How to trust in a Pandemic

Report of the Institute for the Humanities and Social Sciences (IHSS) Working Group on COVID-19

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Foreword

The IHSS Working Group on COVID-19 brought together scholars from a variety of disciplines within the Faculty of Humanities and Social Sciences (HSS) at Queen Mary University of London with the aim of developing inter- and multi-disciplinary dialogue mapping a contribution of HSS to the debates on responses to COVID-19.

This report presents the outcome of thinking developed within the framework of the Working Group, and reflects the richness and diversity of conversations across the disciplines. The focus on trust highlights the distinct contribution HSS can make into the development of original thinking in the field.

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How to trust in a pandemic

In 1999 Paula Treichler published her classic book, *How to Have Theory in an Epidemic: Cultural Chronicles of AIDS* (Duke University Press, 1999). Treichler's work helped those grappling to come to terms with HIV/AIDS in the 1990s to understand that, behind every viral epidemic lies an epidemic of signification: of meanings imputed and imparted. These were hard won lessons amidst the social struggles over AIDS in the 1980s and 1990s, and this is why during the first few weeks and months of COVID-19 in 2020, members of the IHSS Working Group on COVID-19 turned to Treichler, to try to make sense of the current pandemic moment. Treichler's book was written way back: before the establishment of the Global Fund for AIDS, TB and Malaria or of the US President's Emergency Plan for AIDS Relief (PEPFAR) began to put more money into the global response to HIV/AIDS.

Treichler was writing at the point that the HIV pandemic, COVID's closest and truly global forerunner, was reaching its height of uneven outcomes: with Sub-Saharan Africa particularly hard hit. Diseases know no boundaries, but humans do of course. And the tendency for pandemics to reveal underlying social fault lines is with us still today. As Brown et al (2021) write, "the gendered, racialized, and distinctly homophobic cultural politics that framed the pandemic during the Reagan years," offer one point of connection between the AIDS pandemic and COVID-19. The "activism that reshaped the subsequent political and public health response, as well as the later recasting of HIV/AIDS as one of many "emerging infectious diseases"," offers a second, more hopeful point of connection.

Then as now the lesson of these viral catastrophes has been that the sociology of the pandemic needs foregrounding alongside the epidemiology of the pandemic if we are properly to understand it and respond. And yet too often science and the machinery of government are lined up to do "battle" against diseases, as if the social vectors of their viral geography – and the people who bear the virus in their bodies – are just a sideshow. As recently as November 2021, Eric Goosby, the former US Global AIDS Coordinator overseeing the US President's Emergency Plan for AIDS Relief (PEPFAR), felt the need to remind an audience of mostly elite policy-makers that "our past pandemic investments are roadmaps to defeating COVID globally".[1] But so too must our past social, cultural and moral investments, and the lessons that we have learned on each of these fronts, be seen as more critical roadmaps to defeating COVID globally.

It was for this reason that the first IHSS Working Group on COVID-19 was formed in December 2020. The Working Group's mandate was to identify and execute a programme of work lasting for approximately one year that could contribute something distinctive to our social, cultural and political understanding of the pandemic.

The Working Group quickly settled on the central significance of "trust" to understanding how the pandemic was playing out. A little over nine months into the Pandemic and trust in governments was already a critical component determining which countries were able to execute effective public health responses: did citizens respect and acknowledge the scientific basis upon which public policies were made; did they trust that the duties they were being asked to bear were commensurate with the commitments their own states were making to mitigate the pandemic on their behalf? In the UK both SAGE, the government's Scientific Advisory Group on Emergencies, and the government alike were subject to criticism for being "out of touch" and insufficiently transparent.[2] The issue of trust was apparent at other scales as well: the lack of trust in the international financing mechanism, COVAX, was both a victim of, and reinforced, the "vaccine nationalism" of countries who could afford to pay more: buying up bulk quantities of a limited supply of vaccines and other medical products, such as PPE, and leaving insufficient medical countermeasures available for vaccinating and protecting the citizens of poorer countries.

