

# Introduction: The legitimacy of experts in the public space during the pandemic

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In the first volume of his memoirs, former President Barack Obama commented on the situation with the H1N1 virus in 2010 during his first mandate. Over a few weeks, around 12,000 persons died of the virus, and the President and his staff were confronted with difficult decisions. They consulted veteran task force workers who had been engaged in President Gerald Ford's government during 1976's swine flu epidemic (Obama, 2020, p. 468). One of those people gave him this piece of advice: "You should engage in the question (...) but you should let the experts handle the process" (Obama, 2020, p. 469). This person was thinking of President Ford's hasty decision to make vaccination against swine flu obligatory. The vaccination campaign had serious complications and caused scepticism and mistrust in the population. Ex-President Obama followed that advice and made every decision according to the best research available in the field. But what did the best research mean in this context? What kind of experts were consulted by governments and which experts delivered advice? Were experts real political advisors or did they only legitimise political decisions afterwards? Here, the voice of the experts was understood to be in a context where there was a strong uncertainty about the spread of the virus.

It is always simple to project a form of *a posteriori* justification when the consequences are visible (Bronner, 1997, p. 51), but at the

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time the first policies about the COVID-19 pandemic were taken in 2020, no one really knew how the pandemic would develop. Governments had the legitimacy to act but as the decisions to be made were radical (confinement or not), debate between experts (especially from different disciplines) was not always possible, and even when it was, contradictory solutions were sometimes proposed. Boltanski exposed the challenge for experts in the following way: “No one has the authority to tell others about the situation; no one has the resources to absorb the uncertainty of the situation and erase the anxiety that it arouses” (Boltanski, 2009, p. 165). Different types of experts were given a voice during the pandemic, but the focus will be here on the first months of this crisis when the main focus was on the medical aspects of the pandemic (mainly the first waves). In a later development, economical and social dimensions implied very different logics and solutions.

In times of crisis, governments are often pressured by public opinion to take the best safety measures. The short delay in timing makes them consult the most prominent experts in the field, but sometimes there can be some dissonant voices questioning the discourse of these experts. For this reason, the problem of legitimacy is often dealt with when it comes to experts. The most recent pandemic, COVID-19, highlighted the place of different kinds of experts who could describe the situation and explain the spread of the virus as well as the best options for avoiding infection. The uncertainty was all the more important as the first vaccine against the SARS-COV-2 virus (the causative agent of COVID-19) was not authorised before the end of December 2020. Health experts, virologists and epidemiologists had their say, but the challenge for governments was to select representative experts who could support decisions that would have significant effects on the lives of ordinary people.

This book focuses on the ways that science and political decision-making interacted during the first phase of the COVID-19 pandemic. Bruno Latour’s work drew on this epistemological framework to understand the emergence of technical questions and paradigms in political debate (Latour, 1987). The notion of expertise is often used to neutralise the possibility of a debate that

would mix scientific outcomes with political issues. To describe the notion of expertise, it is important to adopt an interactionist approach, where the expert's words and representations are analysed in different discourses. For that reason, Actor Network Theory could be used to understand how the discourse of experts during the COVID-19 pandemic was echoed in the media (Law, 1992, p. 381). In this theory, the description of interactions among experts and authorities is fundamental because the actors (experts) adapt themselves to a pre-existing system and contribute to its development (Fischer, 2009). Then, when there is a high level of uncertainty, the question is to know whether a debate is possible among experts as there is rarely an *a priori* consensus among experts about what good decisions are (Bronner, 1997, p. 68; Lemieux, 2007, p. 208). The question is also to know what type of experts should be preferred. It is here that the critical perspective on the positioning of the experts is worth being studied (Boltanski, 2009, p. 171).

