civic unrest, public health risk, and the spread of misinformation, paired with low perceived efficacy in terms of what individuals or institutions can do to address or mitigate the crisis. This pairing often leads to fear control responses, which manifest not in proactive behaviors, but in rhetorical expressions of anger, alienation, and civic fatigue. Rather than prompting constructive action (such as compliance with public health guidance or community dialogue), these responses reflect feelings of helplessness, moral frustration, or disillusionment. The media function of these letters is equally significant: by acting as behavior influencers and skeptics, they model socially endorsed values, reaffirm institutional credibility, and challenge the legitimacy of the protest from within the community. These letters surface the emotional and ethical stakes of health communication and help contextualize how national protest discourse was interpreted, resisted, or reframed within the local deliberative space of the Waterloo Region Record.

Table 6.4: Rhetorical Analysis of *Letters to the Editor* – 'Convoy' (February 4 to 26, 2022)

Rhetorical Strategy		Analysis
Theme / Concept (Open coding)	**Patterns/Relationship (Axial coding)**	**Theoretical Model/Framework (Selective coding)**
Letter 1: "'Freedom' protesters should go home" (John Duncan, *The Record*: A9) **Key issue:** Appeals for end to disruption and return to civic norms.	**Framing:** Civic ethos, imperative tone	**Stasis point: Policy/Action** **EPPM: High threat + low efficacy → Fear control** **Media as:** (4) Behavior influencer
Letter 2: "Misunderstanding freedom's meaning" (Vince Carere, *The Record:* A11) **Key issue:** Deconstructs false notions of "freedom."	**Framing:** Redefinition, rhetorical questioning	**Stasis point: Definition** (what is freedom?) **EPPM: High threat + low efficacy → Fear control** **Media as**: (2) Skeptic
Letter 3: "Blockades could have lasting effects" (Gerald Goebel, *The Record*: A11) **Key issue:** Warns of economic/logistical fallout.	**Framing:** Pragmatic appeal, foresight	**Stasis point:** Quality **EPPM: High threat + low efficacy → Fear control** **Media as:** (2) Skeptic
Letter 4: **"'Convoy' label undeserved"** (Ron Ross, *The Record*: A11) **Key issue:** Asserts Convoy is not about true civil liberties.	**Framing:** Disassociation, irony	**Stasis point: Definition** (label as misdirection) **EPPM: High threat + low efficacy → Fear control** **Media as:** (4) Behavior influencer
Letter 5: "The law-abiding majority needs to speak up" (Louise Litwiller, *The Record:* A15) **Key issue:** Silent majority must counter extremist minority.	**Framing:** Emotional appeal, civic ethos	**Stasis point: Policy/Action** (what citizens must do) **EPPM: High threat + moderate efficacy → Partial danger control** **Media as:** (1) Amplifier
Letter 6: "Trudeau made a mistake taking on the truckers" (Russell Scott, *The Record*: A15) **Key issue:** Criticizes federal response as politically shortsighted.	**Framing:** Ethos (leadership failure), causal blame	**Stasis point: Policy** (leadership action) **EPPM: High threat + low efficacy → Fear control** **Media as:** (3) Translator
Letter 7: "Greatest threat to freedom comes from the mob" (Michael Copland, *The Record*: A13) **Key issue:** Warns that mob rule threatens actual freedom.	**Framing:** Irony (freedom via coercion), historical analogy	**Stasis point: Definition** (of "freedom") **EPPM: High threat + low efficacy → Fear control** **Media as:** (1) Amplifier
Letter 8: "'Convoy' operators deserve stern punishment" (Michael Frind, *The Record*: A13) **Key issue:** Public safety demands accountability; calls for legal repercussions.	**Framing:** legal precedent **Strategy:** Emotional appeal to civic order	**Stasis point: Quality** – Was this act just or loving? **EPPM: High threat + low efficacy → Fear control.** **Media as:** (4) Behavior Influencer

Letter 9: "Protestors could learn from Black History Month" (Dale Ingrey, *The Record*: A13) **Key issue:** Compares Convoy to civil rights movements unfavorably.	**Framing:** Cultural analogy, ethical contrast	**Stasis point:** Quality (what counts as legitimate protest) **EPPM: High threat + low efficacy → Fear control** **Media as:** (2) Skeptic
Letter 10: "Convoy donations limited freedoms of others" (Rob MacQueen, *The Record*: A13) **Key issue:** Economic/political support undermines others' rights.	**Framing:** Causal logic, moral appeal	**Stasis point:** Definition (funding = harm) **EPPM: High threat + low efficacy → Fear control** **Media as:** (4) Behavior influencer
Letter 11: "We need to take responsibility for civil discourse" (Mirko Petrocevic, The Record: A13) **Key issue:** Economic/political support undermines others' rights.	**Framing:** Ethos (civility), analogy to democratic norms	**Stasis point: Quality (how to disagree)** **EPPM: Moderate threat + moderate efficacy → Mixed control** **Media as: (2) Skeptic**

The rhetorical analysis of the Convoy *Letters to the Editor* reveals both an escalation in discursive intensity and a widening in the scope of public concern compared to the earlier Chapel protest. While both sets of letters foreground civic responsibility during the pandemic, the Convoy letters reflect a deeper national reckoning with the contested meanings of "freedom," the erosion of civil discourse, and the fragility of democratic norms. Central to this rhetorical escalation is the critique of competing *ethos*. Many letter writers explicitly challenge the moral authority of the Convoy's leaders and participants. For example, Michael Copland warns that "mob rule threatens actual freedom," reframing the protest not as courageous dissent but as a distortion of democratic values (Feb. 26). Similarly, Ron Ross's "Convoy label undeserved" discredits the protestors' self-ascribed identity, arguing that invoking the term "freedom" masks an agenda of coercion and disruption (Feb. 16).

These letters also reflect a sharpened sense of *kairos*, the rhetorical urgency of a movement perceived to be tipping into national crisis. Writers like Gerald Goebel (Feb. 16) emphasize the long-term repercussions of the blockades, while Dale Ingrey (Feb. 26) draws on Black History Month to contrast legitimate civil rights protests with the Convoy's tactics, implicitly marking a kairotic failure in the protest's timing and moral resonance. Louise Litwiller's letter, calling on the "law-abiding majority" to speak up, positions the moment as a critical inflection point in public life, an opportunity to reclaim civic norms from what she sees as a dangerous fringe.

Finally, the *topoi* of these letters invoke culturally resonant values, justice, fairness, accountability, and democratic deliberation. Writers draw on analogy (e.g., comparing the Convoy to historical movements), social norms (the expectation of peaceful protest and public safety), and legal reasoning (calls for "stern punishment" and protection of rights) to structure their arguments. The accumulation of these rhetorical strategies not only counters the Convoy's narrative but reconstructs an alternative moral imaginary, one grounded in collective responsibility, legal integrity, and democratic restraint. In this way, the letters operate not simply as critiques but as acts of civic redefinition during a moment of kairotic rupture.

Building on this rhetorical recalibration, Witte's EPPM (1992) helps to clarify the emotional and persuasive dynamics at play. The analysis of these letters reveals a high perceived threat, manifested in concerns about democratic erosion, public safety, and social cohesion, combined with low perceived efficacy, resulting in fear control responses such as emotional frustration, blame, sarcasm, and calls for punitive enforcement. Writers like Rob MacQueen argue that the Convoy "limited the freedoms of others," drawing attention to the inherent contradiction in claiming to "defend freedom" while impeding access, commerce, and civic life through coercive blockades (Feb. 26). These rhetorical strategies, particularly the use of irony, critical redefinition, and historical analogy, function as *topoi*, recurring argumentative patterns that shape audience understanding through culturally resonant frames.

Unlike the Chapel letters, which often centered on shared Christian ethos and localized moral responsibilities, the Convoy letters reflect a shift in both scale and urgency, aligning more closely with national narratives and kairotic pressures. Legal, civic, and constitutional appeals take precedence, as in Michael Frind's (Feb. 26) call for "stern punishment" or Louise Litwiller's (Feb. 19) appeal to the "law-abiding majority" to reassert civic norms. In these instances, letter writers not only challenge the protest's *ethos* but also model alternative forms of ethical citizenship. Many writers thus function rhetorically as skeptics and behavior influencers, seeking to delegitimize the protest's argument and redirect public sentiment toward more cooperative, accountable forms of civic engagement. This evolution from moral suasion to discursive confrontation signals a broader rupture in the public sphere, where

misinformation, distrust, and rhetorical extremism collide with democratic values, prompting citizens to renegotiate the terms of collective life.

The following Table 6.5 analyzes 12 selected *Opinion* pieces (out of a total of 21) published in the *Waterloo Region Record* responding to the Convoy protests (Jan. 8 to Feb. 12, 2022). These texts offer further critical insight into how public commentators negotiated the rhetorical meaning and civic legitimacy of the protest. Several key patterns emerge: first, the opinions largely align with the analysis of the above *Letters to the Editor*, to redefine the protest not as civic resistance, but as a co-opted movement, manipulated by misinformation, and extremist ideologies. Second, writers frequently deploy rhetorical strategies such as irony, cultural analogy, and the redefinition of "freedom," with deep concern for the protestors' ethos and the perceived distortion of shared democratic values. Third, from a stasis perspective (Fahnestock, 1998), most of these articles engage in debates over definition ("What kind of protest is this?") and quality ("Is it justified or dangerous?"), but few progress to policy stasis, suggesting widespread public frustration without resolution. In addition, through the lens of Witte's EPPM, many of these *Opinion* pieces reflect a rhetorical environment marked by high threat (to democracy, civic order, and public safety) but low perceived efficacy, likely resulting in fear control responses: anxiety, deflection, and moral distancing. In contrast to *Letters*, which may reflect more localized or affective perspectives, *Opinion* pieces often position themselves as skeptics or influencers with broader civic reach, working to discredit the protest through appeals to shared norms, institutional stability, and moral clarity. These distinctions underscore the layered nature of public discourse, where different genres mediate trust, legitimacy, and civic participation in distinct but interrelated ways. This rhetorical framing is critical for understanding how protest discourse is interpreted, contested, and managed in the public sphere.

Table 6.5: Rhetorical Analysis of *Opinion* articles (January 8 to February 12, 2022)

Rhetorical Strategy		Analysis
Theme / Concept (Open coding)	**Patterns/Relationship (Axial coding + EPPM)**	**Theoretical Model/Framework (Selective coding/Media role)**
Opinion: "People go to a protest in order to be heard" (Luisa D'Amato, Feb. 9, 2022, *The Record*: A3) **Themes:** Civic voice, democratic participation. **Strategy:** Narrative, ethos of protest.	**EPPM: Moderate threat + moderate efficacy → Danger control** **Framing:** protest as a response to democratic exclusion, emphasizing participatory kairos.	**Stasis point: Quality** **Media as: (3) Translator**
Opinion: "Trucker rally emboldens racists" (Anam Latif**,** Feb. 2, 2022, *The Record*: A11) **Themes:** Extremism, hijacking of protest. **Strategy:** Association, fear appeal.	**EPPM: High threat + low efficacy → Fear control** **Framing:** protest as enabling hate groups; undermines movement's ethos	**Stasis point: Quality** **Media as: (2) Skeptic**
Opinion: "Convoy not about freedom" (Geoffrey Stevens, Jan. 31, 2022, *The Record*: A10) **Themes:** Misrepresentation of goals. **Strategy:** Definition, rhetorical inversion.	**EPPM: Moderate threat + low efficacy → Fear control** **Framing:** Reframes "freedom" as self-interest, challenging protest's moral foundation.	**Stasis point: Definition** **Media as: (2) Skeptic**
Opinion: "**Convoy fails to understand 'freedom'"** (Mulugeta Dilnesahu, Feb. 19, 2022, *The Record*: A15) **Themes:** Rhetorical misuse; **Strategy:** Definition argument, value clarification.	**EPPM: Moderate threat + moderate efficacy → Danger control** **Framing:** Redefines freedom as mutual responsibility; contrasts personal liberty vs. public good.	**Stasis point: Definition** **Media as: (4) Behavior Influencer**
Opinion: "Worries 'Convoy' could have turned into Jan. 6 attack" (Taylor, Stephanie and Dave Fraser, Oct. 26, 2022, *The Record*: B1) **Themes:** Threat escalation, political violence **Strategy:** Analogy, fear-based warning	**EPPM: High threat + low efficacy → Fear control** **Framing:** Compares Convoy to U.S. Capitol riots; heightens perceived risk	**Stasis point: Quality** **Media as: (4) Behavior Influencer**
Opinion: "'Convoy' protesters had 'both bark and bite' (Laura Osman, Dec. 27, 2022, *The Record*: A9) **Themes:** Rhetoric vs. reality, risk of escalation	**EPPM: High threat + low efficacy → Fear control** **Framing:** Highlights mixed tone—peaceful vs. aggressive—raising concern about ethos and tactics	**Stasis point: Fact/Quality** **Media as: (2) Skeptic**

Strategy: Metaphor, performance framing		
Opinion: "Convoy must respect peace" (*Record's View*, Jan. 28, 2022, *The Record*: A10) **Themes:** Call for non-violence **Strategy:** Social norms, collective ethos	**EPPM: High threat + high efficacy → Danger control** **Framing:** Advocates for peaceful dissent; critiques disruptive tactics	**Stasis point: Policy** **Media as: (4) Behavior Influencer**
Opinion: "Convoy leaves us with big questions" (*Record's View*, Feb. 9, 2022, *The Record*: A10) **Themes:** Lack of clarity, unanswered grievances. **Strategy:** Open-ended inquiry, critical reflection.	**EPPM: Moderate threat + low efficacy → Fear control** **Framing:** Identifies unresolved tensions in public trust, leadership, and civil unity	**Stasis point: Quality** **Media as: (3) Translator**
Opinion: "Seeing through "Tricksters of Ceremony" (Tammy Webster, Feb. 11, 2022, *The Record*: A11) **Themes:** Manipulation of culture, deception. **Strategy:** Cultural irony, symbolic analysis.	**EPPM: Moderate threat + low efficacy → Fear control** **Framing:** Convoy leaders as manipulative and performative	**Stasis point: Quality** **Media as: (2) Skeptic**
Opinion: "'Convoy' co-opts language of social justice" (Joel Rubinoff, Feb. 11, 2022, *The Record*: A11) **Themes:** Appropriation, legitimacy. **Strategy:** Irony, ethos critique.	**EPPM: High threat + low efficacy → Fear control** **Framing:** Highlights misuse of social justice rhetoric; undermines protest legitimacy	**Stasis point: Definition** **Media as: (2) Skeptic**
Opinion: "Convoy denies freedom of others" (*Record's View*, Feb. 12, 2022, *The Record*: A12) **Themes:** Social harm, contradiction. **Strategy:** Ethical framing, reversal.	**EPPM: High threat + low efficacy → Fear control** **Framing:** Contrasts Convoy's claim to freedom with harm caused to others	**Stasis point: Quality** **Media as: (4) Behavior Influencer**
Opinion: "Elites blowing their response to trucker protests" (Shawn Whatley, Feb. 12, 2022, *The Record*: A12) **Themes:** Institutional failure, leadership vacuum. **Strategy:** Blame attribution, populist tone.	**EPPM: High threat + low efficacy → Fear control** **Framing:** Blames poor elite response for escalation; complicates blame	**Stasis point: Quality/Policy** **Media as: (2) Skeptic**

In the above analysis, Convoy protestors underwent a visible rhetorical evolution, from being portrayed (and portraying themselves) as marginalized citizens resisting mandates, to becoming self-styled defenders of national identity and democratic freedom. Early messaging

centered on personal suffering, job loss, and vaccine mandates, but quickly expanded into broader appeals to civil liberties and government overreach. This shift was marked by increasing use of patriotic symbols, like the Canadian flag, and comparisons to historical resistance movements. Protestors adopted the language of freedom and nationhood to recapture rhetorical authority from elected leaders, often positioning themselves as more authentically Canadian than the institutions they opposed. This strategic rebranding was visible in local media coverage that shifted from describing protestors as "anti-vaxxers" (Webster, Feb. 11) or "fringe" to quoting them as concerned citizens or "ordinary Canadians" (Osman, Dec. 27). While editorial stances remained mixed (*Record's View*, Feb. 12), the circulation of protestor voices and imagery without strong challenge or contextualization arguably amplified their ethos claims, even if inadvertently.

This rhetorical shift, where protestors repositioned themselves as national symbols, highlights the contested nature of ethos in crisis communication and underscores the central role media play in either reinforcing or disrupting such identity claims. To better understand how these competing constructions of authority, legitimacy, and civic identity circulated through public discourse, the next section analyzes how local media navigated these tensions. Drawing on thematic analysis for coding, the Extended Parallel Process Model (EPPM), and Fahnestock's stasis theory, the section maps how protest rhetoric moved across personal, technical, and public spheres, and how the media functioned as a rhetorical mediator in this evolving conversation.