As lockdowns persisted and changed in their nature and scope (from tiers to mask wearing and social distancing to, eventually, vaccine passports in some countries) it became clear that different citizens were bearing the brunt of the pandemic in very different ways. Here too it was the issue of trust that was at the forefront of how these developments played out in different countries.

Trust is a richly debated concept in the humanities and social sciences. It is critical to the operation of power for the way that it is used to simplify social life. And it matters too in the design of institutions of collective action: precisely those organs that pandemics, as they cast societies into tumult and, as often as not, against one another, need more than ever.[3]

It is a critical element of functioning societies, which some understand as a virtue, some as a normative foundation of social life, and others see as the product of a more rational relationship between the individual and the world.[4] In neither case is trust simply, as sometimes rendered, a form of social capital that can be "built". It is woven, for one, into the underlying concept of trustworthiness, which as philosophers such as Russell Hardin and Onora O'Neill remind us, is critical to all forms of cooperative interaction. It is also critical, as US public health

1. https://thehill.com/opinion/healthcare/580009-our-past-pandemic-investments-are-roadmaps-to-defeating-covid-globally

2. https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31098-9/fulltext; David McCoy: "Restoring trust and confidence in experts and science is an urgent priority," BMJ Opinion, July 9, 2020.
3. Trust and social capital in the design and evolution of institutions for collective action Author(s): Benjamin Six, Esther Zimmeren van, Florin Popa and Christine Frison, International Journal of the Commons , March 2015, Vol. 9, No. 1 (March 2015), pp. 151-176.
4. On Talcott Parson's account of trust as normative foundation, contrasted with the Luhmannian approach, see https://journals.sagepub.com/doi/pdf/10.1177/1368431003006002002

philosopher Lawrence Gostin observed, to successful public health. As Gostin noted in a National Academies of Science workshop long before Covid struck: "Public health strategies require public trust and acceptance in accordance with the principles of social justice."[5] It is a lesson that Covid reminds us we have yet to learn.

As all this was unfolding, during the dramatic year of 2021: a year which began in the UK with no vaccines having been administered but which ended with 91% of the British over-18 population vaccinated with at least one dose, the IHSS Working Group on COVID-19 continued its work. This included producing a series of documents, working papers, and contributions to the national conversation and political deliberations (see, for example, IHSS Working Group on COVID-19 member Sophie Harman's presentation of oral evidence to the House of Lords Defence and International Relations Committee). Across each of these elements, from working papers to events, the group has engaged in trying to unpick the central role that trust has played in societal responses to large scale crises such as pandemics. This report pulls together some of the key insights this group have put forward over the past year. The focus is on the working papers and specific documents submitted by members of the Working Group, some of which are now working their way toward publication in other forms. We have also drawn, as appropriate, on insights from some of the Group's wider activities.

The picture of trust that emerges is one that gives due recognition to the insights of Simmel, Szompka and others. Trust is seen, in these accounts, not only as a central binding element connecting the realms of ethics, scientific policy, diversity, inequalities, cultural responses, and social cohesion, but as a fundamental part of the fabric of social relations themselves. As Muradoglu writes, trust is a strategy for making informed decisions on what are ultimately always unknowable outcomes: something that has particular resonance during a pandemic. Muradoglu's take builds on Luhmann (1979), who, for the reasons noted above, sees trust as essential to enabling social action to take place in the first place. She quotes Hardin to similar effect: "Where there is trust that is justified there are increased possibilities for experience and action" (Hardin 1993: 512)". Brilliantly, she then links this to both financial market "runs" and supermarket "runs" ("hoarding" in the common parlance) alike, showing how a breakdown in trust will lead to its being superseded by other social institutions (including litigiousness, bribes, and ghettoization). Here we glimpse the outlines of the way in which British society responded to the pandemic over the past two years.