The political discourse described the reality of the healthcare system (that is, its capacity to heal people), and expert advice needed to elaborate on decisions that consider both the scientific aspect and the capacity of the healthcare system. This book proposes a comparison of the place of experts during the first waves of the pandemic and the discourse surrounding media perceptions of those experts. Through their media interactions, experts seemed to behave as translators of health problems that would guide the decisions in crucial public policies. The roles of the state and the authorities are also questioned. It is as if the experts were perceived as being vectors of the refusal of uncertainty to give assurances on an extremely threatening situation (Dousset, 2022). An anthropological approach would perhaps show that different kinds of experts seemed to be compelled to give answers at a time of extreme uncertainty (Bronner, 1997, p. 16). As experts are not able to predict the future the way wizards do, they are visible scapegoats.

During the pandemic, research in social science focused on the impact of epistemic authority in political systems (Lavazza et al., 2020). The time constraint (the necessity of reacting quickly

in order to avoid a systemic collapse) was also a key contextual factor needed in order to analyse how the experts were legitimised in the public space.

This dynamic that leads experts to assume a central role in politics can [...] create problems in itself, since the strategies proposed by experts are often far from neutral with respect to the values that a pluralistic society considers relevant (Lavazza et al., 2020, p. 2).

The risk here is that political leaders transfer indirect power to experts in order to share political responsibility. For this reason, the interaction between experts and governments should be studied in a comparative perspective to see whether the experts were instrumentalised for a system of blame avoidance. The theories of Critical Discourse Analysis (CDA) are important here for revealing not only the words or the direct expressions of the experts, but also the media scene in which they emerged to evaluate public opinion.

In CDA theories, the role of scenography is all the more important because it has a direct impact on how (and whether) experts are perceived as legitimate.

Settling on a methodology for a particular research project is not just a matter of selecting from an existing repertoire of methods. It is a theoretical process which constructs an *object of research* (a researchable object, a set of researchable questions) for a research topic by bringing to bear on it relevant theoretical perspectives and frameworks (Fairclough, 2010, p. 225).

This book deals with the construction of the social place that the experts had during the pandemic. The claim is that they were not necessarily prepared for this role as it implies an ability to react and communicate during periods of crisis (Knowles, 2011, p. 2). The pandemic affected entire societies and not only specific organisations; experts could consequently be blamed for evaluations and for the justification of political decisions. Here, CDA theories are closely connected to a metapragmatic approach in which experts had to account for controversial decisions in times of uncertainty (Boltanski, 2009, p. 169). The metapragmatic approach means that these actors were drawn into debates where the relationships

between words (qualification of the situation) and symbolic forms (desires of the populations) were highly contrasted.

An often-used definition in the scientific community is the following:

An expert (in the strong case) in domain D is someone who possesses an extensive fund of knowledge (true belief) and a set of skills or methods for apt and successful deployment of this knowledge to new questions in the domain (Goldman, 2001, p. 92).

An expert has epistemic legitimacy due to their experience in the field and recognition by his/her peers. Medical experts (virologists, epidemiologists, scholars of public health, statisticians) tried to influence policymakers in order to maintain a debate on the best strategies to avoid the spread of the novel coronavirus (Lourenco et al., 2020), but controversies emerged even in interpretations of scientific results in the public sphere (Horton, 2020). Hence, the relationships between experts and policymakers needs to deepen so that we can see how medical problems find a specific translation in the public space.

In fact, most approaches are based on a methodology that emphasises communication science and media analysis. The epistemic authority can thus be questioned because of the effects of the interaction between a government and a scientific community (Zagzebski, 2013). In public policy analysis, the identification of a reference framework (Callon et al., 2009) is all the more important because it legitimises all decisions made by public authorities. The reference framework contains keywords (such as herd immunity) and labels that are re-used to define and initiate specific policies. The definition of a frame of reference for an efficient health policy includes the choice of experts who will be closely associated with the political decisions that will be taken and a form of organisation built on the systemic consultation of experts. Some countries opted for creating a council of national experts, while in others, experts from the official health institute directly advised the government and made recommendations. Public policy analysis implies a full description of the interactions among actors (experts, policymakers, administration and the public), agenda setting (the way the government defines different levels of

reaction) and structure (the system that produces a new image of the social).

As Bruno Latour (2004) pointed out, there is a new connection between the discourse of experts and the short time perspective of the government.