6.4.3 Media's Role in Navigating These Tensions

Integrating thematic analysis methods with the Extended Parallel Process Model (EPPM) and Fahnestock's (1998) stasis theory, this analysis examines the rhetorical evolution of public arguments surrounding pandemic protests in local media discourse. Goodnight's concept of the personal, technical, and public spheres of argument offers a final lens through which to understand how these coded patterns circulated in public deliberation, and how the media helped shape or mediate those rhetorical exchanges.

In the Chapel case, open coding of *Letters to the Editor* revealed dominant themes of moral responsibility, neighborly love, and Christian ethos. Fear was framed not only as

biological (infection) but also moral (community betrayal), while hope resided in collective acceptance, such as "What can we learn?" (Popowich, Jan. 16). Through axial coding, these letters showed a consistent pattern of **high threat + high efficacy**, aligning with EPPM's danger control responses, promoting adaptive behaviors like acceptance and empathy. Selective coding showed that local media functioned primarily as behavior influencers and translators, reinforcing public health messaging through the ethical values of the community, such as promoting collective learning and empathy (Popowich, Jan. 16) and urging critical thinking (Riga, Jan. 23).

In contrast, the Convoy protest drew a different rhetorical response. The open codes emphasized anger, frustration, and confusion, specifically targeting the definition of "freedom," the scope of government authority, and the perceived extremism of protestors. Letters and opinion pieces employed a range of rhetorical strategies to challenge the Convoy protest. Irony was used to mock protestors' claims to "freedom," highlighting their disregard for public health responsibilities. Writers also applied moral analogy, comparing the Convoy's actions to violations of social justice or civil responsibility. Another common strategy was redefinition, where the protest's framing of "freedom" was countered by redefining it as shared responsibility or public safety. Together, these rhetorical moves worked to undermine the protest's legitimacy, expose contradictions in its message, and reframe public discourse around civic duty and ethical behavior. The axial coding stage revealed a dominance of **high threat + low efficacy** framing, consistent with EPPM's fear control responses, leading to feelings of helplessness, distrust, and moral outrage. Many articles stalled at the definition and quality stages of stasis, unable to shift into policy solutions, such as "Convoy leaves us with big questions" (*Record's View*, Feb. 9) or "Convoy not about freedom" (Stevens, Jan. 31), indicating rhetorical stalemate and public fatigue.

This distinction reflects the broader tension Goodnight describes between spheres: in both the Chapel and Convoy protests, personal grievances were projected into the public sphere. However, in the Convoy, these grievances often rejected the authority of the technical sphere, the domain of expert knowledge and institutional decision-making, by framing Prime Minister Justin Trudeau's "governing practices" as "authoritarian, treasonous, and corrupt,"

and even calling for the dissolution of the government (Ling, 2022). Selective coding reveals how the media's role shifted in response. While local coverage of the Chapel protest often served as a translator between public sentiment and institutional mandates, the Convoy coverage more frequently positioned media as skeptics, interrogating the ethos, coherence, and legitimacy of the protest movement, as exemplified in headlines such as "Trucker rally emboldens racists" (Latif, Feb. 2). At the same time, local media functioned as a forum for civic discourse, especially through its publication of *Letters to the Editor*. For instance, letters such as "'Freedom' protesters should go home" (Duncan, Feb. 14) and "Convoy donations limited freedoms of others" (MacQueen, Feb. 26) reflected a strong civic ethos and provided readers with reasoned rebuttals to convoy rhetoric. These letters contributed to the media's role in offsetting polarization by elevating voices rooted in shared responsibility and ethical reflection. In the case of the Chapel protest, *the Record* included letters from both critics and supporters of in-person worship, such as "This church is happy to comply with restrictions" (Horne, Jan. 6), helping to bridge religious divides by showcasing acceptance as compatible with faith. By amplifying a diversity of local perspectives, particularly those that upheld communal norms and democratic values, these editorial platforms helped communities understand one another's experiences, reduce ideological fragmentation, and resist the spread of misinformation.

Building on this shifting media role, the integration of *ethos*, *kairos*, and *topos* became increasingly visible in both the *Letters to the Editor* and *Opinion* columns during the Convoy protest. Ethically, many contributors engaged in what Perelman and Olbrechts-Tyteca (1969) call the "rhetoric of dissociation" (or what psychologists call "cognitive dissonance"), a persuasive technique where a unified concept is divided into two new, separate concepts, often with contrasting values, with the aim to disentangle genuine civic dissent from extremist mimicry (1982, 126). For example, we use dissociation arguments to negotiate tensions, inconsistencies, contradictions, "incompatibilities," such as our collective desire for lockdowns to end, identifying with some of the arguments being made, but recognizing our need to follow the guidelines until it's safe (Perelman, 1982, 126). In another example, we feel uncomfortable if we believe that a policy is both good and bad, because we tend to want it to be one thing or the other. This was evident in Geoffrey Stevens' (Jan. 31) editorial,

which argued that the protest “was not about freedom” but about usurping the term for “populist grandstanding,” or in Mulugeta Dilnesahu’s (Feb. 19) sharp redefinition of freedom as something that must be "bounded by social responsibility." These rhetorical moves challenged the Convoy’s public ethos, recentering moral legitimacy around communal wellbeing rather than individual resistance.

Kairos, understood as rhetorical timeliness, surfaced most powerfully during moments of perceived institutional failure. Stephanie Taylor and Dave Fraser’s (Oct. 26) warning that the protest “could have turned into Jan. 6” signaled not just urgency, but the narrowing window for civic intervention. The topos of community protection, national coherence, and historical precedent framed many arguments, such as Tammy Webster’s “Tricksters of Ceremony” (Feb. 11), which drew on Indigenous epistemologies to expose symbolic manipulation, and Joel Rubinoff’s irony-laced critique of how protestors “co-opted the language of civil rights” (Feb. 11). These pieces demonstrate that rhetorical meaning during crisis is not simply conveyed, but constructed, layered through audience values, media framing, and context-sensitive appeals. In this way, the *Waterloo Region Record’s* editorial discourse did not merely document protest, but it actively negotiated what forms of civic behavior should be trusted, rejected, or recalibrated in real time.

As these two protests ended, for many the crisis deepened, and pandemic fatigue set in. Additional collected articles (from local, provincial/federal and global coverage) began to shift stasis points. *Opinion* pieces like “Suddenly, Ford looks beatable” (Hepburn, Jan. 21) and “Preparing for ‘Disease X’” (Baktari, Jan. 10) moved into the *quality* stasis, critiquing the ethical and authoritative function of political leadership and crisis preparedness. Here, public trust began to fracture, with rhetorical appeals expressing skepticism, irony, and public alienation. This rhetorical shift coincided with fear control outcomes in EPPM, as high threat combined with diminishing perceptions of institutional efficacy, prompting defensive reactions or disengagement from public health narratives. However, as new variants surged and localized health responses adapted, the *Waterloo Region Record’s* editorial tone also evolved. Articles from April 12, 2022, including “Six-week project boosts vaccine uptake in racialized communities” (*Record’s View*) and “Board to send parents COVID case reports” (*Record’s View*), illustrate a strategic return to *fact* and *policy* stases. These pieces provide

clarity and emphasize local responsiveness, restoring some sense of efficacy by highlighting culturally responsive health initiatives and transparent communication. Acting as translators and behavior influencers, citizens and journalists played a pivotal role in rebuilding trust by elevating community-specific strategies and reinforcing shared values.

By July 2022, with "Growing our COVID-19 protection," the paper's editorial voice had recalibrated toward hopeful resilience, emphasizing forward-looking protection strategies, community partnership, and continued vigilance. This rhetorical progression underscores the critical role of local media in mediating public discourse, especially as moments of rupture evolve into sustained deliberation.

Across both case studies, local media coverage did not merely report on protests. It played a critical role in shaping their rhetorical authority. In the Trinity Bible Chapel coverage, *the Record* initially emphasized legal breaches and public safety risks, reinforcing institutional ethos. However, as the conflict intensified, articles began to quote church members extensively, sometimes without counterbalancing expert or public health voices, thereby allowing protestor ethos to circulate more freely. Similarly, in Freedom Convoy coverage, headlines like "A protest for freedom" or "Voices of frustration from across Canada" gave credence to protestor narratives without always interrogating their factual accuracy or ideological framing. Editorials occasionally offered critique, but the ambiguity of straight reporting often left ethos claims unchallenged, contributing to their normalization. This illustrates how media framing can inadvertently function as a conduit for alternative ethos-building, especially in moments when institutional trust is already fraying.

By connecting method to outcome, this analysis demonstrates how rhetorical frameworks like EPPM and stasis theory, when applied through a thematic, media-focused approach, help explain not only what was said in public discourse, but how rhetorical strategies shaped public response. These frameworks show where messaging succeeded in building trust and civic engagement, and where it faltered, provoking resistance, skepticism, or protest. In both the Chapel and Convoy cases, ethos, the credibility of speakers, institutions, and the media, emerged as a central factor in how publics interpreted and responded to risk. Local journalism, particularly the *Waterloo Region Record's* coverage, became a site of rhetorical negotiation, where divergent worldviews clashed and public trust was either reaffirmed or

strained. These protests acted as kairotic moments, exposing the fragile boundaries of community resilience and testing the capacity of public discourse to absorb competing values. As trust eroded and institutional authority came under increasing scrutiny, rhetorical openings emerged, not only for dissent, but for misinformation and conspiracy to gain traction. In this light, the Chapel defiance and the Convoy blockades exemplify how protests can serve as catalysts for public discourse. This next section, I examine how public skepticism, when left unaddressed, can shift into more dangerous forms of narrative disruption. This highlights the difficulties of maintaining a cohesive public sphere amid conflicting arguments and agendas and extenuating communication circumstances.

6.4.4 When Misinformation and Skepticism Turn to Conspiracy

The Convoy protest began with grievances grounded in personal and economic impacts, particularly the federal vaccine mandate for cross-border truckers, and quickly spiraled into something much more complex, shaped by what Jenny Rice calls "rhetorical sedimentation," the layering of fears, frustrations, and perceived oppressions that slowly form the grounds for conspiracy thinking (Rice, 2020, 48). As analyzed in the *Letters* and *Opinion* texts (see Tables 6.4 and 6.5), local discourse reflected the public's growing anxiety over the erosion of trust, not just in government mandates but in the information landscape itself. Writers challenged the protesters' ethos, accused the Convoy of co-opting the language of freedom, and signaled deep concern over the manipulation of civic discourse, rhetorical responses that mirror what Rice describes as the "aesthetic function" of conspiracy, where the performance of doubt replaces the pursuit of truth (14).

This discursive shift from skepticism to conspiracy is where the media's role, as amplifier, skeptic, or translator, became crucial in shaping outcomes. Thematic analysis and coding of these texts reveals consistent emotional appeals (fear, anger, urgency), rhetorical analogies (comparing the Convoy to the January 6 Capitol riot), and disruptions in the stasis of public debate. Rather than moving through fact and definition toward policy, the letters and opinions often stalled at the quality stasis (3), caught in cycles of moral judgment and rhetorical breakdown. The Extended Parallel Process Model (EPPM) helps explain this pattern: when high threat is combined with low perceived efficacy, as was the case in many

of the convoy discussions, audiences default to fear control responses, such as denial, outrage, or ideological retrenchment.

Martha Nussbaum, in *The Monarchy of Fear*, warns that fear, especially when unprocessed, distorts rational judgment and civic trust. “Fear,” she writes, “is not just primitive, it is asocial. When we feel compassion, we are turned outward: we think of what is happening to others and what is causing it” (Nussbaum, 2018, 28). Fear, she explains, is a trickster that lures people into believing that complicated problems have easy solutions, often convincing them that they can conquer their feelings of helplessness through scapegoating, revenge and exclusion. It leaps to conclusions, magnifies dangers, and trivializes complex realities. This emotional distortion was apparent in the Convoy’s rhetorical evolution: what began as a protest rooted in labor and policy morphed into a symbol of broader government mistrust, fueled by “guerrilla media” (Ding, 2014) and a growing ecosystem of digital misinformation.

This analysis shows that protests driven by mis/disinformation are not merely oppositional but function as tests of civic literacy and democratic resilience. Drawing on thematic and EPPM analysis of *Waterloo Region Record* coverage, a discernible trajectory emerges: early public discourse reflected confusion, uncertainty about protest motives, mixed messages from authorities, and fragmented information. Over time, however, this shifted toward polarization, as coverage increasingly emphasized threats to public safety, legal authority, and democratic norms. While this progression is implicit in earlier tables, particularly through the movement from high-threat/low-efficacy fear appeals to more ideologically charged framing, this section makes the arc more explicit. Importantly, the analysis also identifies rhetorical openings for recovery: points where trust could be rebuilt through emotionally resonant language, the amplification of local expertise, or the reestablishment of civic norms. These moments underscore the potential for media discourse not only to reflect public division but to intervene in it.

6.5 Conclusion: Rhetorically Informed Protest Rhetorics

Ultimately, rhetoric is not only useful for examining how fear spreads or trust erodes, but also how hope and trust can be nurtured and rebuilt. To counter the threat of conspiracy,

communicators must understand the rhetorical forms that fear takes, and engage with publics empathetically, through ethos, kairos, and culturally responsive messaging. This study suggests that future public health communication must go beyond merely correcting misinformation and also aim to engage rhetorically with the emotional and ethical dimensions of protest and strongly consider more effective ways to build trust before the next crisis unfolds.

This study applied rhetorical analysis to local media coverage, specifically found in the *Waterloo Region Record*, of two key protests in relation to COVID-19 lockdowns, vaccination plans and government mandates. Despite the importance of and obvious focus on the need for trusted and effective health communication during the COVID-19 pandemic, this analysis identified a gap in understanding how people, including the diverse and complex publics that make up the populations of communities, how they rhetorically respond to prolonged crises, particularly through protest. As mentioned in the introduction, crisis communication research often focuses on message design, misinformation, or public acceptance, which means they often overlook or dismiss protest as a legitimate form of civic engagement. This chapter addressed that gap by examining resistance as protest acts, to: (1) better understand how publics ("publics" as the range of views, and as "some segments of the public") rhetorically respond to prolonged crises; (2) to resee protest as a legitimate form of civic engagement; and (3) to reshape (or reframe) protest rhetoric not as rejection, but as a form of participatory deliberation that emerges when public trust is strained. The analysis and outcomes from this research will contribute to evolving theories of crisis communication by foregrounding the role of rhetoric in moments of public rupture, or tipping points, for a more effective risk communication approach when communities and individuals must navigate competing narratives of risk, authority, and responsibility.

The Chapel and Convoy case studies provide two distinct yet complementary insights into how protest rhetorics function under conditions of prolonged crisis. The Chapel protest, rooted in religious resistance, foregrounded ethical appeals grounded in competing ethos: Pastor Reaume's assertion of spiritual authority and civil disobedience clashed with public letters and editorials invoking Christian care, community protection, and legal responsibility. This debate unfolded primarily at the local level, where media served as a translator and

amplifier, offering space for diverse civic voices to reaffirm shared norms and guide readers through moral ambiguity. In contrast, the Convoy protest escalated into a national spectacle, characterized by kairotic rupture and intensified rhetorical polarization. Letters and opinion pieces frequently contested the Convoy's use of "freedom" as a topos, reframing it instead as a threat to civic order and collective well-being. Here, the media often took on the role of skeptic, exposing contradictions, challenging the movement's legitimacy, and questioning its ethical coherence. Together, these case studies clarify that trust is not simply lost or restored in times of crisis, it is renegotiated through rhetorical exchanges that reflect cultural values, emotional appeals, and institutional credibility.

These cases illustrate how punctuated ethos operates not just as a breakdown of institutional credibility, but as an active displacement of trust, where protest actors insert themselves as morally or nationally superior voices. In both the Trinity Bible Chapel and Freedom Convoy cases, protest rhetorics were not simply reactive but assertively reconstructive, offering new models of authority rooted in personal conviction, religious duty, and populist identity. Local media played a decisive role in either reinforcing or unsettling these claims. By spotlighting how ethos is fractured, displaced, and rhetorically rebuilt in public discourse, this chapter deepens the dissertation's central claim: that trust in a crisis is not lost in a vacuum, it is contested and re-authored through competing appeals to morality, identity, and civic belonging.

6.5.1 Understanding How Publics Rhetorically Respond to Prolonged Crises

This study began with the premise that protest, far from being a rejection of civic engagement, often functions as a rhetorical response to perceived communication breakdown. The case studies of the Trinity Bible Chapel and the Freedom Convoy reveal how some segments of the public respond not just to the content of crisis messaging, but to its form, delivery, and perceived ethos or credibility. Through rhetorical analysis grounded in style, stasis theory, and the EPPM model, this research demonstrates that when messages fail to balance threat and efficacy, some segments of the public are likely to move from acceptance to contestation expressed through argument, emotion, and symbolic action.