And it is not only the actions of the hoarder as economic agent that matters here: so too does the 'space' of the (impersonal) supermarket, precisely because it changes the calculus of trusting and the social expectations that arise from it. Muradoglu

notes that hoarding is less likely in a local community setting, for example, where social relations are established and hoarders cannot as easily escape the negative implications for themselves of the impact their hoarding has on others.

Trustworthiness is also a theme that crops up in numerous of the group's contributions, particularly regarding the importance of the need to "build" trustworthiness rather than simply to possess it: something well explored in the contribution by **Mario Slugan**. Slugan looks to the institutional meiums by which ideas are conveyed to ask what there is in the messenger that determines if the message itself is trusted. This is in part the question of how we gain "warrant" for new ideas – something science (and Science Studies) has long wrestled with (and which Ladi, below, examines in more detail). But popular knowledges wrestle with this problem too, and in his contribution to the Working Group Slugan considers the role played by the documentary film in particular. Interestingly, Slugan does not approach documentaries as assumed repositories of truth. Rather he examines both how they can build trust in science and the government but also knock it down. The problem here, as he notes is that in films "it is easier to imagine a world-ending apocalypse than more nuanced changes and alternatives to our current way of life." It may not be the fact of being a scientist or doctor that evokes trust in a documentary "voice" so much as the different modes of being that are conveyed in the fullness of the individual's

biography: their commitments to family, the empathy they show patients. These are the building blocks of trustworthiness: at least as much as scientific proofs or institutional standing. Conspiracy works in much the same register, if with the opposite intent in mind. Conspiracists "undermine trust in the whole system, including, expectedly, the governments, but extending through international organizations and public health experts to the majority of scientists. Furthermore, it is not that these actors are error-prone or incompetent, but rather that they all participate in a worldwide conspiracy aided by big tech, big pharma, media monopolies, and powerful wealthy individuals whose primary goal is population control."

Some of these same elements are critiqued in the contributions from **Sophie Harman**. Applying the frame of trust to the vast international regime of public, private, multilateral and governmental actors that make up the field of global health security, Harman astutely notes the all-too-often unspoken dynamic at the heart of this system: the fact that, as she puts it, "Global health security is a system that depends on trust from the world's population but is underpinned by distrust among states." The initial promises to build a global health financing arrangement – COVAX – that would allow countries to cooperate to secure vaccines for all, and yet which very quickly deteriorated into precisely the sort of distrusting real politick of international relations which Harman describes, and which has gone by the name of "vaccine nationalism", is a perfect

5. Ethical and Legal Considerations in Mitigating Pandemic Disease: Workshop Summary http://www.nap.edu/catalog/11917.html, P.18

illustration of this fundamental paradox at the heart of global health security.

In a way that echoes the arguments of Monks (below) in the UK domestic context, Harman's international view here leads her to note that – across territories – the place where trust is often more easily established and seen to reside is in local communities and their civil society interlocutors at the international scale. At the international scale there is no one single body of authority: no SAGE. Instead there arecompeting authorities around which trust circulates and in overlapping and often contradictory ways: authorities based upon the power of financial might; authorities based upon the ability to bear witness on behalf of affected communities. It is less a question of asking which of these authorities is the more legitimate, since without structural intervention, legitimacy in international relations resolves still to power. But if we ask instead which of these authorities is more trustworthy, then it becomes easier to see that a more effective – and trustworthy – international system requires to be built with the interests and voices of more trustworthy actors in mind. While the COVID-19 response that governments enacted was largely a state-based response, backed up by private interests (be these PPPs, or the direct engagements between states as purchasers of pharmaceutical commodities and producers) the response we may want to plan for next time should be one in which these other voices, and actors, come to have more of a say. Here neither of the traditional approaches to building

trust, be it "incrementalist" (where small forms of collaboration generate the trust needed for larger commitments) or "identity" (where common cause is forged in wider discussions of common experience and need) may be sufficient. Harman speculates as to whether simple face-to-face negotiations and diplomacy may be more effective, for all that this has implications of democratic oversight of the sort that Mitsilegas (below) identifies.