Scientists argue among themselves about things that they cause to speak, and they add their own debates to those of the politicians. If this addition has rarely been visible, it is because it has taken place – and still takes place – elsewhere, inside the laboratory, behind closed doors, before the researchers intervene as experts in the public debate by reading in one voice the unanimous text of a resolution on the state of the art (Latour, 2004, p. 63–64).

During the pandemic, controversies on expertise quickly disappeared in favour of an official discourse to create the conditions for civic obedience, as was the case in Sweden, with the emergence of a super-expert who served as a central reference for the coherence of national recommendations to limit the spread of the virus.

The scientific literature has proposed distinct categories for the question of expertise and experts during a pandemic. From this perspective, it is possible to propose an analysis of public policies and, more generally, the functioning of democracies. According to Colebatch, Hoppe and Noordegraaf (2010), there are three categories of experts, the first of which is that of functional experts, who are specialised in a particular field. These experts are, for example, doctors, scientists, social workers, engineers, etc. This type of expert can be described as a policy “adviser” who may be the initiator of change in public policy within their area of expertise. The second type of expert is a process expert, who is skilled in the complex area of procedures and public opinion and generates policy proposals. Such experts are able to respond adequately to suggestions from other actors. Within the framework of political parties, these experts are generally former representatives of the party (deputies, senators, ministers, etc.) and members of party staff, in particular the heads of committees of experts or commissions. The third type of expert has experience in decision-making and public policy analysis. The public policy analyst is seen as an

expert advisor who illustrates the problem, identifies alternatives and potential risks, and defines the optimal solution.

In addition to the three groups named above, we can identify a fourth group: specialised politicians, notably those who play the role of potential minister in the shadow cabinet of a given party. The specialised politician could be the one who, within a party, is recognised as the most specialised in a particular field of competence. This person may be in competition with others but carries the legitimate word of the party in that field (Polášek et al., 2018). Experts can be empowered when there is a zone of incertitude, which means that they take advantage of their competence to be able to express an opinion that weighs heavily in the public debate (Crozier and Friedberg, 1980).

This book aims at defining a typology of expertise during the pandemic to analyse the consequences on political decisions (Collins, 2014). The types of expertise used in several countries (Sweden, the Czech Republic, Belgium, Italy, Switzerland, Spain, Canada, Japan and the United Arab Emirates) will be compared in light of the following questions: What was the political situation before the pandemic? How and when were the first measures taken? Who were the (newly) designated experts in the field of health during the pandemic? What is the typical configuration that has influenced the political decisions? Did the political situation make the figure of a super-expert capable of silencing dissonant voices in order to produce civic obedience? How did the experts selected and identified by the media also contribute to the diffusion of information? How were the scientific controversies on the consequences of COVID-19 translated into political debates (Latour, 2004; Boltanski, 2009, p. 164)? The countries were selected because of the diversity of political reactions (e.g., confinement or strong recommendations) and political contexts (e.g., federal or unitary administrative systems). The idea was to deepen representative case studies in order to integrate them in a comparative perspective with an interdisciplinary approach based on political science (analysis of public policies), discourse analysis and social psychology. The place of experts during the first wave of the COVID-19 pandemic reveals different mechanisms in the interaction between science and political power.

The book has five parts, the first of which is a discussion of the promotion of experts in the media sphere from a comparative perspective. The two first chapters of the book reveal different narrative systems on the place of these experts in the public space. The media perception of experts was all the more important because most countries opted for confinement policies. Subsequent parts describe several configurations of expertise within different political and social contexts. For instance, the second part is on the technocratic capture of expertise, with two chapters devoted to the cases of the United Arab Emirates and Japan. The third part discusses three cases that highlight the place of committees in Switzerland, Italy and Spain. These cases show how the systems of expertise reflect the structure of political power with a collegial approach in the case of Switzerland, a committee-oriented approach in the case of Italy, and a balance between committees and a central voice in the case of Spain. The fourth part analyses two similar cases, the Czech Republic and Sweden, where an official expert embodied the diagnosis of the situation and the resulting public policy. The final part focuses on the complexity of the perceptions of the place of experts in Belgium, and how studying social representations helps to understand how expert discourses were naturalised during the first wave of the pandemic in Canada.