The analysis shows that rhetorical style matters: appeals to ethos, emotionally charged narratives, and culturally resonant metaphors all shaped how publics interpreted health mandates and institutional authority. Stasis theory revealed that these protests evolved from disputes over fact and definition to more charged conflicts over quality and policy, which raises questions about the legitimacy, morality, and governance of pandemic responses. While it is impossible to definitively trace individual behavioral responses from media texts alone, the EPPM coding framework enables an interpretive analysis of how rhetorical strategies signal likely emotional and cognitive patterns. High-threat, low-efficacy messages, especially within Convoy-related discourse, were more likely to align rhetorically with fear control responses such as denial, deflection, or conspiracy thinking, rather than danger control behaviors like cooperation or vaccine uptake. This does not claim a one-to-one causal relationship but rather identifies how the emotional tone and framing of messages may resonate with or reinforce certain audience predispositions. As Nussbaum (2021) notes, fear in prolonged crises often shifts from a rational response to danger toward deeper affective patterns: "When fear is long-standing and the perceived danger is pervasive, people may cease to care about truth and instead seek solace in blame, exclusion, or resentment" (62–63). In this way, the corpus reflects not just media strategies but the rhetorical atmosphere in which public reactions were likely formed, negotiated, or intensified.

In fact, one of the more important insights from this study is the need to understand protest and hesitancy as grounded in legitimate concerns, not misinformation alone. This finding echoes the first rhetorical principle: hesitancy is not inherently irrational. Second, this analysis illustrates how tailored messaging, rather than one-size-fits-all narratives, better addresses the diverse drivers of skepticism, especially across different communities, as seen in both the Trinity Bible Chapel and Freedom Convoy discourse.

The Chapel and Convoy protests offer instructive contrasts in how rhetorical breakdowns, whether in message design, leadership ethos, or media framing, manifest in different civic responses. In the Chapel case, ethos was central: letters and articles often challenged the moral credibility of Pastor Reaume while elevating alternative voices that modeled ethical leadership and community care. For instance, Rev. William Horne's letter, "This church is happy to comply with restrictions," functioned rhetorically as a counter-ethos, reasserting

that faith and public health could co-exist responsibly. At the same time, letters like Julie Dionne's "We must all act together" exemplified topoi of unity and interfaith solidarity—drawing on shared moral vocabularies to reinforce the social contract of mutual care.

In contrast, the Convoy protest introduced a rupture not only in trust but in rhetorical coherence. Public responses revealed deep contestation over Kairos, the rhetorical timing and urgency of the protest—which some saw as a necessary disruption and others as dangerously out of step with the national health emergency. Many letters and opinion pieces responded by strategically redefining topoi such as "freedom," framing it not as individual defiance but as shared civic responsibility (e.g., Carere's "Misunderstanding freedom's meaning" or Rubinoff's critique of co-opted social justice language). The protest's ethos, especially its lack of centralized leadership and association with extremist elements, was frequently questioned, as seen in headlines like "Trucker rally emboldens racists" (Latif, Feb. 2) and "Convoy not about freedom" (Stevens, Jan. 31), which exposed contradictions in the movement's self-presentation.

Taken together, these case studies demonstrate that ethos, kairos, and topos are not abstract rhetorical concepts but active forces in shaping public response. When aligned, through credible leadership, timely messaging, and culturally resonant arguments, these elements foster deliberation and cooperation. When fractured, they can fuel division, misinformation, and resistance. By analyzing these tensions through rhetorical frameworks, this study reveals how protest becomes not just a site of dissent but a lens through which public trust, civic identity, and crisis response are negotiated in real time.

Through their responsiveness, ethical framing, and commitment to public accountability, local media outlets like the *Waterloo Region Record* not only helped document but also shape community resilience. Ultimately, this analysis demonstrates that when local journalism adapts its rhetorical strategy across evolving stages of a public health crisis, through careful attention to kairos, ethos, and culturally attuned messaging, it becomes a foundational mechanism for fostering civic engagement, mitigating misinformation, and rebuilding public trust. In this light, local media do not merely report on crisis, but rather actively participate in the rhetorical work of sustaining a cohesive and informed democratic public. While the Chapel protest revealed localized tensions around faith, law, and public

health, it also exposed deeper rhetorical fractures in how public discourse functions during crisis.

6.5.2 Reseeing Protest as a Legitimate Form of Civic Engagement

The spread of misinformation, through various modes of information-sharing and communication is harmful, eroding trust and often dividing communities. News media plays a crucial role in fact-checking, debunking false information, and providing access and direction to reliable sources (and even education on how to evaluate reliability and expertise). By promoting accurate information and drawing on local expertise, media helps prevent the fragmentation of social groups and preserves community resilience. Finally, the sustained journalistic effort to provide positive news stories that highlight local achievements, cultural celebrations, and acts of kindness strengthens pride and unity within communities. Celebrating shared successes reinforces common values and contributes to a collective identity. News media, specifically at the local level, serves as a stabilizing force, helping to maintain trust, understanding, and unity within society, all of which are essential for strong community resilience.

This celebratory function of local journalism should not be underestimated, particularly during periods of prolonged crisis or social unrest. Rhetorically, stories that affirm communal strength and shared values operate through *topoi* of unity, resilience, and care, culturally resonant themes that reinforce the community's moral center and collective identity. *Ethos* is central here: by highlighting acts of civic virtue (social norms) and everyday heroism, local media enhances its own credibility as a trustworthy and compassionate narrator of public life. These moments also represent important instances of *Kairos*, timely interventions that redirect public attention away from fear and polarization toward cooperation and hope. For example, Julie Dionne's letter to the editor, "We must all act together to stop COVID-19 spread" (Jan. 6), emphasizes interfaith solidarity and the shared moral imperative to protect vulnerable populations, effectively modeling a collective ethos grounded in care. Similarly, Rev. William Horne's letter (Jan. 6), "This church is happy to comply with restrictions," contrasts the Chapel's defiance by celebrating responsible religious leadership, reinforcing the idea that faith and public health are not incompatible. In later Convoy coverage, editorials

like “Convoy must respect peace” (Jan. 28) and “Convoy denies freedom of others” (Feb. 12) provide institutional voices calling for restraint and shared responsibility, while community contributors such as Dale Ingrey (“Protestors could learn from Black History Month,” Feb. 26) promote civic education and historical awareness as tools for dialogue. These rhetorical gestures offer not just critique but constructive vision, redirecting public discourse toward common ground. In this way, local media mitigates the damage of misinformation and civic fragmentation by actively participating in the rhetorical work of rebuilding trust, grounding communities in shared purpose, and sustaining the cultural scaffolding of resilience.

To resee protest through this lens, this study demonstrates that protest, particularly during moments of public health crisis, is not merely a rejection of authority but a rhetorical act that reveals breakdowns in institutional trust, perceived efficacy, and public deliberation. These case studies show that protests arise when public messaging fails to align with people’s lived experience, cultural values, or emotional concerns. Thematic analysis and coding, combined with rhetorical analysis and Witte’s EPPM, reveals that high-threat, low-efficacy communication, particularly messaging that emphasizes danger without offering actionable or trustworthy solutions, tends to elicit fear-control responses such as denial, skepticism, and resistance. Protest becomes a means through which publics articulate their discontent, not only with specific mandates but with the ethos of those individuals and institutions delivering them. The media plays a pivotal role in this process, acting not just as amplifiers or skeptics but as translators of institutional discourse. This is especially evident in local coverage, where journalists help frame the legitimacy of both public health messaging and protest actions.

The analysis identifies several implications for professional and health communicators. First, building and sustaining trust must be prioritized over message acceptance measures. Ding’s (2014) attention to cultural context and Goodnight’s (1982) framework of personal, technical, and public spheres highlight the need for communicators to bridge expert discourse with the lived realities of diverse publics. Second, transparency and the acknowledgment of uncertainty should not be feared but embraced as ethical rhetorical strategies. Third, as Nussbaum (2018) argues, fear left unaddressed undermines solidarity and fosters misinformation. Communicators must respond not only with facts but also with appeals

grounded in empathy, shared values, and hope. Fourth, Rice's (2020) analysis of conspiratorial rhetoric reminds us that publics turn to alternative narratives not only because of ignorance but also because these narratives fill rhetorical vacuums left by failed institutional storytelling. Protest, in this light, becomes a call for more meaningful engagement, and for institutions to better understand how trust is rhetorically negotiated.

6.5.3 Reshaping Protest Rhetoric as a Form of Participatory Deliberation

The role of media, particularly local journalism, was pivotal in either mitigating or exacerbating these outcomes. By amplifying, translating, or challenging protest messages, news media did not merely report events, they shaped the discursive conditions under which trust, and collective community action could (or could not) take place. In times of prolonged crisis, media becomes more than an information source. More importantly, it becomes a rhetorical actor capable of sustaining (or straining) the public sphere. Trust in the media and news reports, according to multiple global studies, is directly connected to adherence with public health recommendations (Majid et al., 130). The desire to earn and maintain public trust holds leaders and institutions accountable, particularly during moments of crisis. As evidenced in the letters and opinion pieces analyzed, rhetorically strategic news coverage of contentious events, such as the COVID-19 protests, can serve as a powerful mechanism for surfacing public concerns, challenging misinformation, and scrutinizing perceived mismanagement or ethical failings. This accountability fosters trust in democratic processes and institutions. When communities believe that leaders and systems are held to account, they are more likely to work together within these structures (Majid et al., 133-134). News media shape narratives around common experiences, values, and challenges. In times of crisis, such as natural disasters, pandemics, or social upheaval, media coverage often highlights stories of resilience, community support, and collective action, reinforcing a sense of unity and shared identity. The situational and negotiated nature of trustworthiness is evident in how the ethos of political and public health authorities either resonated with or alienated specific publics. In moments of heightened uncertainty, ethos becomes central, as rhetorical theory underscores, it is not just what is said, but who says it, and whether that speaker is perceived as transparent, compassionate, and trustworthy. Both case studies reveal

that identifying shared values or emotional common ground, such as appeals to faith, fairness, or national identity, can dramatically shape the success or failure of crisis communication.

The Chapel and Convoy case studies illuminate protest not only as a reactive act but as a kairotic intervention, a rhetorical response to breakdowns in timing, credibility, and narrative coherence. In both protests, public discourse emerged precisely when institutional messages lost resonance or clarity, creating openings for counter-narratives to take hold. Yet these responses were not merely oppositional. They engaged the rhetorical terrain of topoi, drawing on culturally and morally significant arguments, faith, freedom, fairness, to contest dominant meanings and propose alternative visions of civic duty. For example, the Chapel protest ignited community dialogue around religious obligation versus public safety, revealing how competing ethos claims, between Reaume and public health officials—shaped whether actions were viewed as principled or reckless. Letters like "Chapel didn't show neighborly love" (Bauer, Jan. 6) reframed this moment around the shared moral topos of care and responsibility, reasserting a collective ethos rooted in ethical Christianity.

In the Convoy context, these dynamics intensified. Protesters' appeals to "freedom" were met with widespread public redefinition of that concept, one that emphasized interdependence and social accountability. Writers and opinion columnists challenged the Convoy's ethos as incoherent or co-opted, while the kairos of their actions, amid national crisis, was framed as irresponsible or harmful. Articles like "Convoy must respect peace" (Jan. 28) and "Freedom protesters should go home" worked not just to criticize, but to rhetorically relocate the conversation to higher ground, toward shared democratic norms and accountable leadership.

In this light, protest emerges as a form of participatory deliberation rooted in rhetorical contest. When publics sense a disconnect between lived experience and official discourse, they respond not just emotionally but argumentatively, often using culturally resonant topoi and challenging the ethos of those in power. By recognizing these protests as kairotic opportunities for rhetorical negotiation, communicators and institutions can better anticipate, listen to, and respond to dissent, not to silence it, but to learn from it, and strengthen public trust in the process.

Finally, this study calls for rhetorical literacy as a core competency in health and risk communication training. Future communicators must be equipped to identify breakdowns in public trust, to analyze the kairotic conditions that give rise to dissent, and to construct messages that build resilience and community rather than exacerbate division. Rice stresses the role of memory in public response, highlighting the necessity of training future communicators in media literacy and crisis communication. Emphasizing critical thinking, audience analysis, and adaptability to digital platforms will enable communicators to address misinformation effectively and build long-term trust. These findings offer a rhetorical framework for understanding protest not as civic failure, but as a vital signal that publics are demanding to be heard, respected, and included in the shaping of crisis response and democratic life. While this research does not offer prescriptive solutions, it underscores the importance of adopting a rhetorical approach that prioritizes trust-building, cultural sensitivity, and clarity. Ding (2014) highlights the need to address cultural contexts to avoid alienating diverse audiences, recommending inclusive strategies such as engaging local community leaders, partnering with trusted voices, and collaborating with local news media to enhance communication effectiveness.

The five rhetorical principles, rooted in rhetorical theory and communication practice, are essential takeaways from this analysis. They underscore that effective public communication during crisis must go beyond merely conveying information, it must invite identification, acknowledge vulnerability, and frame crisis as a shared human challenge. In doing so, political and public health communicators can better foster resilience, civic engagement, and public trust, before, during, and beyond moments of rupture. By integrating these strategies into health risk communication planning, authorities and communicators can better anticipate and respond to rhetorical challenges in global crises. Entry points include fostering partnerships with local media and cultural groups to disseminate information effectively and engaging in ethical, inclusive, and transparent communication practices. These approaches can help shape ongoing and future conversations about global issues, such as epidemics, climate change, and community resilience, ultimately supporting more informed, resilient, and cohesive communities.

Chapter 7: Conclusion – A Rhetorical Approach to Risk Communication

This chapter synthesizes findings from the study of pandemic, vaccine, and protest rhetorics to address the pressing challenges in global health communication. The findings specifically reflect on the rhetorical strategies and communication gaps encountered by Canadian political and health authorities, professionals, and media when engaging a diverse public during a prolonged crisis such as the COVID-19 pandemic. These learnings are intended to contribute to and enhance preparedness frameworks for future public health emergencies. By examining how the rhetorical construction of a global pandemic emerged, transformed, and was interpreted through localized discourse, this dissertation 1) explores how vaccine and protest rhetorics intersected with public health discourse to shape trust, foster collaboration, and build resilience, and 2) provides a framework for improving risk communication practices.

This dissertation has argued that health risk communication during crisis cannot be understood merely as a technical or informational task. Rather, it is a profoundly rhetorical process, one that must prioritize sustained ethos-building, foster dialogic messaging, and engage with the emotional and cultural dimensions of public life. Using a multi-method rhetorical framework across three case study areas, pandemic rhetoric, vaccine rhetoric, and protest rhetoric, this study traced how communication strategies evolve, how publics respond, and how trust is built, punctured, and renegotiated over time. In particular, the concept of punctuated ethos offers a way to understand how trustworthiness is not fixed but shaped by moments of coherence or rupture in public messaging. In the sections that follow, I outline key best practices derived from each rhetorical context, highlighting strategies for future risk communication that are community-specific, emotionally attuned, and rhetorically responsive.

7.1 Pandemic Rhetorics: Constructing and Communicating Global Crises

The construction and communication of a global pandemic are shaped by a complex interplay of scientific, political, social, and cultural conditions. Scientific uncertainty often dominates the initial stages, requiring the rapid and ongoing dissemination of evolving knowledge to diverse audiences. Political frameworks, including current national and

regional health policies, influence the regulatory environment and shape how risk is defined and managed. Social and cultural factors, such as collective memory, historical injustices, and community values, further determine how different populations perceive, trust, or resist public health messaging (Subica and Link, 2022).[58] Together, these variables form the conditions under which risk communication must operate, and they complicate efforts to achieve widespread acceptance of public health guidelines.

As health messages circulated across different channels, for example government briefings, mainstream media, and social media, they underwent significant transformations. News outlets amplified or reframed official narratives, often to align with audience expectations or institutional norms. Meanwhile, digital and social media accelerated both the spread of credible information and the proliferation of misinformation and conspiracy theories, often undermining trust in official institutions. The process of accommodation, as presented in Fahnestock's (1998) work on science popularization, shows us that health risk messaging is not merely simplifying technical information but instead aligning it with local values, emotional registers, and community concerns (Fahnestock, 332). This insight means that it is important to adapt complex scientific and policy knowledge into accessible public discourse, which requires rhetorical precision. In this context, rhetoric is not merely decorative but constitutive: it determines how messages are shaped, whom they reach, and how they are received.