In her contribution, **Stella Ladi** focuses much more directly on the relationship between knowledge and policy and the role of trust in shaping this critical juncture. Her contributions to the group focus upon the politics of evidence-based policy making. Her point of departure is less with the erosion of trust (Slugan), or the search for it (Monks), but rather on how individuals and institutions who had begun to lack it anyway after a decade of post-financial disappointment in governments and political leaders – a fact backed up by numerous comparative surveys – managed to push through some of the most far-reaching policies in post-war peace time with at least sufficient trust and cooperation from the public as allowed them to take place. As Ladi notes, "high levels of trust are seen as crucial for the implementation and the preservation of restrictive policies, like stay-at-home orders and the prohibition of mass gatherings (Van Bavel et al. 2020). Moreover trust leads to higher compliance and lower mortality rates (Oksanen et al. 2020). Some governments operating in high-trust societies opted to appeal to citizens' sense

of responsibility rather than putting hard measures in place (Toshkov et al. 2020)". At the same time, "the pandemic is bound to also have implications for the level of public trust in the post-Covid-19 period. As already shown elsewhere, pandemics can have negative and long-lasting effects on public trust towards governments and scientists (Aksoy et al. 2020; Eichengreen et al. 2020)."As she discusses this paradox in comparative perspective (the fact that, "[o]n the one hand, the proper implementation of policies is subject to high levels of public trust, [while] [a]t the same time, public trust is affected by the success of restrictive policies which in turn is linked with citizen compliance"), Ladi notes that there is something of a transfer in trustworthiness from the evidence-producing scientists that governments may choose to highlight and to support, to those same governments themselves. In other words, there is a potential "windfall" in trust that governments can earn. That governments wheel out the experts in times of crisis is nothing new, as Ladi notes. But understanding better how and when and why they do so – and with what return for themselves – is indeed novel and represents a fascinating area of enquiry to take forward in future studies.

The matter of place is taken up in the contributions by Brown et al (above), for whom the representation of disease is always overloaded by prior geographical assumptions. British citizens may recall the period in which Italy's present – the steepening case rate curve we all observed in real time in newspapers, online, and

on the evening news – appeared to be other European countries' future, just a few weeks off. But we might recall, as well, the assumptions that travelled almost as quickly about the Italian cultural practices "explaining" their fate and giving us hope for avoiding "ours".

Ever have contagious diseases been framed: from the days of the "Spanish flu" onwards. But exactly how the spread of a virus and the mobility of its carriers was conflated this time around is addressed in the contribution of **Sarah Wolff**. Specifically, Wolff examines "how the freedom of movement in Europe has been impacted by the pandemic, how governments have used different tools to control populations and their mobility and how this has impacted our practice of citizenship in everyday Europe." Ultimately, Wolff suggests, the way in which citizen freedoms of movement were managed in relation to the effort to reduce the circulation of the virus turns upon the matter of civic duty. People were called upon to "do" their duty and to adhere to the almost constantly changing public health requirements of governments.

But in what did this sense of duty reside? Drawing upon the work of Engin Isin and other scholars, Wolff reminds us that citizenship is not just a bundle of rights and duties; it is a function of various more active "modes" as well: and in a pandemic it is those more active forms of citizenship which were called up to enable the government's discursive strategy of "we're all in it together" to stick. In other

words, to ensure that collective discipline was maintained in the face of lockdown, mask-wearing and other demands upon public comportment (including social distancing) a model of "the good citizen" was promoted which, in effect, individualised the performance of what was publicly promoted as a collective duty. Only on the basis of this active form of citizenship – "Stay at home/Save Lives/Protect the NHS" – could the collective responsibility of lockdown be borne. And yet because this ability to perform such a citizenship role fell more easily to some than to others – including, as Wolff notes, those with the digital resources to make a decent go of "staying at home", the effect has been to introduce a degree of further differentiation between persons, even as a "common" commitment is claimed. Here trust is notable, not so much by its absence, but by the work it does recuperating the social in the name of social order.