## **1. Genesis of expertise from a comparative perspective**

The first part of this book is devoted to a comparative perspective on the genesis of expertise. The first chapter (Chapelan and Costea) uses a multimodal perspective to study the emergence of experts who became heroes as they captured media space by elaborating an understanding of the pandemic. In states that had a natural tendency to include these experts in the chain of decisions, some of these heroes positioned themselves outside this traditional role by questioning some common conclusions shared by other experts and politicians, which is why these heroes could encourage a mistrust and some alternative narratives about the development of the pandemic. The cases of Didier Raoult in France or Judy Mikovitz in the United States illustrate the emergence of a medical populism or, as the French CNRS call it, a

scientific populism.<sup>1</sup> In the first chapter, Chapelan and Costea apply a multimodal approach in discourse analysis to study these epistemological myths encapsulated in Manichean narratives. Conspiracy discourses were here elaborated by sacralising some good experts against technocrats (official experts who are close to the power) and ugly experts (perceived to be too close to pharmaceutical companies). For instance, the United States' official expert Anthony Fauci was often represented as a corrupt doctor mobilising the technocracy to impose his own decisions on the people. In their examples, Chapelan and Costea show how these frontline doctors (*blouses blanches*) became more and more associated with moral injunctions instead of a scientific positioning. In the second chapter, the comparative approach is also elaborated by Annamaria Silvana de Rosa and her colleagues with a systematic analysis of social representations in the press based on ten case studies. Those cases highlight the infodemic as a part of the pandemic, as public opinions in the world were exposed to a stream of (mis)information and fake news (Páez et al., 2020, p. 12). The difficulty in controlling sources was a constant battle fought by various governments. In this perspective, how citizens behaved depended on media discourses, social networks, and conversations in the private sphere. This chapter uses the theory of social representations to analyse the impact of emotional events on public opinions. de Rosa and her colleagues show that it was wrong to see the network of experts as a unique category.

The conflicts of expertise could affect communication about vaccination. Some experts may even have helped to spread scepticism and fake news when they questioned some processes, like the safety of the vaccination campaigns. Vaccine hesitancy movements have shown the emergence of pluralistic narratives that challenge the discourse of scientists (Giry & Nicey, 2022). In this perspective, communication determined (the perception of) the place of experts in the public space during the first wave of the pandemic. Similar to Chapelan and Costea in the first chapter, the comparison of discourses about the place of experts in ten countries highlights the form of medical populism in which citizens felt they were victims of a system that did not work. Conspiracy theories found a massive support in the rejection of a global machination

of pharmaceutical companies, governments, and international organisations like the WHO. de Rosa and her colleagues clearly demonstrate that this climax contributed to the polarisation of public opinions and perceptions of the crisis.

Social representations appear in three main forms, namely hegemonic representations that deprive social groups of any kind of liberty when it concerns the pandemic, emancipated representations elaborated by subgroups that have a certain autonomy, and last but not least, polemical representations among groups or subgroups that are opposed to each other. This typology illustrates the notion of cognitive polyphasia (Moscovici, 2000; Jovchelovitch, 2007; de Rosa, 2010; de Rosa et Bocci, 2013a). With a diversified methodology, they analyse the discourses associated with polemical representations by focusing on metaphor, antinomies and explanations. The ten countries chosen (Italy, Spain, Romania, Malta, Canada, Brazil, Mexico, Argentina, Indonesia, and South Africa) cover the maximal variation of discourses.

## **2. The expertise between modernisation and technocracy**

The second part of the book is devoted to analyses of two case-studies (United Arab Emirates and Japan) where expertise is seen alongside other perspectives. In the third chapter, William Guéraiche clearly shows how political authority in the United Arab Emirates was reinforced by the COVID-19 crisis. The notion of ‘expert’ is perceived in different ways in this country, and the emergence and spread of the virus were characterised by a restructuring of public authorities. The authorities took exceptional decisions, and experts were only named in the coordination of the political answers to the pandemic. Some figures like Abdul Rahman Al Owais (Minister of Health and Prevention) and Farida Hosani (spokesperson for the UAE health sector) found echoes in the Emirati media. The authorities did not merely impose reactive measures on the population, they showed a sense of anticipation by carefully controlling the elaboration of public policies.