A rhetorically informed approach to public health communication must therefore fulfill three core objectives: (1) prioritize trust and rhetorical engagement, (2) foster dialogue and collaboration, and (3) address the emotional and cultural dimensions of public engagement. First, trust must be actively cultivated through ethos, credible speakers, culturally attuned messages, and transparent processes. Local media proved especially effective when they elevated trusted community voices or contextualized scientific information with clarity and

[58] Health disparities consist of inequities in health resulting from social disadvantage (Adler, 2009), and are caused by powerful social factors such as socioeconomic status, stigma, and racism that disadvantage and stress minority group individuals (Hatzenbuehler et al., 2013; Link and Phelan, 1995; Williams and Collins, 2016), increasing their overall risk for illness and death despite stark changes in diseases (e.g., cholera, HIV/AIDs), risk factors (e.g., unsanitary living conditions, poor diet), and medical treatments over time (Link and Phelan, 1995).

care. Second, collaboration is essential. Rather than viewing publics as passive recipients of information, authorities must approach them as rhetorical partners, engaging in two-way dialogue that acknowledges local concerns and fosters collective responsibility. Third, communication must attend to emotion, values, and social context. As Perelman (1982) argues, rhetorical adherence is achieved not through logic alone but through a meeting of minds, where speaker and audience find common ground. Similarly, Butler (2015) reminds us that even unruly public assemblies can reflect political potential rather than civic breakdown.

A rhetorical approach to health risk communication offers a transformative framework that prioritizes trust, responsiveness, and local specificity. This dissertation has shown that communication during the COVID-19 pandemic was not merely about relaying facts, but about how meaning, authority, and credibility were actively constructed, particularly within local news media. Focusing first on early pandemic rhetoric in Chapter 4, the analysis traced how local journalism framed public health risks, modeled trustworthiness, and negotiated between institutional messaging and lived public experience. In the first year of the pandemic, The *Waterloo Region Record's* coverage evolved from univocal calls for compliance to more dialogic, emotionally attuned approaches aimed at cultivating public understanding, resilience, and cooperation.

A central insight of this chapter is that trust was not static but emerged through what may be termed punctuated ethos, moments when the credibility of a speaker or institution was formed, tested, or redefined in response to emerging crises. Unlike traditional models that locate ethos in established institutions or long-standing authority, COVID-19 foregrounded the ways ethos could be generated through performance, proximity, and repeated interaction across time. Figures such as Canada's Chief Public Health Officer, Dr. Theresa Tam, exemplify this process. Prior to 2020, Tam was relatively unknown to the general public. Yet over the course of the pandemic, she became a recognizable and trusted figure, not solely because of institutional title, but because of the way her ethos was punctuated across public briefings, metaphor use (e.g., the pandemic as a "marathon, not a sprint"), and accessible messaging. Ethos, in this sense, was developed relationally, between institutions and

audiences, but also person-to-person, mediated through repetition, tone, and rhetorical alignment with audience values.

This chapter also emphasized the interplay of ethos and emotional appeal as central to the construction of public trust. Coverage that highlighted local experts, community leaders, and culturally relevant perspectives helped ground pandemic messaging in familiar terms, fostering identification and credibility. As Nussbaum (2021) observes, emotions like fear and hope must be considered not only as reactions but as social forces that shape decision-making. The *Waterloo Region Record's* pairing of uncertainty with reassurance, fear with guidance, and data with moral framing helped transform abstract risk into meaningful public action.

Local media played a crucial role in this process, reinforcing or amplifying these moments of punctuated ethos by contextualizing statements, humanizing experts, and helping readers connect individual behavior to broader communal outcomes. Rhetorical strategies such as metaphor, analogy, enthymeme, and narrative, especially when tied to familiar cultural or moral frameworks, did more than inform. They shaped emotional response and civic behavior. For example, metaphorical framings like "flattening the curve" and "we are all in this together" offered both urgency and solidarity, transforming epidemiological risk into shared moral responsibility. Enthymemes embedded in news coverage, such as reports on ICU strain or variant spread, invited readers to draw conclusions that reinforced protective behaviors without didactic overreach. These tactics reflect what Harrison and Wu (2020) call the strategic pairing of social norms and emotional resonance to increase public acceptance.

These findings also underscore that effective risk communication must integrate both rational appeals (logos) and affective strategies (pathos), anchored in credible, culturally relevant ethos. As Nussbaum (2021) reminds us, emotions like fear and hope are not simply responses to crisis, but mechanisms through which we interpret meaning and act collectively. The *Waterloo Region Record's* editorial decisions, including whose voices to amplify and how to frame uncertainty, directly influenced how risk was interpreted and trust either reinforced or eroded.

Chapter 4's analysis lays the rhetorical groundwork for the subsequent chapters, demonstrating how ethos, metaphor, emotional framing, and narrative helped render the

pandemic comprehensible and actionable at a local level. In doing so, it establishes the ethical and rhetorical coordinates that shape the dissertation's broader argument: that trust in health communication is not passively inherited, but rhetorically built, punctuated, and performed. Chapter 5 explores how these same rhetorical strategies shifted in vaccine discourse, where communication needed to move beyond understanding to action. Ethos remained central, but became more contested, especially as debates over safety, access, and equity emerged. Appeals to hope and social responsibility were increasingly framed through individual action, often reinforcing neoliberal logics of personal accountability. Chapter 6 extends these insights to the context of protest rhetoric, where communication breakdowns and perceived failures in institutional ethos catalyzed public resistance. In analyzing protest rhetoric, particularly surrounding Trinity Bible Chapel and the Freedom Convoy, this study further demonstrated that breakdowns in communication often reflect not a failure of information, but a failure of trust. These protest movements did not arise solely from public health disagreement but from deeper disaffection with institutional authority, media narratives, and perceptions of inequality. Local media responses varied: some editorials acted as skeptics challenging protest rhetoric, others as translators of public frustration. In all cases, the public performance of resistance revealed the limits of top-down messaging and emphasized the need for more participatory, culturally sensitive engagement.

Taken together, the case studies presented here emphasize that health risk communication during crises must move beyond technocratic paradigms, approaches that rely primarily on expert authority, data, and top-down messaging, toward rhetorical strategies that are ethical, adaptive, and locally grounded. By recognizing that facts alone do not persuade, and that public trust is built through emotional resonance, cultural alignment, and credibility, this research affirms the centrality of local news as a partner in community and resilience-building, and underscores rhetoric's enduring capacity to shape, reflect, and repair the public sphere. The following chapters build on these foundations to show how those dynamics evolved in the contexts of vaccine promotion and public protest.

To illustrate how these themes unfold across the study, the following sections revisit each chapter's key findings, highlighting how local news discourse, rhetorical strategies, and

evolving notions of public trust interact within the distinct but interconnected contexts of pandemic rhetoric, vaccine communication, and protest discourse.

7.1.1 Vaccine Rhetorics: Networks of Trust and Collaboration

This chapter asked two interrelated questions: (1) How do networks of public health, political leadership, and media interact in shaping vaccine communication and public trust across Canadian audiences? And (2) How can rhetorical analysis of vaccine discourse help authorities develop more localized, responsive, and effective strategies for health risk communication? Through a focused rhetorical analysis of local media coverage during the COVID-19 vaccine rollout, this chapter revealed how trust is not merely a prerequisite to successful public health communication, but a dynamic outcome of rhetorical engagement. It showed that vaccine rhetoric, especially in local newspapers like the *Waterloo Region Record*, is a situated, persuasive practice where ethos, narrative, and emotional framing converge to influence public responses.

This research demonstrated that vaccine hesitancy cannot be understood simply as a rejection of science or reason. Instead, it reflects a complex intersection of historical mistrust, cultural memory, personal risk perception, and systemic inequity. When viewed alongside pandemic protests, vaccine hesitancy emerges not only as an individual health decision but also as a potential form of rhetorical protest, an expression of resistance against perceived institutional failures, inconsistent messaging, or exclusion from decision-making processes. Public health institutions, political leaders, and media outlets each shape the conditions under which vaccination is either embraced or resisted. Drawing on Jeanne Fahnestock's (1998) theory of accommodation and popularization, this study found that local journalism plays a critical role in translating scientific discourse into epideictic narratives that express shared values and communal identity. For instance, the *Waterloo Region Record* did not merely relay technical information about vaccine efficacy, but often framed vaccination through emotionally resonant language such as "hope," "return to normal," or "collective protection," offering readers a rhetorical vision of recovery. In this sense, both vaccine acceptance and hesitancy can be understood as rhetorical responses to trust, either its presence or its breakdown.

Using Kim Witte's (1992) Extended Parallel Process Model (EPPM), the chapter identified how appeals to fear, hope, and social norms produced different outcomes depending on how threat and efficacy were balanced. When media coverage emphasized high threat (e.g., Delta or Omicron surges) without offering actionable guidance or reassurance, the rhetorical outcome often drifted toward fear control, manifesting in avoidance, fatigue, or resistance. In contrast, when coverage paired urgency with clear instructions, empathetic tone, and trusted local expertise, it fostered danger control, motivating people to get vaccinated. Appeals to hope were especially effective in the *Waterloo Region Record's* coverage, offering a forward-looking frame in which vaccines were linked to emotional relief, community recovery, and restored normalcy. Importantly, these stories avoided patronizing or oversimplifying, instead respecting the emotional weight of the decision to vaccinate.

One of the key findings of this chapter is that trust is not static or given, it is negotiated and built rhetorically over time. Maya Goldenberg's (2021) definition of trust as "confidence in someone or something" is helpful here, particularly when combined with her observation that trust in science requires understanding not just of knowledge but of the knower (114). In this regard, local media plays a crucial mediating role. Unlike national media, local outlets are embedded in the communities they serve. They draw from local sources, quote local experts, and address region-specific concerns. This proximity enables them to build a kind of relational ethos, one grounded in familiarity, credibility, and shared interest.

The chapter also illustrated that vaccine rhetoric cannot be divorced from the broader networks in which it circulates. Public health institutions rely on political leaders for coordination and legitimacy, while journalists rely on institutional briefings and scientific advisories. Yet, each of these actors must also attend to the needs of their audience, especially when that audience includes marginalized or skeptical groups. Vaccine hesitancy among racialized communities, for instance, is often rooted in longstanding distrust due to historical mistreatment and systemic exclusion. In such cases, effective communication requires not only translation of scientific facts but recognition of cultural trauma, ethical accountability, and emotional resonance. The *Waterloo Region Record* did this by covering

targeted campaigns in racialized communities, highlighting local efforts to build trust, and including commentary from trusted community leaders.

Not covered in this chapter, but of potential use for future consideration, is Lawrence's (2014) materialist theory of vaccine rhetorics could be useful here. She claims that vaccines are not just biomedical technologies, but cultural artifacts embedded in social meaning. The way they are represented, through narratives of trust, fear, safety, or resistance, matters profoundly. Media outlets like the *Waterloo Region Record* worked to shape those representations rhetorically with news articles often pairing public health statistics with human-interest stories, parents protecting children, health care workers exhausted yet hopeful, or vulnerable communities organizing pop-up clinics, to bring affective resonance to institutional messaging. These rhetorical constructions helped humanize vaccination and position it not as a clinical necessity, but as a social good.

Likewise, Carolyn Miller's (1989) theory of Kairos (explored more fully in Chapter 6) offers insight into how timing and rhetorical urgency could shape the tone and effectiveness of vaccine messaging. Local media, already attuned to community sentiment, adapted their framing depending on key kairotic moments, such as vaccine shortages, eligibility expansions, or variant surges. At these junctures, news coverage often shifted tone: from cautious optimism to urgent appeals, or from individual choice to civic duty. This responsiveness is essential to maintaining trust, especially in an environment marked by changing policies and evolving science.

The broader takeaway is that vaccine communication succeeds not through top-down persuasion alone, but through a network of relational, rhetorical, and ethical appeals that reflect community values. This study affirmed that future health risk communication must move beyond instrumental models of persuasion. Instead, authorities and communicators must adopt strategies that center ethos, empathy, and equity. They must treat communication as a dialogic and reciprocal act, one in which audiences are not passive recipients of information but active interpreters and decision-makers.

In conclusion, a rhetorical perspective on vaccine discourse emphasizes that trust is both the medium and the message. It is built through local storytelling, emotional appeal, cultural attunement, and relational ethos. Vaccine hesitancy is not overcome by correcting

misinformation alone, but by building credibility, fostering identification, and sustaining community relationships. As new global health threats emerge, these lessons remain essential. Communication must be ethical, inclusive, and rhetorically aware, especially in local contexts where trust is most fragile and most urgently needed.

7.1.2 Protest Rhetorics: Listening, Literacy and Public Trust

Protests during the pandemic revealed tensions between individual freedoms and collective responsibility, highlighting the importance of effective communication in navigating such conflicts. Professional and health communicators must identify entry points for engaging with protests and shaping public discourse. This involves listening to dissenting voices, addressing their concerns, and reframing narratives to emphasize shared goals. For example, acknowledging the emotional drivers of protests, such as fear, anger, or frustration, can open pathways for dialogue and negotiation.

Rhetorical approaches to protest communication should emphasize transparency, empathy, and collaboration. Engaging with protest leaders and community representatives can create opportunities for mutual understanding and compromise. Additionally, communicators must adapt their strategies to different contexts, recognizing that protests often arise from localized grievances and require tailored responses. For instance, involving local media and community leaders in discussions can facilitate trust-building and create a sense of shared ownership in crisis resolution

This final analytical chapter asked two central questions: (1) What kinds of entry points can professional, and health communicators employ to actively participate in and help shape ongoing and future conversations about global issues with prolonged crises, such as epidemics, climate change, and community resilience? And (2) What rhetorical literacy practices should be integrated into health risk communication planning and preparedness to better equip professionals for the demands of high-stakes, crisis and/or risk communicative events? Building on the earlier findings on trust, ethos, and localized framing, this chapter emphasized protest not as rejection, but as a rhetorical form of civic participation, particularly when institutional communication fails to resonate. Through case studies of the Trinity Bible Chapel and the Freedom Convoy, it became clear that public resistance often

emerges not only in response to mandates themselves, but to the perceived breakdown of trust, legitimacy, and communicative reciprocity between institutions and the communities they serve.

This analysis demonstrated that publics do not respond to messages in purely rational terms, but through emotional, ethical, and stylistic cues. Applying Fahnestock's (1998) stasis theory revealed how protest discourse evolved from factual and definitional disputes to value-laden arguments about governance, freedom, and civic identity. Witte's EPPM (1992) further helped explain how media coverage of the Freedom Convoy often relied on high-threat, low-efficacy messaging, which, particularly when addressing issues like democratic erosion or civic unrest, risked triggering fear control responses such as anger, avoidance, or blame rather than constructive engagement. In this context, "productive behavioral change" refers not to ending the protest itself, but to influencing broader public responses, such as encouraging readers to critically evaluate misinformation, reaffirm shared democratic values, or support protective public health behaviors. The media's rhetorical work, then, is not aimed at converting protest participants, but at shaping audience interpretation and fostering civic accountability through narrative framing, emotional resonance, and appeals to trust. Importantly, a fear-based reaction is not irrational but often grounded in perceived inconsistencies, historical grievance, or alienation from mainstream narratives. As Nussbaum (2018) argues, fear can evolve into anger and mistrust when people feel unheard or excluded. Protest, then, becomes not a failure of acceptance, but a response to a kairotic rupture in civic discourse, when audiences are not just skeptical of the message, but of the speaker's ethos and the system they represent.

In both the Trinity and Convoy cases, this study found that rhetorical style—particularly metaphor, analogy, irony, and moral appeals, shaped how messages were received, amplified, or contested. These rhetorical strategies revealed not just disagreement but underlying demands for participation, recognition, and narrative coherence. Importantly, both protest movements were grounded, at least in part, in premises that aligned with conspiratorial thinking. From early suspicions about the origins and severity of COVID-19 to the broader rejection of institutional legitimacy, conspiracy rhetoric was embedded in both the logic and language of protest. In the case of the Freedom Convoy, this was made more

explicit through the involvement of organizers with known ties to conspiracist and anti-government groups, whose messaging invoked themes of betrayal, secrecy, and elite manipulation. As Rice (2020) argues, conspiracy rhetoric often fills the discursive vacuum left when institutions fail to provide coherent, trusted narratives. Protest, in this sense, becomes not just an oppositional act, but a demand for better storytelling, more culturally attuned messaging and a clearer articulation of collective values. Ding's (2014) notion of the "risk communication vacuum" further clarifies this dynamic: when technical and institutional voices disengage rhetorically from the public, alternative voices rush in to fill the void, often deploying emotionally charged yet misleading narratives. These findings suggest that protest rhetoric is a crucial site for understanding how publics negotiate meaning, credibility, and civic belonging in times of uncertainty, especially when conventional channels of trust and communication have fractured.