What this adds up to is a question addressed in the contribution from **Aoife Monks**, on clapping for carers. This shortlived weekly act of affirmation for frontline carers in the UK, which was prominent in the first months of lockdown, was one of the most visual acts of public coming together throughout the pandemic to date. Monks tackles head on the push back against this ritualisation, from those who saw it as melodramatic, or as naively tapping into heroic military narratives drawing upon associations with the Blitz, and so downplaying the modern reality of overworked health care labourers. As she writes:

"It's easy then, to dismiss this act of clapping for its naïveté, unthinkingly sentimentalising the NHS to detrimental effect. Indeed, after the first few weeks of clapping, I withdrew from the practice myself, increasingly uncomfortable with the implications of rendering the NHS 'heroic' with public support being used to replace – rather than promote – material governmental support for a public health system in crisis. But on the other hand, as a theatre scholar who thinks about the histories of audience behaviour, I want to ask whether this act of clapping was merely a naïve act of faith or trust. Should we assume that the behaviour of crowds is automatically unthinking, unnuanced, without ambivalence or complexity? Indeed, was clapping for carers even actually about carers, or the NHS, in the first place? Could it be argued instead that the act of clapping was a necessary ritual to produce trust and cooperation so crucial for compliance with public health measures during lockdown?"

Here trust is not so much legitimised or earned as it is 'sought': ritual providing narrative providing meaning in turn. In this case, what was ritualised – howsoever imperfectly – was solidarity. The Clap For Carers initiative may well have been less about NHS workers, at the end of the day, and more about the communities that were doing the clapping. And while that act may itself have defused the tension needed to raise political arguments in support of better treatment of the NHS, at Monks speculates, it also helped people navigate an unnerving moment "by making noise together". And dammit,

noise is good to make sometimes – especially when we all know we are "in it, together", and that probably we have no choice but to trust those whose hand in our fate is given by the times.

The question then arises as to what governments (and other actors) then do with the trust vested in them during times of public emergency. The answer is not always affirming. In his contribution, Working Group Chair **Valsamis Mitsilegas**, addresses what he terms the "post-Covid system of mass surveillance" and finds an urge to surveille at the heart of the state's response to Covid-19, including via tracking apps and the collection and retention of data over and above what may be required for public health purposes. Mitsilegas calls for a defense of democratic norms and principles in times of public emergency. There is a flip side to such apps, as Mitsilegas identifies. This is the fact that, for these mass tracing apps to work – and regardless of whether they are operated by states or the private sector – citizen trust in the operators is needed for them to take part and for the solutions these technological platforms propose to be realised. Mitsilegas skilfully identifies two emergent problems here: The first, as he notes, is that "[a] push towards uncritical mass surveillance may lead to a two-way erosion of trust between citizens and the state." As he goes on: "On the one hand, the generation of mistrust from the state to citizens who do not participate in tracing systems either by choice or by lack of access to technology may lead to the exclusion of and discrimination

against these citizens in key areas of everyday life, including commerce, work and travel. On the other hand, the potential of the trust of citizens towards the state being eroded is significant."

The other is the broader problem of who and what is empowered by this new form of digital surveillance, and what is left of public accountability when it is finished. Setting the problem not so much in its immediate COVID-19 context, but in the wider historical context of another historical public crisis, which lingers in the background of so much of the response to COVID-19, namely the response to 9/11, he concludes:

*"The privatisation of surveillance, whereby the private sector is requested to collect and retain personal data and allow access of this data to state authorities, is not new – it has been a key component to emergency responses to terrorism since 9/11. In the digital era, the role and powers of the private sector, and in particular of the tech giants, in this **privatised surveillance paradigm becomes even more prominent**. This is clearly the case in managing Covid-19, where tech giants have essentially become gatekeepers of fundamental rights protection and of the reconfiguration of the relationship between the citizen and the state."*

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