Political coherence became stronger with the alignment of federal and international standards (recommendations from the

WHO, for instance). The regime took advantage of this crisis to present a modern image of a country where innovation was enhanced in a nation-branding perspective. These observations are all the more interesting as this communicative strategy presented the United Arab Emirates as one of the most protective countries in the world. The authorities consistently maintained a unitary narrative, avoiding any kind of dissonance or critical voices.

In the fourth chapter, Arnaud Grivaud demonstrates Japan's use of the technocratic dimension of expertise in assisting political decisions. The emergence of intermediary experts who could be at the interface between the technical discourse of scientists and the political discourse on the coordination of social responses can be characterised by the synthesis of data and knowledge about the health situation. In other words, these intermediary experts fulfilled the role of advisers by connecting the scientific dimension with concrete political decisions (Pielke, 2007). During the first phase of the pandemic in Japan, the place of experts was consolidated to legitimise public policies. The selection of committees and consultative commissions (*shingikai*) was strictly limited to senior officials who made sure that experts had a central position in terms of scientific networks and communicative strategy. The scientific community was mobilised by these committees, and this included some prominent professors like Nishiura Hiroshi (specialist in epidemiology at the University of Hokkaidō) and Oshitani Hitoshi (professor of virology at Tōhoku University).

Even if the structure of power respects a visible hierarchy, these committees organised the scientific collaborations among experts, who assumed a discrete political role by presenting the best decisions to follow. However, the political powers never transferred the decisions to experts, as many scandals regarding health and sanitation had compromised the trust of the population. In Japan, the technocracy of decisions was not aligned with public policies, and the government was criticised by many voices claiming that objections of experts had not been taken into account. Scientists and political leaders maintained strict distance from each other to prevent science and politics from impeding each other. Previous committees of experts were replaced by commissions

including scientists, representatives, and other professions. In contrast to the United Arab Emirates, expertise in Japan took a middle way between the government and opposition parties; for instance, certain governors also consulted alternative experts and media who highlighted controversial issues. Paradoxically, if the Japanese configuration illustrated a top-down process by its selection of official experts, political rivalry created a platform for scientific debates.

### 3. The collegial profile of systems of expertise

The third part of the book deals with the collegial system of expertise with three different cases: Switzerland, Italy, and Spain. In the fifth chapter, Céline Mavrot points out that the pandemic altered the discourse on contemporary governance and shed light on experts perceived as policy advisers. Mavrot presents the collegial, dual system of expertise that was built in Switzerland during the pandemic with the internal expertise of the *Office fédéral de la santé publique* and the task force that the Federal Council created with some external experts from the universities and the hospitals. A prominent figure of administrative expertise was Daniel Koch (retired in May 2020), a former member of the International Committee of the Red Cross, who did not become the “super-expert” (Premat, 2020) that Switzerland could have had at that time. The creation of the task force brought a new wave of seventy experts with various thematic committees. These experts were selected for their competency and no second-tier experts specialised in translating scientific problems were present on this committee. The task force had a collegial decision-making process that did not negate possible scientific controversies. Daniel Koch could be seen as the first official expert that could endure unpopular political decisions and be the victim of the complexity of the relations between the federal and cantonal administrations. At the same time, the task force was not exempted from criticism during the crisis, and the one of the members, epidemiologist Christian Althaus, resigned in January 2021. This resignation was due to the accusations of inertia the task force’s scientists made toward the government. If the first phase of the pandemic

was characterised by relative consensus, the second phase was the scene of dissonant voices that this collegial structure (dual system of expertise and broad integration of medical experts in the task force) could manage.