Reframing protest as a legitimate form of civic engagement, this chapter urges communicators to view resistance not as rejection, but as an opportunity to listen, recalibrate, and respond with ethical, emotionally attuned messages. Local media, particularly the *Waterloo Region Record*, played a critical role in shaping these debates, sometimes amplifying official messages, sometimes translating or critiquing them, and often providing a platform for alternative perspectives. In this way, the media operated not only as transmitter, but as a rhetorical actor shaping the discursive terrain of public trust. Trust, as Goldenberg (2021) reminds us, is not fixed but continually negotiated; it depends on the ethos of institutions and how they align with the values, needs, and emotions of their publics.

These findings reinforce the necessity of integrating rhetorical literacy into public health and risk communication planning. Health communicators must be trained not only in message clarity and scientific accuracy, but in audience analysis, cultural attunement, and ethical narrative construction. Building partnerships with local leaders, media outlets, and trusted community figures can help mitigate distrust and foster greater resilience. Communicators should be equipped to identify kairotic moments, when public sentiment shifts or fractures, and to respond with empathy, transparency, and rhetorical dexterity. As Butler (2015) writes, assemblies, even unruly ones, carry democratic potential; they express public will and offer insight into the conditions under which trust is formed or withdrawn.

Ultimately, this study offers five rhetorical principles that should guide future health risk communication: (1) hesitancy or protest are not inherently irrational and should be engaged, not dismissed; (2) messaging must be tailored to account for the diverse drivers of skepticism; (3) trustworthiness is situational and negotiated through shared values and ethos; (4) where uncertainty prevails, the character and credibility of the speaker become especially important; and (5) messages that are timely and resonate emotionally, through shared identity, hope, or fairness, can repair ruptures in public trust. These insights reveal that protests, as rhetorical phenomena, are not just critiques of policy, but calls for reengagement, a demand that public institutions listen, adapt, and include.

In conclusion, protest rhetoric serves as both a challenge and an invitation: a challenge to dominant narratives and institutional authority, and an invitation to rethink how publics can be meaningfully included in the processes that affect their lives. As communicators prepare for future crises, whether pandemics, environmental disasters, or political unrest, this study urges them to adopt rhetorical strategies that foreground empathy, credibility, and participation. It is through these means that public health and political communication can shift from compliance-driven messaging to deliberative, trust-centered, and community-based engagement, supporting acceptance, civic resilience and democratic vitality.

7.1.3 A Framework for Rhetorical Trust-Building in Crisis Communication

To synthesize the findings of this dissertation across the three core chapters, *Pandemic Rhetoric*, *Vaccine Rhetoric*, and *Protest Rhetoric*, this section introduces a symbolic framework that formalizes how rhetorical strategies, emotional appeals, and media functions interact to shape public responses during crisis. Drawing from thematic analysis and coding, the Extended Parallel Process Model (EPPM), and rhetorical analysis, this model translates qualitative insights into formulaic expressions that capture recurring patterns in message design, audience interpretation, and media role.

Each formula consists of three components: (1) EPPM cues, which include dominant emotional appeals (e.g., fear, hope, social norms) and combinations of perceived threat (TH) and efficacy (EF); (2) rhetorical outcomes, categorized as danger control (adaptive response), fear control (maladaptive response), or inaction; and (3) media roles, coded as amplifier,

skeptic, translator, or behavior influencer. Together, these variables reveal how specific rhetorical appeals, when paired with kairotic timing, cultural topoi, and perceived speaker ethos, can either foster trust and collective action or contribute to division and resistance. By formalizing these patterns, the framework offers a diagnostic and predictive tool for future communicators, helping to identify not only what types of messages work, but also under what conditions they are most effective.

The purpose of this framework is twofold. It serves as both a diagnostic tool for retrospective rhetorical analysis and a predictive heuristic for future risk or crisis communication. As a diagnostic tool, it helps scholars and practitioners assess why particular public health messages either succeeded or failed within specific sociopolitical and media contexts. As a predictive model, it illustrates how combinations of rhetorical conditions, emotional tone, threat/efficacy balance, and media mediation, are likely to influence public acceptance, engagement, or resistance. This framework does not propose a singular formula for persuasion but instead emphasizes the conditional and situated nature of rhetorical success. By mapping how these variables intersect at key rhetorical moments, it offers a structured yet flexible approach for analyzing or designing effective crisis messages.

In addition to offering theoretical insight, this formulaic approach enables communicators to apply rhetorical principles in practical, adaptive ways. By modeling perceived threat and efficacy, the framework helps anticipate audience reactions and identify the likelihood of acceptance, resistance, or disengagement. It also supports strategic alignment between message tone and media function, such as using local outlets to amplify hope or challenge fear when appropriate. Through attention to ethos (source credibility), kairos (timeliness), and topos (cultural values), communicators can tailor health messages that resonate with specific communities and sociopolitical contexts. Finally, this framework allows analysts to evaluate the evolving role of media at key moments of rupture and repair, pinpointing when translation, amplification, skepticism, or behavior influence are most needed. By operationalizing rhetorical response into symbolic patterns, this model offers a durable, adaptable, and transferable tool for enhancing public trust and mitigating breakdowns in future crisis communication efforts.

Ultimately, this symbolic model contributes to rhetorical theory by advancing the concept of punctuated ethos, a temporally sensitive, media-contingent mode of credibility negotiation, and by formalizing how rhetorical strategies operate as mechanisms for either reinforcing or rupturing civic trust in moments of public crisis. It sets the stage for applying rhetorical insight not only to understand past communication failures, but also to guide future messaging practices with greater intentionality and responsiveness.

Looking ahead, this symbolic formula framework provides a conceptual tool for future crisis communication planning, offering researchers, journalists, and public health officials a way to anticipate rhetorical outcomes. By aiming for emotional appeal, a balance of perceived threat and efficacy, and specific media function, practitioners can design communications that prioritize trust, emotional resonance, and community responsiveness. Rather than treating the media as a passive conduit, this model identifies media as an active rhetorical actor, one that can amplify, translate, contest, or reshape public narratives during health crises. Future applications of this framework may include machine learning analyses of sentiment and media coverage, comparative international studies of rhetorical uptake, and integration into public health curricula and training programs aimed at enhancing rhetorical literacy.

This formulaic approach reflects a final contribution of this study: to reposition rhetoric not as an afterthought in risk communication, but as a primary analytical and practical lens for understanding how publics respond, how trust is built or broken, and how communities make sense of risk during and throughout an evolving period of crisis. By formalizing the interplay of emotional appeals, rhetorical timing, media function, and audience response, this framework offers an ethically attuned method for enhancing risk and crisis communication and reinforcing trust-centered public discourse.

7.2 Final Reflections: Toward Rhetorically Literate, Trust-Centered Public Health Communication

The COVID-19 pandemic exposed and reshaped the rhetorical conditions under which public health crises are communicated, contested, and understood. Specifically, it asked: What conditions shape the construction and circulation of pandemic discourse? How do these

constructions transform as they move across communication channels and publics? By analyzing media coverage of early COVID-19 health directives in 2020, vaccine messaging that emerged in 2021, and protest discourse from early 2021 to early 2022, this research explored how trust, authority, and collective action are rhetorically negotiated at the local level. In doing so, it aimed to illuminate how a rhetorical perspective, one attentive to ethos, audience, genre, kairos, and emotional appeal, can offer more effective, localized strategies for health risk communication. This project's concept of punctuated ethos, trust that is earned, fractured, and renegotiated across moments of rhetorical disruption, serves as a key contribution to ongoing conversations in rhetorical theory and crisis communication. The study also demonstrates that rhetorical strategies such as sustained ethos-building, community-specific framing, and dialogic messaging can strengthen public engagement and resilience. Ultimately, this research argues for a more rhetorically literate approach to crisis response, one that positions communication not as transmission, but as negotiation rooted in shared values and civic responsibility.

7.2.1 Constructing Trust in Times of Crisis

This study has investigated how the COVID-19 pandemic exposed and reshaped the rhetorical conditions under which public health crises are communicated, contested, and understood. By analyzing local media coverage, vaccine messaging, and protest discourse, it has shown that public trust is not guaranteed by institutional authority or scientific data alone. Rather, trust is rhetorically constructed, negotiated through ethos, narrative framing, audience alignment, and emotional resonance. What matters is not only what is said, but also how it is said, by whom, and in what context. This rhetorical lens is essential for understanding why some messages succeed while others fail, particularly when public health directives encounter resistance or skepticism. Local responses to government messaging, especially through community newspapers like the *Waterloo Region Record*, reveal that ethos is not static, it must be continually earned through transparency, empathy, and audience-centered communication.

These findings reinforce the need for sustained ethos-building, that is, messaging that not only projects credibility but also demonstrates it consistently through transparency,

responsiveness, and acknowledgment of uncertainty. Particularly when trust is contested, ethos must be constructed dialogically, in conversation with public concerns, rather than asserted through authority alone. The case studies also suggest that resistant voices constructed counter-ethos by drawing on alternative moral frameworks—claims to parental protection, insider knowledge, or ethical skepticism, which mirrored official strategies while undermining their authority. Understanding this rhetorical mirroring offers a more complete view of how trust is both forged and fractured in public discourse.

7.2.2 The Role of Local Media as Strategic Partner

This research highlights the central role of local media as both translator and co-producer of public health discourse. Local news outlets acted as rhetorical intermediaries, amplifying government messaging when appropriate but also interrogating and contextualizing it for their readers. These newsrooms brought scientific and governmental information into conversation with community experience, drawing on trusted local voices to ground communication in credibility and relevance. Local reporters helped construct meaning around health risks and vaccines not by merely repeating facts, but by framing information in ways that reflected shared values, acknowledged uncertainty, and fostered belonging. Their coverage often used metaphor, analogy, and emotional appeal to help communities make sense of a complex and evolving crisis. This form of rhetorical accommodation proved crucial in stabilizing trust, especially during moments of heightened public anxiety or political confusion.

7.2.3 Best Practices for Rhetorical Public Health Communication

Based on this analysis, several best practices emerge for health communicators and institutions seeking to improve public trust and resilience. First, sustained ethos-building must be treated as a communicative outcome, not a given. Authorities must actively earn credibility through consistent, transparent, and compassionate messaging. Second, communication should be community specific. Messages that ignore localized histories, values, or anxieties risk alienation and misinterpretation. Collaborating with local media can help ensure messages are linguistically, culturally, and contextually appropriate. Dialogic

messaging, two-way engagement with audiences, should replace top-down transmission models. Collaborating with local media supports this shift. Third, effective risk messaging in a crisis must balance perceived threat with efficacy. As shown through Kim Witte's (1992) Extended Parallel Process Model (EPPM), high-threat, low-efficacy communication often prompts avoidance, denial, or conspiracy uptake. Pairing urgency with actionable solutions, particularly when voiced by familiar and trusted figures, fosters behavioral uptake and resilience. Fourth, protest and vaccine hesitancy should be understood as rhetorical responses, often grounded in legitimate frustrations or unmet needs, rather than dismissed as irrationality. Protest and vaccine resistance should be interpreted as rhetorical positions, not simply misinformation. Engaging with their claims reveals competing frameworks of ethos and identification. Listening to, analyzing, and engaging with these responses can uncover pathways for improved engagement and dialogue. Finally, rhetorical literacy must be a core competency for communicators. The ability to analyze kairos, recognize discursive breakdowns, and construct persuasive, audience-aware messages is essential in any future crisis.

7.2.4 Reimagining Communication for Future Crises

As Canada and the world prepare for future global challenges, whether pandemics, environmental disasters, or geopolitical upheaval, this research calls for a reimagined approach to public health communication. Local journalism must be recognized and resourced not simply as a platform for message distribution, but as a rhetorical partner in meaning-making. Building relationships with community media, engaging in two-way dialogue with audiences, and developing communication strategies rooted in trust and shared values are not optional, they are essential. Rhetoric, understood not as manipulation but as the art of ethical persuasion, offers a powerful framework for rebuilding civic trust and resilience in times of uncertainty. Future research and practice in health risk communication must prioritize localized, culturally responsive, and emotionally attuned approaches that recognize publics not as passive recipients of information, but as active participants in shaping the narrative of collective action.

7.3 Conclusion: A Rhetorical Framework for Community Resilience

Finally, this research calls for a reframing of public health communication as a shared rhetorical enterprise, one that invites identification, fosters trust, and respects the agency of diverse publics. The COVID-19 pandemic has underscored the urgency of this shift. In an age of digital misinformation, political polarization, and institutional skepticism, the capacity to communicate credibly, ethically, and responsively has never been more critical. Rhetoric offers the tools not only to understand these challenges but to meet them, with compassion, clarity, and cultural competence. By re-centering punctuated ethos as a core feature of trust negotiation, and by investing in strategies like dialogic messaging and community-specific framing, we can better equip ourselves for the complexities of future crises. This approach moves us beyond models of transmission toward a more inclusive, participatory, and resilient model of public discourse, one capable of navigating both the threats and possibilities of global health communication.

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Appendix A
Chapter 4 – Waterloo Region Newspaper Articles

Canadian Federal and Provincial Media Releases

"SARs" – Prime Minister of Canada PMO Office (May 2, 2003)

"H1N1" – Public Health Agency of Canada (May 20, 2009)

"COVID-19" – Prime Minister of Canada, PMO Office (March 16, 2020)

"COVID-19" – Office of the Premier of Ontario (March 17, 2020)

Waterloo Region Record **Newspaper Articles**

Local news:

Areguy, Fitsum. 2020, December 23. Churches try to tend their flock while maintaining health protocols. *The Record*: A1.

Booth, Laura. 2020, December 22. Waterloo Region students to start school remotely after winter break. *The Record*: A3.

"COVID-19 vaccine injects hope into Canada." 2020, December 11. *The Record's View, The Record*, A10.

D'Amato, Luisa. 2020, December 2. The pandemic has made the lives of women here a lot worse. *The Record*.

D'Amato, Luisa. 2020, December 23. We're witnessing history as the region gets vaccine. *The Record*: A1.

D'Amato, Luisa. 2020, December 30. 2020 was the year we'll never forget. *The Record*: A3.

Gerber, Leah. 2020, December 22. Christmas shoppers race to stay ahead of lockdown. *The Record*: A4.

Jackson, James. 2020, December 26. Worries emerge as screen time surges. *The Record*: A3.

Latif, Anam. 2020, December 23. Compliance paid sick leave can prevent workplace outbreaks, expert says. *The Record*: A14.

Monteiro, Liz. 2020, December 23. Small businesses prepare for lockdown pain. *The Record*: A14.

Pender, Terry. 2020, November 20. 'Love in the time of COVID.' *The Record*, A5.

"Put focus on e-learning, not rushing to reopen." 2020, April 23. *The Record's View, The Record*.

Rubinoff, Joal. 2020, March 3. Coronavirus tension builds in region. *The Record*, A1.

Seto, Chris and Laura Booth. 2020, December 18. COVID cases climb in region's schools. *The Record*, A3.

Thompson, Catherine. 2020, December 16. Stocked by the virus. *The Record*: A1.

Weidner, Joanna. 2020, March 3. New infectious illnesses spark strong emotional reaction. *The Record*, A1.

Weidner, Johanna. 2020, August 5. Health official urges people to consider 'collective responsibility.' *The Record*: A4.

Weidner, Johanna. 2020, October 30. Students can get stuck in ‘pandemic time.’ *The Record*: A3.

Weidner, Johanna. 2020, November 25. Hospitals face balancing act with COVID. *The Record*: A1.

Weidner, Johanna. 2020, December 17. COVID outbreaks strain local testing lab. *The Record*: A7.

Weidner, Johanna. 2020, December 17. Two more COVID deaths, 90 more cases in region. *The Record*: A7.

Weidner, Johanna. 2020, December 18. Prepare for lockdown, medical officer says. *The Record*: A1.

Weidner, Johanna. 2020, December 19. ‘Unfortunate’ stricter measures likely needed. *The Record*: A4.

Weidner, Johanna. 2020, December 22. Shutdown limits gatherings, in-person shopping, restaurants. *The Record*: A1.

Weidner, Johanna. 2020, December 22. First COVID-19 vaccines arrive in region. *The Record*: A1.

Weidner, Johanna. 2020, December 22. Another COVID death, 96 more cases. *The Record*: A3.

Weidner, Johanna. 2020, December 22. People living alone have option to join another household over the holidays. *The Record*: A4.

Weidner, Johanna. 2020, December 23. PSW receives region’s first COVID-19 vaccine. *The Record*: A1.

Weidner, Johanna. 2020, December 23. ‘We cannot wait another day,’ medical officer warns. *The Record*: A3.

Weidner, Johanna. 2020, December 29. Region’s COVID isolation site up and running. *The Record*: A4.

Weidner, Johanna. 2020, December 30. COVID-19 vaccinations to ramp up after pause. *The Record*: A4.

Williams, Robert. 2020, December 9. ‘I’ve been preaching this for months and nobody has been listening.’ *The Record*: A1.

Williams, Robert. 2020, December 18. Second wave fatality rates lower for seniors. *The Record*: A4.

Williams, Robert. 2020, December 24. Delay in provincewide lockdown will have consequences, public health experts say. *The Record*: A4.

Williams, Robert and Jeff Outhit. 2020, December 15. COVID-19 deaths, hospitalization low in Waterloo Region despite surging cases. *The Record*: A1.

Provincial and Federal/National news:

Alhmidi, Maan. 2020, December 11. Lockdown feels “something similar to war.’ *The Record*: A7.

Alhmidi, Maan. 2020, December 31. Pandemic makes some Canadians more grateful for what they have. *The Record*: B2.

Baig, Fakiha. 2020, December 26. Spirit of Christmas still alive as hundreds of Canadians give the gift of giving. *The Record*: B1.

Blanchfield, Mike. 2020, July 18. Official tells young people to ‘party’ at a distance. *The Record*: B2.

Blanchfield, Mike. 2020, December 15. Canada boosts foreign aid for COVID-19. *The Record*: A7.

Bryden, Joan. 2020, December 22. Pandemic forced Trudeau back to centre stage in a difficult year. *The Record*: A9.

Chidley-Hill, John. 2020, December 31. Toronto plans further restraints. *The Record*: B1.

Jeffords, Shawn. 2020, December 11. 'Very small number' of vaccines to arrive in Ontario next week: Ford. *The Record*: A7.

Jeffords, Shawn. 2020, December 22. 'Lives are at stake right now.' *The Record*: A1.

Kestler-D'Amours, Jillian. 2020, December 29. Pandemic 'not a hype. People are dying.'. *The Record*: A6.

Levitz, Stephanie. 2020, December 29. What's at stake for the main parties in 2021. *The Record*: A9.

McQuigge, Michelle. 2020, August 5. Ontario government defends back-to-school plan despite contradictions from Ottawa. *The Record*: A5.

Neergaard, Lauran and Hannah Fingerhut. 2020, December 10. Poll suggests only half of U.S. residents want shots as vaccine nears. *The Record*: B3.

Perkel, Colin. 2020, December 21. Virus fears feeding interest in home births, midwives say. *The Record*: A8.

Press, Jordan. 2020, December 11. Prepare now for rise in homeless numbers, report says. *The Record*: A7.

Rabson, Mia. 2020, December 21. Vaccine's speedy delivery pleases Tam. *The Record*: A7.

Rabson, Mia. 2020, December 22. Canada reviewing data on Moderna vaccine. *The Record*: A6.

Serebrin, Jacob. 2020, December 10. Quebec premier calls for crackdown. *The Record*: B2.

Serebrin, Jacob. 2020, December 23. Ottawa says border controls are sufficient despite complaints. *The Record*: A6.

Serebrin, Jacob. 2020, December 26. New COVID-19 variants not in Canada: Tam. *The Record*: B1.

Smart, Amy. 2020, December 17. Front-line workers named Newsmaker of the Year. *The Record*: B2.

Smart, Amy. 2020, December 22. 5 things we've learned about COVID-19. *The Record*: A9.

Stajduhar, Kelli and Sanders, Tanya. 2020 July 17. COVID-19 pandemic shows support for home care is far overdue. *The Record*: A9.

The Canadian Press. 2020, July 18. Ford tells long-term-care homes to ensure workers have access to PPE. *The Record*: B1.

Tranter, Emma. 2020, December 29. Researchers turn to citizen scientists in Nunavut. *The Record*: A9.

The Canadian Press. 2020, December 4. Canada passes 400,000 cases. *The Record*: B1.

The Canadian Press. 2020, December 17. Hospitals preparing pandemic surge plans. *The Record*: B1.

The Canadian Press. 2020, December 21. Ontario headed to provincewide lockdown, reports say. *The Record*: A7.

The Canadian Press. 2020, December 22. Feds should detail vaccination plan for Indigenous communities: NDP. *The Record*: A9.

The Canadian Press. 2020, December 22. Many Canadians who had COVID worried about dying: poll. *The Record*: A6.

The Canadian Press. 2020, December 23. Ontario to cut hydro rates, provide student funding during 28-day lockdown. *The Record*: A6.

The Canadian Press. 2020, December 31. Air travellers to Canada will need negative test. *The Record*: B1.

Global news:

Abbott, Brianna. 2020, December 29. Test makers aim to broaden virus testing well into spring. *The Record*: A12.

Alam, Hina. 2020, November 7. War letters shed light on Spanish flu. *The Record*: B2.

Cartagena, Diego and Flores, Paola. 2020, July 17. In Bolivia, people rush to buy false virus cure. *The Record*: B3.

Colvin, Jill. 2020, December 21. Biden to receive COVID vaccine as Trump remains on sidelines. *The Record*.

Corbet, Sylvie. 2020, December 18. French president tests positive for COVID-19. *The Record*: A9.

Geller, Adman and Heather Hollingsworth. 2020, December 15. COVID-19 deaths top 300,000 in the U.S. *The Record*.

Geller, Adman and Terry Spencer. 2020, December 17. Vaccinations reach nursing homes, as California faces COVID-19 crisis. *The Record*: B3.

Hollingsworth, Heather. 2020, December 11. One-day U.S. deaths top 3,000, more than 9/11. *The Record*: A9.

Jordans, Frank. 2020, December 16. WHO on the hunt for COVID-19 origins. *The Record*: A8.

Kestler-D'Amours, Jillian. 2020, December 22. Stuck in U.K. after Canada shuts air travel. *The Record*: A6.

Kurtenbach, Elaine and Merchant, Nomaan and Hadjicostis, Menelaos. 2020, July 17. India tops IM cases as countries battle COVID-19 flare-ups. *The Record*: B2.

Litvinova, Daria. 2020, December 18. Russia's vaccine rollout draws wary, mixed response. *The Record*: A9.

Marcelo, Phil. 2020, August 5. Parties, bars and cruises – surge blamed on selfishness. *The Record*: B1.

Moulson, Cara Anna and Geir. 2020, July 20. COVID-19 deaths top 600,000 globally. *The Record*: A7.

Neergaard, Lauran and Hannah Fingerhut. 2020, December 10. Poll suggests only half of the U.S. residents want shots as vaccine nears. *The Record*: B3.

Pane, Lisa Marie and Rachel La Corte. 2020, December 9. U.S. COVID-19 deaths hit record levels. *The Record*: A9.

Parra, Aritz and Corder, Mike and Kurtenbach, Elaine. 2020 July 17. Tourists facing more restrictions as Europe faces new virus spikes. *The Record*: A10.

Pylas, Pan. 2020, December 22. Britain grapples with travel bans. *The Record*: A8.

Quinn, Christopher. 2020, December 29. Pandemic forces permanent shift in shopping. *The Record*: A12.

Ross, Tim and Joe Mayes. 2020, December 31. England hit with tougher virus restrictions. *The Record*: B8.

Tranter, Emma. 2020, December 29. Researchers turn to citizen scientists in Nunavut. *The Record*: A9.

Tucker, Eric, Costas Kantouris and Cody Jackson. 2020, July 16. Virus cases rise in U.S. amid new restrictions. *The Record*: A7.

Letters to the Editor/Opinion:

Alam, Hina. 2020, July 20. COVID-19 infections on the rise with young people. *The Record*: A6.

Alam, Hina. 2020, November 7. War letters shed light on Spanish flu. *The Record*: B2.

Barber, Marsha. 2020, July 17. Differing attitudes toward COVID-19 can put strain on friendships. *The Record*: A8.

Cao, Sissi and Pulkit Bhuptani. 2020, July 18. Critical drug shortages posing a threat in this and future pandemics. *The Record*: A8.

Ghovanloo, Mohammed-Reza. 2020, April 23. Canada and Sweden too different approaches to fighting COVID-19. *The Record.*

Leslie, Keith. 2020, December 18. Government must invest in LTC, including rigorous inspections. *The Record*: A10.

Leslie, Keith. 2020, December 29. COVID-19 numbers show Ford's lockdown decision was correct. *The Record*: A10.

Pennings, Ray. 2020, December 18. Thanks to COVID-19, Canadians hunkering down – reluctantly – for the holidays. *The Record*: A10.

Poling, Jim (Editor-in-Chief). 2020, December 22. The unwanted lockdown that Ontario needs. *The Record*: A10.

Wolfson, Michael. 2020, April 16. Why has Canada's data collection during pandemic been so bad? *The Record.*

Appendix B
Chapter 5 – Waterloo Region Newspaper Articles

Health Risk Communication Values

Health Canada approves Pfizer's vaccine (Mia Rabson, Dec. 9, 2020)

COVID vaccine begins historic U.S. journey (Martha Irvine and Morry Gash, December 13, 2020)

U.S. ready to OK second vaccine as COVID-19 outbreak worsens (Lauran Neergard and Matthew Perrone, B3, December 19, 2020)

Region's vaccination rate may not meet fall goal (Jeff Outhit, A1, January 12, 2021)

Education assistants refuse to enter Kitchener school (Laura Booth, A1, January 12, 2021)

Region gives support to provincial expansion of COVID-19 restrictions (Robert Williams and Jeff Outhit, A1, January 12, 2021)

COVID variants become more prevalent locally (Johanna Weidner, A5, March 4, 2021)

'This is one time it's good to be old' (Laura Booth and Liz Monteiro, A1, March 5, 2021)

New vaccine decision 'days away' (Mia Rabson, A7, March 5, 2021)

Waterloo vaccine clinic has 'smooth' start (Johanna Weidner, A4, March 5, 2021)

Another vaccine clinic set to open (Johanna Weidner, A7, March 6, 2021)

COVID-19 milestone represents 'difficult year' (Johanna Weidner, A1, March 6, 2021)

'Your turn is coming,' Trudeau says (Adina Bresge, B1, March 6, 2021)

Ontario aims to get first shots to everyone eligible by June 20 (Holly McKenzie-Sutter, B1, March 6, 2021)

Vaccinations saved hundreds of lives: report (Holly McKenzie-Sutter, A5, March 9, 2021)

Vaccine rollout does not signal return to normal life: medical officer (Johanna Weidner, A2, March 10, 2021)

Vaccines inject hope into world economy (The Associated Press, A10, March 10, 2021)

Region in 'risky period' as third wave approaches (Johanna Weidner, A3, March 13, 2021)

COVID-19 hospitalizations decline, deaths starting to level off: Tam (The Canadian Press, A7, March 18, 2021)

Moderna plans to test its COVID vaccine on Canadian children (Cassandra Szklarski, A7, March 18, 2021)

COVID-19 vaccination clinic staff get to share in the joy (Johanna Weidner, A1, March 26, 2021)

Race between vaccine, variants at 'critical point' (Adina Bresge, April 9, 2021)

'I was so happy afterwards' The Record asked readers to share their experiences surrounding the rollout of the COVID-19 vaccine (Terry Pender, A1, April 21, 2021)

Hospitals taking COVID patients from Toronto (Liz Monteiro, A1, April 21, 2021)

'Writing was on the wall' for OHL season (Josh Brown, April 21, 2021)

Guilt not a reason to wait for vaccine (Johanna Weidner, A3, April 21, 2021)

Easing of restrictions seen when 50 to 60% of Canadians vaccinated (Morgan Lowrie, May 4, 2021)

J&J shot should be limited: advisory board (Mia Rabson, May 4, 2021)

A 'light at the end of the tunnel' (Shawn Jeffords, A9, May 6, 2021)

Health Canada maintains any vaccine available is best (Mia Rabson, A9, May 6, 2021)

Pfizer shot OK for kids 12 and up (Nicole Thompson, A9, May 6, 2021)

Ontario COVID trend dips lower (Melissa Couto Zuber, May 7, 2021)

Prioritize health-care workers, Ford urged (Shawn Jeffords, May 7, 2021)

Guide helps people unsure about second vaccine dose after AstraZeneca (Johanna Weidner, June 2021)

Some staff not vaccinated at nursing home where resident died of COVID-19 (Jeff Outhit, June 2021)

Getting your COVID Vaccine is a civic duty (Record's View, June 8, 2021)

Region launching self-serve COVID-19 vaccine booking system (Johanna Weidner, June 23, 2021)

Anyone not vaccinated at risk with Delta Variant (Johanna Weidner, A4, June 23, 2021)

Vaccines saved lives in third wave, Tam says (Mia Rabson, A7, June 30, 2021)

Walk-ins welcome for second COVID-19 vaccine doses (Johanna Weidner, August 2021)

On mandatory vaccines, our leaders are late to the table (Martin Regg, August 24, 2021 – Opinion)

Mandatory vaccinations are now our best hope (Ranjani Iyer Mohanty, August 26, 2021 – Opinion)

Drive-thru clinics among initiatives planned for when COVID-19 jab is approved for kids (Johanna Weidner, Sept 25, 2021)

COVID-19 vaccinations to ramp up after pause (Johanna Weidner, A4, December 30, 2020)

Vaccine rollout for kids stalls (Jeff Outhit, Feb 2, 2022)

Risks and Benefits

Third COVID-19 vaccine dose available to most vulnerable (Johanna Weidner, August 19, 2021)

Boards, test sites prepare for students (Johanna Weidner, A1, August 26, 2021)

Officers asked if they've gotten vaccine (Chris Seto, August 26, 2021)

Targeted rapid COVID testing for schools welcomed (Johanna Weidner, October 5, 2021)

Why we need a vaccine injury compensation program (Kumanan Wilson and Jennifer Keelan, A11, Dec. 9, 2020 - Opinion)

Health Canada Oks Moderna's vaccine (Lee Berthiaume, A7, Dec. 24, 2020)

Ontario getting 53,000 Moderna vaccine doses by end of December (Shawn Jeffords, A7, Dec. 24, 2020)

Vaccine equity will be the defining challenge of 2021 (Peter A. Singer, Dec. 30, 2020 - Opinion)

Trudeau says vaccines still ‘on track’ (Lauren Krugel, B1, February 6, 2021)

Grand River’s COVID-19 vaccine clinic temporarily closed (Johanna Weidner, A1, Jan. 16, 2021)

Vaccinations falling amid short supply as pace of COVID-19 infections slows (Jeff Outhit, A3, Jan. 26, 2021)

Moderna shipment cut by more than 50,000 (Mia Rabson, Jan. 30, 2021)

Region’s vaccination halt for three days (Jeff Outhit, A3, Feb. 2, 2021)

COVAX added to the list of vaccine confusion (Mia Rabson, Feb. 3, 2021)

COVID-19 vaccine shouldn’t cause worse side-effects for frail elderly (Johanna Weidner, Feb. 17, 2021)

Police led roll-out may cause some ‘vaccine hesitancy’ (Jeff Outhit, Feb. 26, 2021)

Ontario residents aged 60-64 to receive Oxford-AstraZeneca shot (Shawn Jeffords, A7, March 4, 2021)

Conservative MP Sweet calling for an end to ‘incoherent’ lockdowns (Stephanie Levitz, A7, March 4, 2021)

Isolated elders missing chance to get vaccine (Gillian Flaccus, Heather Hollingsworth and Russ Bynum, A9, March 5, 2021)

Proof of pre-existing illness not required for COVID-19 shot, health minister says (Holly McKenzie-Sutter and John Chidley-Hill, March 8, 2021)

Trudeau says J&J vaccine faces production challenges (Mia Rabson, A5, March 10, 2021)

Trudeau confident in AstraZeneca (Morgan Lowrie, Cassandara Szklarksi and Shawn Jeffords, A6, March 16, 2021)

Vaccine program gears up in region (Catherine Thompson, A1, March 16, 2021)

Experts say AstraZeneca vaccine is now all right for use on seniors (Mia Rabson, Naan Alhmidi and Shawn Jeffords, A7, March 17, 2021)

Region entering ‘ramp up’ of COVID-19 vaccine (Johanna Weidner, A3, March 18, 2021)

Biden doubles goal of vaccine distribution (Joanthan Lemire and Zeke Miller, March 25, 2021)

Vaccine delivery program warns of supply delays (Jamey Keaten and Aniruddha Ghosal, A9, March 26, 2021)

Public health wasn’t ready for COVID: report (Stephanie Levitz, A7, March 26, 2021)

People infected may need just one vaccine shot (Hina Alam, A7, March 26, 2021)

Pace of vaccinations ramping up as 11% of Canadian adults get first shots: Ottawa (Colette Derworiz and Christopher Reynolds, A7, March 26, 2021)

Many COVID vaccine appointments unfilled (Liam Casey, A5, March 29, 2021)

COVID-19 vaccine rollout is excluding people with disabilities (Lene Andersen, A11, March 30, 2021 - Opinion)

Ontario studying vaccine hesitancy (Shawn Jeffords and Holly McKenzie-Sutter, A7, March 30, 2021)

Registration expands to 60 and older (Jeff Outhit, A1, March 31, 2021)