The experts were not nominated by the political parties but rather appointed by an interparty governmental coalition, and their presence was the result of political compromise. This system did not prevent the political parties from criticising the discourses of the experts; however, the collegial structure did bring with it a very specific regulation of the crisis. Mavrot shows that the college of scientific experts was part of a constructive blame avoidance system that was responsible for difficult public sanitation decisions, whereas the relation between the cantons and the federation resulted in a negative blame avoidance with a risk of immobilising the political system. The Swiss system has a long tradition of dealing with critical voices because of its history of political compromise and referendum constraint. The first exceptional measures were balanced with other resources this system has, even though the relations between experts and political leaders could not be grounded in usual democratic mechanisms.

In the sixth chapter, Davide Caselli and his colleagues deal with the dissemination of expertise in Italy, as many committees and task forces were created during the pandemic, which contributed to a chaotic management of the crisis. The authors claim that the Italian case is characterised by a specific tension between the politicisation of science, on the one hand, (with the necessary mediation of the political system) and the scientification of politics on the other (with the consecration of incontestable facts). There were intragovernmental and extragovernmental dissonances regarding the political answers, but the creation of a scientific committee in the Civil Protection Department helped monitor the epidemiological situation. The committee and the department were under the direct authority of the Prime Minister. This committee was under constant criticism during the pandemic, with a few scandals questioning its transparency and its independence, which led to a politicisation of the committee; subsequently, many political leaders from the opposition asked for a new committee. The Prime Minister was also accused of “excessive reliance” on

“experts” by some political forces. The scientification of politics was characterised by an ongoing discussion about data with much attention paid to the quantification of data and the elaboration of reliable indicators. The quantification of data neutralised the hyperpoliticisation of the committee by highlighting a discussion about the indicators, which brought a new wave of scientific experts. The diversification of official sources supported this discussion about the indicators.

The presence of these new experts (virologists, epidemiologists and infectious disease specialists) contributed to the repoliticisation of scientific controversies. Caselli and his colleagues do not observe any kind of super-expert; rather, they describe the emergence of “pop star experts” who were able to translate complex scientific controversies. Caselli and his colleagues also analyse the ranking of the Italian experts based on their presence in the media. The media had a double role during the crisis, on the one hand relaying government decisions, and on the other giving the floor to a plurality of experts. As with the Swiss case, the Italian case demonstrates a combination of positive and negative blame avoidance systems due to a dialectic between the scientification of politics and the politicisation of science.

The seventh chapter by Rut Bermejo-Casado presents what happened in Spain, illustrating another complex situation overshadowed by political rivalry. This complexity was not characterised by a profusion of experts like in Italy, but rather, two figures emerged, Fernando Simón (the head of the Centre for Coordination of Alerts and Emergencies) and Salvador Illa (the Health Minister). Fernando Simón was chosen by the Spanish government because of his experience and past commitment during the Ebola crisis in Spain. In this perspective, he could be seen as a “super-expert” (Premat, 2020) without going into the political space, but this situation changed as the management of the crisis was also monitored by seven expert committees from July 2020 onward.

The first phase of the pandemic was characterised by the regulation of the Interministerial Coordination Committee and the creation of a Technical Scientific Committee (chaired by Fernando Simón). This committee included denialist experts like Antoni

Trilla and Hermelinda Vanaclocha. The various phases of the crisis are characterised by the creation of committees such as the De-escalation Committee of Experts and the Technical Committee for De-escalation in the context of complaints brought by some of Spain's Autonomous Communities (i.e., first-level political divisions). Bermejo-Casado next refers to the committee of economic experts within the Committee of Experts, which was to prepare the Spain 2030–2050 report. This committee was composed of hundred members tasked with identifying the long-term effects of measures taken during the pandemic. Another committee was also created to monitor the vaccination campaign in December 2020. Management through committees was necessary for addressing political confrontations between the Autonomous Communities and the government, or between the government of Madrid and the national government. Fernando Simón was also present in the media and neutralised the potential politicisation of the scientific debate. Hence, Spain had the unique configuration of a “super-expert” advising the government and informing the public, and various kinds of committees that could prepare the government's political answers and reinforce a decentralisation of the management of the crisis.