Millions more COVID shots expected by June (Mia Rabson, March 31, 2021)

Pharmacies soon to offer AstraZeneca vaccine (Johanna Weidner, A8, April 3, 2021)

Waterloo Region vaccine rollout once 11 days ahead, is now 5 days behind (Jeff Outhit, A8, April 3, 2021)

Shots for Ontarians 50-plus coming to hot spots (The Canadian Press, April 7, 2021)

Another 41 pharmacies in Waterloo Region will offer vaccines (Jeff Outhit, A1, April 12, 2021)

Special education workers get vaccines (Laura Booth, A3, April 13, 2021)

COVID-19 cases climbing 'significantly' (Johanna Weidner, A4, April 14, 2021)

Targeted efforts seek to boost coronavirus vaccination in high-risk neighbourhoods (Johanna Weidner, A4, April 14, 2021)

Another technical glitch muddies vaccine rollout (Jeff Outhit, A4, April 14, 2021)

Accurately tracking vaccine rollout proving difficult (Robert Williams, April 22, 2021)

Some essential workers can now register for vaccine (Johanna Weidner, April 22, 2021)

Canada secures booster shots (Adina Bresge, B1, April 24, 2021)

AstraZeneca eligibility won't be lowered just yet (Holly McKenzie-Sutter, B1, April 24, 2021)

Vaccine hangover: Experts weigh in on why some people have side effects (Kelly Geraldine Malone, A8, April 30, 2021)

Provinces looking to mix COVID-19 vaccines (The Canadian Press, May 11, 2021)

Vaccine rollouts expand, but some caseloads still high (The Canadian Press, May 11, 2021)

Ontario opens shots to adults over 18 as COVID-19 vaccine efforts expand (Holly McKenzie-Sutter, A7, May 18, 2021)

Canada should be a leader in global vaccination and here is how to do that (Peter N. Burns and Raji Jayaraman, May 12, 2021 - Opinion)

Parents relieved students can get both COVID vaccine doses before fall (Laura Booth and Johanna Weidner, May 27, 2021)

AstraZeneca recipients allowed to switch up second dose (Mia Rabson, A7, June 2, 2021)

People who got AstraZeneca can switch to Pfizer or Moderna for second dose (Johanna Weidner, A4, June 4, 2021)

First-dose appointments available at Cambridge COVID-19 vaccine clinic (Johanna Weidner, A5, June 8, 2021)

Rollout (Johanna Weidner, A1, June 8, 2021)

Reopening amid second doses hesitancy and Delta variant (Terry Pender, A1, June 9, 2021)

Province's vaccination teams coming to Region's hot spots (Jeff Outhit, A1, June 18, 2021)

Ontario speeding up second shots (Holly McKenzie-Sutter, A9, June 18, 2021)

Fiercely competing for shots of vaccine (Liz Monteiro, June 28, 2021)

Region made little progress with 44,990 extra doses (Jeff Outhit, June 28, 2021)

Residents bare their arms for 22,000 doses as new cases ease (Robert Williams and Jeff Outhit, July 2021)

Drive-thru COVID-19 vaccination clinic Sunday in Kitchener (*Waterloo Region Record*, July 2, 2021)

Region grinds its way closer to vaccine parity after terrible May (Jeff Outhit, July 2, 2021)

Vaccine hesitancy higher among Black Canadians, survey suggests (Canadian Press, A6, July 15, 2021)

More drive-thru vaccination clinics planned (Johanna Weidner, July 17, 2021)

Rollout takes aim at vaccine hesitancy in region (Jeff Outhit, A5, July 17, 2021)

Vaccine 'apathy' has experts concerned (Melissa Couto Zuber, A9, July 22, 2021)

Vaccination rollout eyes homebound residents (Johanna Weidner, A3, July 23, 2021)

We shouldn't turn away from difficult vaccine conversations (Helen Fishburn, July 29, 2021 - Opinion)

Make jabs part of long weekend plans (Johanna Weidner, A1, July 31, 2021)

Regional population swells, trimming vaccination progress (Jeff Outhit August 6, 2021)

Vaccine surplus swells to 93,000 doses (Jeff Outhit, A1. Aug. 9, 2021)

Vaccine appointments surge (Nicole Thompson, A8, Sept. 3, 2021)

COVID-19 boosters are coming, but for who? (Lauran Neergaard, Sept. 7, 2021)

Vaccine hesitancy doesn't make you an anti-vaxxer (Jaydum Hunt, Sept. 11, 2021 – Opinion)

Digital vaccine receipts needed now, local business groups say (Anam Latif, A5, Sept 20, 2021)

Restaurant staffers will bear burden of new vaccine law (Terry Pender, A5, Sept 20, 2021)

Canadian retirees hope for prompt COVID booster shots in U.S. South (James McCarten, Sept. 20, 2021)

Parents hesitant to vaccinate children (Laura Osman, October 2021)

Public health working on criteria for rapid testing in schools, daycares (Johanna Weidner, A5, Oct. 9, 2021)

Gap closing between residents with one COVID vaccine dose and full immunized (Johanna Weidner, A5, Oct. 9, 2021)

Almost 1,000 gather for anti-vaccine protest in Waterloo (Joel Rubinoff, A1, October 25, 2021)

'I want to leave that up to the parents' (The Canadian Press, October 27, 2021)

Ontario to double number of long-term-care inspectors, allow immediate charges (The Canadian Press, October 27, 2021)

COVID-19 vaccine booking system reopening (Johanna Weidner, A3, October 30, 2021)

Hospitals deliver input on mandatory vaccines (Allison Jones, Nov. 1, 2021)

People eligible for booster urged not to delay (Johanna Weidner, November 13, 2021)

Vaccine distribution task force members required to sign NDA (James Jackson, Dec. 10, 2020)

Regional COVID-19 vaccine task force formed (Johanna Weidner, Dec. 11, 2020)

New hospital admission data confirms vaccine advantage (Jeff Outhit, A5, Feb. 10, 2022)

"We're entering the final stretch of this crisis," PM said. "So there's reason to be hopeful."

Reject – vaccine nationalism – none of us will be safe until we are all safe.

Fact-based Arguments Versus Myths

What you need to know about vaccine (Canadian Press, A7, Dec. 15, 2020)

Real-time data collection essential in vaccination rollout (Michael Wolfson, A9, Jan. 6, 2021)

Pfizer and Moderna vaccine FAQs (Johanna Weidner, A5, Jan. 9, 2021)

Mobile vaccination clinics, second doses to start next week (Johanna Weidner, A5, Jan. 9, 2021)

COVID-19 vaccine myths debunked (Johanna Weidner, Jan. 14, 2021)

Steady supply of vaccine is still months away (Kelly Geraldine Malone, A7, Jan. 15, 2021)

In COVID-19 surge, there's no place like home (Record View, A10, Jan. 16, 2021)

What can we learn from our history of human behavior and dealing with disease? (Dan Popowich, A10, Jan. 16, 2021)

Provinces revisiting vaccine programs as Pfizer delays dose deliveries (Mia Rabson, A5, Jan. 19, 2021)

Daily cases must be below 1,000 to lift lockdown (Canadian Press, A5, Jan. 19, 2021)

No Pfizer-BioNTech vaccine doses to be shipped to Canada next week: Fortin (Mia Rabson, A6, Jan. 20, 2021)

Even those with 'natural immunity' should get vaccine (Robert Williams, A1, Jan. 22, 2021)

Vaccine rollout 'extremely complex in a complex time' (Johanna Weidner, A4, Feb. 12, 2021)

Vaccine rollout needs to be top priority (Helen Stevenson, Feb. 18, 2021)

Vaccine rollout causing frustration (Johanna Weidner, A1, Feb. 24, 2021)

Region launches online COVID vaccine sign-up (Johanna Weidner, Feb. 25, 2021)

COVID-19 vaccination clinic opens Thursday (Johanna Weidner, A3, March 3, 2021)

"Clinics" (A1, March 3, 2021)

Delay second vaccine doses, give more first shots, UW expert urges (Jeff Outhit, A3, March 3, 2021)

COVID-19 vaccine plan's three phases (Johanna Weidner, A4, March 4, 2021)

Province to carry out workplace inspection blitz in Waterloo Region next week (Waterloo Region, A4, March 4, 2021)

We must make COVID-19 vaccinations mandatory (Martin Regg Cohn, A11, March 31, 2021)

AstraZeneca shot is safe: Heath Canada (Mia Rabson, B1, March 13, 2021)

Ontario doctors ask for patience (Shawn Jeffords, B1, March 13, 2021)

Trudeau warns requiring COVID-19 vaccine passports raise ‘questions of fairness’ (Cassandra Szklarski, B1, March 13, 2021)

Health officials seek to convince skeptical public of COVID-19 vaccine safety (Mia Rabson, Apr.3, 2021)

I stood up to anti-vaxxers. There’s a lesson in what happened next (Martin Regg Cohn, Opinion, April 5, 2021)

Health officials seek to convince skeptical public of vaccine safety (Mia Rabson, A5, April 5, 2021)

Ornge head tapped to lead Ontario’s vaccination drive (Canadian Press, A5, April 5, 2021)

Vaccine ‘passports’ could be new point of cross-border contention (Canadian Press, A7, April 8, 2021)

Vaccine-induced clots under more scrutiny (Canadian Press, A6, April 14, 2021)

Community groups to organize COVID-19 shots for all adult residents in hot spots (Shawn Jeffords, A6, April 14, 2021)

Vaccines (Liz Monteiro and Laura Booth, A1, April 15, 2021)

AstraZeneca to remain in use here (Mia Rabson, A7, April 15, 2021)

Can employers make vaccines or tests mandatory? (Brent Davis, A1, April 26, 2021)

‘This is ridiculous:’ Anti-lockdown protest continues in Waterloo (James Jackson, A1, April 26, 2021)

Waterloo Region closing in on 14,000 COVID cases (Waterloo Region, A1, April 26, 2021)

What we know about J&J’s single-dose shot arriving this week (Canadian Press, A7, April 27, 2021)

Alaska governor shares vaccine with neighbouring Canadian town (Becky Bohrer, 27, 2021)

Family of woman who died of blood clot urges vigilance (Morgan Lowrie, A7, April 29, 2021)

Ontario stops AstraZeneca vaccine (Shawn Jeffords, May 12, 2021)

Ontario rides a steep vaccine learning curve (Record Opinion, A10, May 14, 2021)

Ontario’s full vaccination target may be hard to reach: experts (Shawn Jeffords and Holly McKenzie-Sutter, May 15, 2021)

All Canadians should have access to two shots by August (Canadian Press, June 2021)

U.S. sharing while Ottawa pushed to give doses to COVAX (Mia Rabson, A8, June 4, 2021)

Outdoor grads called ‘impractical, unrealistic’ (Nicole Thompson, A8, June 4, 2021)

Vaccine site revamp will simplify booking second doses (Johanna Weidner, June 5, 2021)

Mixing AstraZeneca, Pfizer vaccines produce better immunity: UK study (Mia Rabson, A6, June 29, 2021)

AstraZeneca vaccines will be thrown out (Mia Rabson, July 6, 2021)

Instituting vaccine passports can strengthen democracy (Christopher Holcroft, July 21, 2021)

Vaccine jabs compulsory for students living in residence (Liz Monteiro and Johanna Weidner, A1, July 23, 2021)

Vaccines should be mandated for in-person education (Glenn Waugh, July 25, 2021)

Ontario pushes for mixed-jab acceptance (Holly McKenzie-Sutter, A7, July 27, 2021)

Pfizer outlines case for getting booster shots (Carl Zimmer, Apoorva Mandavilla and Sharon LaFranier, A9, July 29, 2021)

Ontario pauses re-opening, issues vaccine policy for some workers as Delta spreads (Holly McKenzie-Sutter, Aug. 18, 2021)

Hospital association in Ontario renews calls for more vaccination (Paola Loriggio, Aug. 25, 2021)

Ontario health units explore regional immunization certificates (Holly McKenzie-Sutter, Aug. 27, 2021)

Toronto School Board will require vaccination for staff (Nicole Thompson, Aug. 27, 2021)

Critics call for haste on Ontario vaccine certificates (Canadian Press, Aug. 31, 2021)

Trustees want vaccine to be mandatory (Brent Davis, A1, Sept. 1, 2021)

Technology ready for vaccine passports (Terry Pender, A1, Sept. 3, 2021)

Restaurateurs wary of vaccine certificate (Brett Bundale, Sept 4, 2021)

Ontario pushes ahead with third shot (Nicole Thompson, B1, Sept. 11, 2021)

Top COVID-19 vaccines get new names but what's in them remains the same (Laura Osman, Sept. 17, 2021)

Businesses, enforcement brace for vaccine certificates (Holly McKenzie-Sutter, Sept. 20, 21)

Pfizer says vaccine safe for kids aged 5-11 (A9, Sept. 21, 2021)

CDC tries to work out details on booster shots (Lauran Neergaard and Mike Stobbe, A9, Sept. 24, 2021)

Pfizer submits trial data on kids vaccine (Brett Bundale, A7, Oct. 4, 2021)

"Rural COVID cases rise again amid low vaccine uptake" (Jeff Outhit, A1, Oct. 9, 2021)

Vaccine or negative test required for paramedics (Chris Seto, A7, Oct. 9, 2021)

Rare jab reaction prompts legal challenge (Chris Seto, A3, Nov. 2, 2021)

'There is a lot of fuel' for COVID-19 (Megan Ogilvie and May Warren, A9, Nov. 6, 2021)

'Momentous occasion' as COVID vaccination begins for children (Johanna Weidner, A1/A9, Nov. 27, 2021)

Ontario to expand booster eligibility (Nicole Thompson, B1, Dec. 11, 2021)

COVID resurgence forecast across Canada (Laura Osman, B1, Dec. 11, 2021)

It's time to have a talk about COVID-19 vaccine (Enxhi Kondi, Dec. 21, 2021)

'They're angry and I don't blame them' (Holly McKenzie-Sutter, June 21)

'Vaccines are safe to mix,' doctor says (Holly McKenzie-Sutter)

Appendix C
Chapter 6 – Waterloo Region Newspaper Articles

Local News:

Ali, Pareesa et al. 2 July 2021. Something else is going around that spreads even faster than COVID-19 – misinformation. *The Record*: A10.

Bholla, Cheyenne. 3 November 2021. UW researchers develop AI to identify virus mutations ahead of time. *The Record*: A4.

Bholla, Cheyenne. 5 February 2022. Vendors excited for influx of returning students. *The Record*: A1.

Booth, Laura, Liz Monteiro and Catherine Thompson. 8 January 2021. 'No way! Absolutely not.' *The Record*: A1.

D'Amato, Luisa. 13 January 2021. Government has sent us mixed messages on COVID. *The Record*: A5.

D'Amato, Luisa. 14 May 2021. Students badly want to be back on campus. How to make it safe. *The Record*: A5.

Davis, Brent. 4 January 2022. Last-minute return to remote learning sends parents scrambling. *The Record*: A1.

Desmond, Paige. 8 January 2022. Businesses need tests, funding. *The Record*: A1.

Desmond, Paige. 27 March 2023. Regional emails give snapshot of pandemic Year 2: 'No doubt that everyone's inbox is blowing up. *The Record*: A4.

Jackson, James. 5 January 2021. 'The church has to be a caregiver for everyone.' *The Record*: A1.

Latif, Anam. 3 May 2021. Activists warn of future pandemics. *The Record*: A4.

Latif, Anam. 4 January 2022. Rapid test kits gone within hour at Fairview pop-up. *The Record*: A5.

Latif, Anam. 21 March 2022. Quilt captures Region's early COVID-19 pandemic tale. *The Record*: A3

Monteiro, Liz. 7 January 2021. Charges laid for New Year's Eve parties. *The Record*: A5.

Monteiro, Liz. 13 January 2021. COVID-19 showing up among homeless. *The Record*: A1.

Monteiro, Liz. 2 February 2022. Surviving means constant change. *The Record*: A3

Outhit, Jeff. 8 January 2021. Second wave of COVID-19 washes over Cambridge. *The Record*: A1.

Outhit, Jeff. 28 January 2021. COVID death of man in his 30s reported. *The Record*: A3.

Outhit, Jeff and Anam Latif. 4 January 2022. Hospitalizations reach six-month peak in region as Omicron surges. *The Record*: A1.

Outhit, Jeff. 17 March 2023. We were not all in it together. *The Record*: A1.

Rabson, Mia. 20 January 2021. Vaccine myths running rampant online among all age groups, docs say. *The Record*: A7

Pender, Terry and Jeff Outhit. 2 April 2022. 'Slogans will not get us out of this pandemic.' *The Record*: A4.

Pender, Terry. 24 March 2023. First pandemic of social media age a communications failure. *The Record*: A1.

Seto, Chris. 4 January 2021. Dozens attend at Waterloo Church. *The Record*: A1.