#### **4. Experts and super-experts**

The fourth part of the book presents two similar case studies with two super-experts, Roman Prymula of the Czech Republic and Anders Tegnell of Sweden. In the eighth chapter, Zuzana Kotherová and Michel Perottino describe the emergence of a “super-expert” in the Czech Republic who could take advantage of a damaged medical sector. The super-expert has a specific legitimacy because he can confirm his zone of competence. By using the categories of the sociology of organisations, Kotherová and Perottino show that the super-expert could use his notability to obtain political promotion. The medical sector was not prepared to handle the COVID-19 pandemic and the super-expert had the best opportunity to become the adviser of the country. The concurrence did not really happen, as Prymula used the “policy window” that he had at the beginning of the pandemic to get involved

in political decisions. Prymula benefited from a bureaucratisation of the healthcare system as well as the confusing political landscape where no political force was able to give any alternative. At the same time, the promotion of a super-expert is risky because the personalisation can transform the hero into the favourite traitor. Prymula became health minister after a reshuffle of the government but was replaced after being observed at a restaurant without a mask (despite the lockdown, when restaurants were supposed to be closed).

The ninth chapter looks at the situation in Sweden, which was again a quite different configuration because the “super-expert” was one of the experts at the Swedish Health Public Agency. Christophe Premat shows that the Swedish routinisation of expertise through this agency helped to highlight the use of an official position to justify a series of recommendations. Unlike most countries, Sweden never had a lockdown. Anders Tegnell was the expert present in the media on a daily basis through press conferences and interviews. He never took advantage of his position to gain any political visibility but did embody the specific strategy of the Swedish government regarding the management of the crisis.

## 5. Expertise, politics and social representations

The fifth part of the book contains two studies on Belgium and Canada with a focus on expertise, politics and social representations. In the tenth chapter, Esther Durin and Baptiste Buidin base their understanding of the place of experts in Belgium on discourse analysis. They review Belgium’s consociational power-sharing tradition (as opposed to majoritarian rule). Political parties were associated with the restricted council of ministers, the *Kernkabinet*, in addition to the National Security Council that already included the Minister-Presidents of the regions and Federated Communities since the terror attacks of 2016. The strong political inclusion was not enough to avoid the criticism of the governmental strategies, and the experts found themselves in the embarrassing position of trying to plug loopholes and poor institutional communication. Emmanuel André (a microbiologist

from the University Hospital of UZ Leuven) and Steven Van Gucht (a veterinarian and virologist from Ghent University) reported the epidemiological evolution and the health situation, but then the National Crisis Centre (*Ceveal*) took the responsibility of evaluating the various risks. A group of economic experts, the Economic Risk Management Group, was created in March 2020 and had a close cooperation with health experts. In April 2020, Prime Minister Sophie Wilmès appointed a committee dedicated to the consequences of lockdown called the Group of Experts in charge of the Exit Strategy (*GEES*). *Ceveal* and *GEES* had specific roles in preparing the implementation of the National Security Council's political decisions. The Belgium case illustrates the way the experts were limited to the role of policy advisers, avoiding the emergence of super-experts and strong critical voices.

In the eleventh and final chapter, Lilian Negura, Yannick Masse and Nathalie Plante analyse expert discourse in the media in Canada during the pandemic. These three researchers show how tensions and paradoxes in policy communications can affect the public health decision-making structure. The specificity of Canada's federal construction must be underlined here, as each provincial government has the power to decide on concrete public policies for its own province, and the Chief Medical Officer of Health controls the public-health recommendations that are given to governments. In this situation, the provincial governments had a tendency to reinforce the measures to protect their populations, and the experts only played the role of legitimising political decisions in a form of "authoritative instrumentalism" (Colebatch et al., 2010, p. 12). The experts used their scientific knowledge to elaborate with political leaders concerning public problems. In this sense, the discourse analysis reveals the social representations that were associated with the genesis of public policies. Negura, Masse and Plante infer from their study that expert discourses contribute to the construction of social reality. Hence, the translation of a public problem into a reality shared by the majority of the public is a prerequisite for structuring the process of public policies. Expert discourse is instrumentalised to create the best public policy as a response to the shared

diagnostic of the crisis. An analysis of expert discourses reveals numerous contradictions, and sometimes experts changed their minds about specific political measures.

The overall aim of the book is to analyse the explanatory factors of the various configurations of interaction between expertise and politics in the management of the COVID-19 crisis (Sartori, 1991, p. 248). It is therefore necessary to analyse the social construction of these heroes, the reasons for these experts' choices, the counter-narratives that appeared, the presence or absence of control mechanisms, and the place of politics in these phenomena (Martínez-García et al., 2019). Indeed, experts have truly become a social object that needs to be understood from several disciplinary angles. Their discourses were used, misappropriated and contested, which shows the place they occupied during these extraordinary circumstances.

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The book originates from a webinar held on November 16, 2020, on “the governance of experts” within the Posoci9 network. Chapter 2 is a significantly enriched version of an article originally published in English in the special issue of the international journal *Community Psychology in Global Perspective* in 2021, updated to the geopolitical context, especially in the “Conclusions and Perspectives on Research Evolution: Three Years After the Emergence of Covid-19..., and Beyond”, and through references to results illustrated in other chapters of this book by authors and reflections presented by the editors in the introduction: Rosa, A.S. Mannarini, T. Gil de Montes, L. Holman, A. Lauri, M.A. Negura, L. Giacomozzi, A.I. Silva Bousfield, A.B. Justo, A.M. de Alba, M. Seidmann, S., Permanadeli, R., Sitto-Kaunda, K., Lubinga, E. (2021). Sense-making processes and social representations of COVID-19 in multi-voiced public discourse: illustrative examples of institutional and media

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Chapter 4 has been the subject of several academic presentations in French and in English: « Le rôle des experts dans les politiques de lutte contre la covid-19 au Japon », Journées d'études : La société japonaise face à la Covid-19, 18 novembre 2021. « Le rôle des experts dans les politiques de lutte contre la covid-19 au Japon », XIVe Séminaire Franco-Japonais de droit public, 23 février 2023. « The role of experts in policy responses to covid-19 in japan », European Association of Japanese Studies, 18 Août 2023. Chapter 5 has been deposited on the open archives network (preprint) with the agreement of the publishers ([https://serval.unil.ch/en/notice/serval:BIB\\_5CFDB0AA92DC](https://serval.unil.ch/en/notice/serval:BIB_5CFDB0AA92DC)). A preprint of chapter 11 is available and was authorized by the editors : Negura, L., Masse, Y. Plante, N. (2021). The construction of the Covid-19 pandemic as a social problem: expert discourse and representational naturalization in the mass media during the first wave of the pandemic in Canada. Advance. Preprint. doi: <https://doi.org/10.31124/advance.14770296.v1>

Chapter 9 was written following two conferences organized on July 6 and November 16, 2020, on the governance of experts within the framework of the POSOC-19 research network (International Comparative Research Network on the Effects of the COVID-19 Crisis) founded by Jean-Michel De Waele, professor of political science at the Université Libre de Bruxelles, and Laurent Sermet, professor of international law at Sciences Po Aix. Some of the analyses were also presented at the seminar on November 25, 2020, of the Royal Academy of Sciences, Letters, and Fine Arts of Belgium. The chapter updates previous presentations that can be found in the following references:

Premat, C. (2020). Reconstruire le consensus politique en situation d'urgence : le modèle suédois à l'épreuve de la pandémie. Stockholm University. Presentation. doi: <https://doi.org/10.17045/sthlmuni.12613028.v1>

Premat, C. (2020). Comparer les expertises. Stockholm University. Presentation. doi: <https://doi.org/10.17045/sthlmuni.13280456.v1>

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## Endnote

1. [https://www.lemonde.fr/sciences/article/2021/09/22/penser-le-populisme-scientifique\\_6095532\\_1650684.html](https://www.lemonde.fr/sciences/article/2021/09/22/penser-le-populisme-scientifique_6095532_1650684.html) (Last accessed on 10 January 2024).