Seto, Chris. 8 January 2022. Long COVID: Still suffering months later. *The Record*: A1.

Seto, Chris. 9 January 2021. Chapel continues to defy COVID-19 gathering limits. *The Record*: A3.

Seto, Chris.2 February 2022. Province says restrictions 'reasonable.' *The Record*: A4.

Seto, Chris. 5 February 2022. City, police aware of possible convoy rally. *The Record*: A3.

Waterloo Region Record. 7 January 2021. COVID-19 toll adds two deaths, 189 cases. *The Record*: A5.

Waterloo Region Record. 14 May 2021. COVID-19 infections in region stabilize with 45 cases reported Thursday. *The Record*: A3.

Weidner, Johanna. 14 December 2020. A UW study explores how to get people to listen to the experts. *The Record*: A4.

Weidner, Johanna. 8 January 2021. Kitchener couple warns about 'spectrum of effects' from COVID-19. *The Record*: A1.

Weidner, Johanna. 9 January 2021. 'Everyone needs to take this extremely seriously,' warns medical officer. *The Record*: A3.

Weidner, Johanna. 13 January 2021. What are the new rules? *The Record*: A1.

Weidner, Johanna. 12 February 2021. Vaccine rollout 'extremely complex in a complex time.' *The Record*: A4.

Weidner, Johanna. 12 February 2021. Man in his 40s among three more COVID-10 deaths. *The Record*: A5.

Weidner, Johanna. 19 February 2021. University students aim to stop the spread of COVID-19 misinformation. *The Record*: A1.

Weidner, Johanna. 19 February 2021. Four cases of COVID-19 variant confirmed in area. *The Record*: A2.

Weidner, Johanna. 14 January 2022. COVID testing delays worry long-term-care resident's daughter. *The Record*: A5.

Weidner, Johanna. 14 January 2022. Omicron Q&A with Waterloo expert. *The Record*: A6.

Weidner, Johanna. 19 January 2022. Region COVID outbreaks reach 76. *The Record*: A2.

Weidner, Joanna. 8 January 2022. Pregnant women urged to get vaccinated against COVID-19. *The Record*: A3.

Weidner, Joanna. 8 January 2022. Pandemic's biggest peak ever expected this month. *The Record*: A3.

Weidner, Johanna. 2 February 2022. Two more COVID-19 deaths reported. *The Record*: A4.

Weidner, Joanna. 5 February 2022. New Omicron subvariant detected in local wastewater. *The Record*: A1.

Weidner, Johanna. 12 March 2022. Health unit optimistic surge hasn't followed easing of restrictions. *The Record*: A9.

Weidner, Johanna. 12 March 2022. 'We can't forget the lessons we've learned,' top doctor says. *The Record*: A1.

Weidner, Johanna. 12 March 2022. 'Today is definitely the beginning of the end.' *The Record*: A1.

Weidner, Johanna. 2 April 2022. Sub-variant dominates wastewater. *The Record*: A1.

Williams, Robert. 8 January 2022. Kitchener bar tapping its kegs for you to fill up and save brews from the drain. *The Record*: A1.

Williams, Robert. 30 November 2023. Life post-pandemic looks a lot like life pre-pandemic. *The Record*: A1.

Williams, Robert. 5 February 2022. Ensuring a safe return to school. *The Record*: A1.

Williams, Robert. 22 March 2022. Masks stay for region's workers. *The Record*: A1.

Williams, Robert. 6 July 2022. Mask mandates could return as possibility of a summer wave grows, public health says. *The Record*: A1.

Winsa, Patty. 1 February 2021. The scientifically unique structure of the COVID-19 variant – and what makes it more infectious. *The Record*: A4.

Thompson, Catherine. 22 July 2021. Pro-vaccination businesses attacked. *The Record*: A1.

Thompson, Catherine. 8 January 2022. Woolwich's Chapel among churches challenging constitutionality of COVID rules. *The Record*: A2.

Trinity Bible Chapel Protest: Letter to the Editor (January 6, 2021):

Bauer, Bruce. Chapel didn't show neighborly love. *The Record*: A9.

Clarke, Elizabeth. Church that defies law shows disregard for all. *The Record*: A9.

Denstedt, Kim. Defying health law doesn't reflect Christian behavior. *The Record*: A9.

Dionne, Julie. We must all act together to stop COVID-19 spread. *The Record*: A9.

Horne, Rev. William (Pastor, Glen Acres Baptist Church, Waterloo). This church is happy to comply with restrictions. *The Record*: A9.

Lowrey, Ronnie. COVID-19 doesn't care what religion you choose to follow. *The Record*: A9.

Publicover, Bob. God doesn't want people to be infected with COVID. *The Record*: A9.

Trinity Bible Chapel Protest: Opinion (January 6 to February 1, 2021)

D'Amato, Luisa. 6 January 2021. Police should have shut down illegal, dangerous church service. *The Record*: A3.

Ezeani, Nnaemeka and Dwight Newman. 1 February 2021. COVID-19 and our forgotten freedoms. *The Record*: A9.

Fowler, Stan. 8 January 2021. Church protests against restrictions don't exist in a vacuum. *The Record*: A9.

Leslie, Keith. 22 January 2021. In this lockdown, we have a full communication breakdown. *The Record*: A9.

Popowich, Dan. 2021, January 16. What can we learn from our history of human behavior and dealing with disease? *The Record*: A10.

Riga, Dan. 23 January 2021. What is missing from the minds of conspiracy theorists? *The Record*: A11.

Freedom Convoy Protest: Letter to the Editor (February 4 to 26, 2022):

Bowman, Ronald. 4 February 2022.Tell us who is really behind 'Freedom Convoy.' *The Record*: A11.

Carere, Vince. 16 February 2022. Misunderstanding freedom's meaning. *The Record*: A11.

Copland, Michael. 26 February 2022. Greatest threat to freedom comes from the mob. *The Record*: A13.

Duncan, John. 14 February 2022. Freedom' protesters should go home. *The Record*: A9.

Frind, Michael. 26 February 2022. Freedom Convoy' operators deserve stern punishment. *The Record*: A13.

Gardner, Mary Lou. 4 February 2022. Freedom Convoy' protesters already enjoy freedom. *The Record*: A11.

Goebel, Gerald. 16 February 2022. Blockades could have lasting effects. *The Record*: A11.

Ingrey, Dale. 26 February 2022. Protestors could learn from Black History Month. *The Record*: A13.

Klassen, Benjamin. 14 February 2022. Trudeau unfairly labelled the unvaccinated. *The Record*: A9.

Litwiller, Louise. 19 February 2022. The law-abiding majority needs to speak up. *The Record*: A15.

MacQueen, Rob. 26 February 2022. Convoy donations limited freedoms of others. *The Record*: A13.

Mathies, Ronald. 24 February 2022. Do those calling for freedom support it for everyone? *The Record*: B5.

Melloul, Janine. 14 February 2022. Without vaccination, there is no freedom. *The Record*: A9.

Mitchell, Stuart. 14 February 2022. How many protesters have lost loved one? *The Record*: A9.

Pandya, Tejas. 24 February 2022. Focus on protest ideas first, tactics second. *The Record*: B5.

Petrocevic, Mirko. 26 February 2022. We need to take responsibility for civil discourse. *The Record*: A13.

Redekop, John H. 24 February 2022. Canada hardly a dictatorship. *The Record*: B5.

Ross, Ron. 16 February 2022. Freedom Convoy' label undeserved. *The Record*: A11.

Saunders, Paul. 14 February 2022. Improper fuel storage at protest breaks the law. *The Record*: A9.

Scott, Russell. 19 February 2022. Trudeau made a mistake taking on the truckers. *The Record*: A15.

Stafford, Joan. 14 February 2022. Trucker protest is selfish in its goals. *The Record*: A9.

Woodstock, Stephanie. 4February 2022. It's actually fear that is driving the vaccine mandate protesters. *The Record*: A11.

Freedom Convoy Protest: Opinion (January 28 to December 27, 2022)

D'Amato, Luisa. 9 February 2022. People go to a protest in order to be heard. *The Record*: A3.

Dilnesahu, Mulugeta. 19 February 2022. Convoy fails to understand 'freedom.' *The Record*: A15.

Latif, Anam. 2 February 2022. Trucker rally emboldens racists. *The Record*: A11.

Osman, Laura. 27 December 2022. Freedom Convoy' protesters had 'both bark and bite.' *The Record*: A9.

Rabson, Mia. 28 January 2022. Ottawa braces for trucker protest. *The Record*: A7.

Record's View. 28 January 2022. Freedom Convoy must respect peace. *The Record*: A10.

Record's View. 9 February 2022. Convoy leaves us with big questions. *The Record*: A10.

Record's View. 12 February 2022. Convoy denies freedom of others. *The Record*: A12.

Rubinoff, Joel. 11 February 2022. Freedom Convoy' co-opts language of social justice. *The Record*: A11.

Stevens, Geoffrey. 31 January 2022. Freedom Convoy' not about freedom. *The Record*: A10.

Taylor, Stephanie and Dave Fraser. 26 October 2022. Worries 'Freedom Convoy' could have turned into Jan. 6 attack. *The Record*: B1.

Webster, Tammy. 11 February 2022. Seeing through "Tricksters of Ceremony." *The Record*: A11.

Whatley, Shawn. 12 February 2022. Elites blowing their response to trucker protests. *The Record*: A12.

Opinion (Additional themes/context):

Ashton, Niki and Jeremy Corbyn. 18 June 2021. The G7 failed. Here's how we end the pandemic. *The Record*: A13.

Baktari, Jonathan. 10 January 2022. Preparing for 'Disease X.' *The Record*: A11.

Belicki, Kathryn. 22 January 2022. Welcome to anger season. *The Record*: A10.

Champ, Stephanie. 17 April 2021. We must speak out on the province's long-term-care crisis. *The Record*: A11.

Chesshire, Hugo. 9 August 2021. Some COVID-19 deniers will never be convinced. *The Record*: A9.

Cohn, Martin Regg. 31 March 2021. We must make COVID-19 vaccinations mandatory. *The Record*: A11.

Cohn, Martin Regg. 5 April 2021. I stood up to anti-vaxxers. There's a lesson in what happened next. *The Record*: A9.

Edmiston, Laurie. 27 July 2021. What can the pandemic teach us about eliminating viral epidemics? *The Record*: A10.

Gillies, Bill. 27, October 2021. Outdated electoral system distorts the views, and wishes, of voters. *The Record*: A10.

Haag, Julius and Jerry Flores. 30 April 2021. Premier Ford's flirtation with a police state. *The Record*: A11.

Hepburn, Bob. 21 January 2022. Suddenly, Ford looks beatable. *The Record*: A11.

Haeck, Catherine and Christine Neill. 10 January 2022. The high price of at-home learning in Ontario. *The Record*: A11.

Hutchinson, Allan C. 26 April 2021. Law in the time of COVID. *The Record*: A11.

Kassam, Adam. 6 July 2021. Doctors' focus on caring for 'missing patients' is just first step in leading the pandemic recovery. *The Record*: A11.

Kiss, Simon J., and AMdrea M.L. Perrella and Anthony Piscitelli. 6 July 2021. Politics and the pandemic in Waterloo Region. *The Record*: A11.

Koswan, Susan. 20 January 2022. Activism can take many forms. *The Record*: A11.

Leslie, Keith. 22 January 2021. In this lockdown, we have a full communication breakdown. *The Record*: A9.

McDonald, Kinga. 7 September 2021. My message to the unvaccinated – heed my father's story. *The Record*: A11.

McDonald, Kinga. 7 February 2022. My father would not join this 'Convoy.' *The Record*: A9.

Murray, Frances. 21 March 2021. If the adults stay calm, so will the children. *The Record*: A11.

Olive, David. 20 January 2022. Supply chain to take a further hit. *The Record*: A12.

Rubinoff, Joel. 8 January 2022. What will it take to keep schools open (and safe)? *The Record*: A4.

Rubinoff, Joel. 19 January 2022. Schools reopen as parents make tough decisions. *The Record*: A1.

Singh, Rama. 10 January 2022. Reflections on humanity's fate. *The Record*: A11.

Stefnitz, Norm. 1 September 2021. Will investors look beyond COVID-19 with worry? *The Record*: A13.

Stevenson, Helen. 18 February 2021. Vaccine rollout needs to be a top priority. *The Record*: A10.

The Record's View. 22 July 2022. Growing our COVID-19 protection. *The Record*: A10.

The Record's View. 14 May 2021. Ontario rides a steep vaccine learning curve. *The Record*: A10.

Thomas, Bryan and Colleen M. Flood. 27 July 2021. The direct benefit of having vaccine passports is clear. *The Record*: A10.

Waterloo Region Record. 21 January 2022. Trudeau must keep this vaccine pledge. *The Record*: A10.

Wallace, Craig. 8 January 2024. Blame Reagan for distrust of science. *The Record*: A8.

Waterloo Region Record. 12 April 2022. Board to send parents COVID case reports. *The Record*: A4.

Waterloo Region Record. 12 April 2022. Hospitalizations due to virus triple in 16 days; 51 patients in need of care. *The Record*: A4.

Waterloo Region Record. 12 April 2022. Six-week project boosts vaccine uptake in racialized communities in the region. *The Record*: A4.

National and Provincial News:

Ahmed, Sara. 28 March 2021. Curtailing the impact of COVID-19 on chronic illnesses. *The Record*: A8.

Alam, Hina. 29 December 2021. COVID will be here for a long, long, long time. *The Record*: A9.

Bachman, Justin and Mary Schlangenstein. Post-pandemic rebound in low-cost travel. *The Record*: A14.

Bains, Camille. 4 September 2021. Doctors frustrated with unvaccinated people, protesters. *The Record*: B3.

Braga, Matthew. 19 June 2021. How can we be better prepared next time? *The Record*: A14.

Canadian Press. 17 April 2021. PM tells Ontario help is coming. *The Record*: B1.

Canadian Press. 26 August 2021. Quebec asks companies to delay return to office as COVID-19 cases rise. *The Record*: B3.

Djuric, Mickey. 5 April 2022. Survey suggests Canadians more divided over issues. *The Record*: A7.

Giroux, Henry A. 28 May 2021. Social media and the attack on civic imagination. *The Record*: A13.

Grafton, Ken. 25 February 2021. Taking a stand for truth against social media. *The Record*: A10.

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Jalaluddin, Uzma. 5 January 2022. Learning during a pandemic. *The Record*: A11.

Jeffords, Shawn and Paolo Loriggio. 13 January 2021. Police to enforce stay-at-home order. *The Record*: A1.

Jeffords, Shawn. 14 May 2021. Ford extends COVID restrictions to June 2 while blaming Ottawa for the third wave. *The Record*: A7.

Jones, Allison. 21 January 2022. Ontario easing restrictions. *The Record*: A7.

Levitz, Stephanie. 19 February 2021. Government to cover quarantine costs for refugees. *The Record*: A6.

Loriggio, Paola. 26 November 2020. Ontario's COVID-19 response hampered by 'delays and confusion,' auditor says. *The Record*: A7.

Loriggio, Paola. 29 September 2021. Doctor faces restrictions for misinforming on COVID. *The Record*: A7.

McKeen, Alex. 4 January 2022. 'I believe this is true stabilizing.' *The Record*: A6.

McKenzie-Sutter, Holly. 21 March 2022. Ontarians prepare as province lifts rule.

Omstead, Jordan. 6 July 2021. Health-care staff shortages prompt Ontario ER closures. *The Record*: A7.

Press, Jordan. 17 April 2021. Expectations high as Trudeau set to unveil first pandemic budget. *The Record*: B2.

Serebrin, Jacob and Laura Osman. 13 April 2022. Omicron variant everywhere: Tam. *The Record*: B1.

Sugiyama, Michael. 6 May 2021. COVID-19 has led to unprecedented collaboration among scientists. *The Record*: A13.

Thompson, Nicole. 7 April 2022. Booster messaging 'a PR disaster.' *The Record*: B1.

Toub, Micah. 22 March 2022. How can hospitals learn to live with COVID-19? *The Record*:

Open letter to Prime Minister Justin Trudeau. 9 June 2021. *The Record*: A1.

Yousif, Nadine. 23 June 2021. Why people break pandemic rules. *The Record*: A15.

Wallace, Kenyon. 28 September 2021. Scientists hope virus will be endemic by Spring. *The Record*: A7.

Global News:

Cheng, Maria. 26 August 2021. Search for COVID-19's origins has stalled. *The Record*: B4.

Kang, Dane. 25 January 2021. Year after lockdown, Wuhan dissident more isolated than ever. *The Record* A7.

Klepper, David and Amanda Seitz. 27 October 2021. Facebook ignored staff about vaccine misinformation. *The Record*: A9.

McGuirk, Rod. 24 February 2021. Facebook, Australia reach deal. *The Record*: A9.