

1 Introduction: A Crisis in Trust and Trust in a Crisis

In the spring of 2020, people across the world found their lives disrupted by the prospect of COVID-19. In a matter of days, people experienced massive changes to aspects of their lives that they had taken for granted. Bars closed while restaurants moved to delivery and pick-up models. In some places, the ability to travel was greatly restricted, either by direct limitations or by consequence of many businesses simply being closed. At this time, people clamored for information. What is the risk one faces with COVID-19,¹ and how does it vary across people with different health conditions? What steps are effective at reducing the probability of infection? Where can one turn for reliable information on risks and the sorts of actions we can take to reduce the risks?

At the heart of these questions was an underlying concern about the availability of credible information. The COVID-19 crisis struck in a time when the media environment for sharing information has become fragmented and politicized. Conservatives complain about the “lamestream media” while liberals criticize the reliance of conservatives on “Faux News.” The fragmentation extends to social media platforms where information, and misinformation, is easy to share and separating reliable information from noise is challenging. Consider this example (from May 16, 2020). Various locations were beginning to reduce restrictions on travel and commerce. Other locations are still either asking or demanding that people wear cloth masks when in stores. So one might reasonably want to know how well a cloth mask reduces risk of infection (for oneself or for others). It turns out that the answer to this question is tricky. A simple Google search for “are cloth masks effective” turns up 85.5 million hits.² The list starts with a page from the US Centers for Disease Control and Prevention (US CDC) on their recommendations for wearing cloth masks – including instructions on what constitutes a minimally protective mask, how to differentiate these masks from N95 and surgical masks, and how (and how not) to clean or make cloth masks. The next couple of links take one to similar

¹ There is some confusion over the terminology related to COVID-19. Properly speaking, the viral agent is called SARS-COV-2 and is a member of the class of coronaviruses. COVID-19 is the disease (early on, a syndrome) that is caused by SARS-COV-2. For ease of reading, we will largely use the term COVID-19 to cover the disease and its agent, as this has become the most common term used by the general public to refer to both. We will only distinguish SARS-COV-2 when we need to emphasize the viral agent itself.

² The proceeding discussion relating to the specifics of Google search results reflects the author’s experience searching for information on the efficacy of masks. The specific figures are reflective of his experience on May 16, 2020, but will not be indicative of any later search or a search by a different person. Every Google or YouTube search is conditional on the account that searches, the history of the account, the location of the search, and contemporaneous searches – even the clicking activities of other people using similar search terms

information from the Mayo and Cleveland Clinics. From there, the information becomes more divided. The fourth link is to an article from Medical News Today (a popular website for general health information) questioning the usefulness of cloth masks compared to more specialized masks. After the fourth link, Google breaks in with a special set of “common questions.” The next set of links connect to discussions of the mixed evidence on the usefulness of masks (associated with credible places, such as the University of Minnesota and the popular website LiveScience).

This Youtube search in May 2020 produced results that start with a link to the popular fact-checking site Snopes and its report that a popular captioned image appealing for people to wear masks based on their ability to protect others from transmission of the virus is “mostly false.” Of course, reading deeper into the Snopes report indicates that their evaluation is based on the lack of citations to back up the risk percentages on the popular graphic. The Snopes report does not indicate that cloth masks are ineffective – only that a specific popular graphic did not include evidence for its own statements. However, it would not be hard to mistake the criticism of the specific chart with a more general conclusion that cloth masks are demonstrably ineffective. The videos that follow include a review of a prominent research article supporting the effectiveness of surgical masks, a video from the World Health Organization (WHO) (from early February 2020) arguing that one should only wear masks in limited situations due to a shortage of surgical masks at the time, and a video from a person calling himself the “Genius Asian” who compares the effectiveness of a surgical mask and a sock in their ability to filter flour using a vacuum cleaner.

This is the challenge that an interested person faces trying to find answers to simple but important questions about the effectiveness of proposed protective actions. Information on the effectiveness of masks is fragmented and hard to follow. There are debates between reputable sources over the exact level of effectiveness – a debate for which the conclusion is still very much unresolved. There is old information (like the February WHO video, from a time when wearing masks was actively discouraged to prevent shortages in hospitals) and information from sources of unknown credibility such as the “Genius Asian.” Even someone who has a great deal of training in understanding scientific articles (particularly the statistics underlying them) and has attempted to keep up with latest news related to COVID-19 cannot find a clear and compelling answer to a question as simple as how much wearing a cloth mask reduces the risk of infection.

What does one do in such circumstances? This is not an unusual situation. Many questions central to our daily lives depend on staggeringly complicated processes. Is our food safe from contamination? Will a new medicine help us

Trust in Government Agencies in the Time of COVID-19 3

with a health problem? Is our personal information safe when we purchase something online? It is impossible for each of us to know the answer to such questions. In fact, any valid answer is unlikely to take the form of “yes” or “no.” Yet we have to act in our world based on our belief in the safety of our food supply, the effectiveness of medicines, the adequacy of data protection, and so many other issues.

What we do is trust. We trust in others to tell us whether our food is safe, to prevent contamination, and to inform us if there is a break in this safety. We trust in our medical professionals to weigh risks and prescribe us medicine that will address our health problems without creating worse side effects. We expect that regulatory regimes and technological advancement will ensure the safety of our private information. Very few of us can explain how these safety systems operate. There may be no one who can rightly consider themselves an expert in even these three domains. Instead, we all have to trust in the expertise and authority of others. But what happens, then, if that trust is tested? That is the core subject of this Element.

This Element is grounded in a series of surveys conducted during a period of great uncertainty. As word of the COVID-19 crisis began to emerge in late January and early February of 2020, the authors met to discuss the possibility of a national survey of residents of the United States to assess how people were understanding the risks associated with the disease. By March, we had a survey in the field that included questions about individual risk perceptions, the willingness to take certain precautions to prevent the spread of the virus, and trust in a range of relevant organizations. We wanted to know what people feared, who they trusted, and what they were willing to do to protect themselves. March was, in the United States in particular, an important transition point in the fight against the pandemic. It was on March 12 that the WHO declared COVID-19 to be a pandemic. About this time, US states and cities began various efforts to combat the spread of the disease. The survey results reported here come from this uncertain time period when people did not know much about the risks and sought answers, with some tracking of how reported trust evolved through the pandemic (up to November 2020).

The Element explores the variations in reported trust in various agencies relevant to the COVID-19 response in US cities and states, as well as abroad. This exploration intends to drill down into the data to better understand who trusts different organizations and how trust varies across various social groups including political parties and age groups. The results also include a track of the changes in trust over the summer and fall of 2020 in the United States as pandemic response became politicized – often thought to be captured in the polarization politically exaggerated by the presidential election in November

2020. Together, the results provide some evidence for the variety of assessments the public has for agencies providing key health information during the pandemic – as well as their shared destiny.

1.1 The Recent History of Trust in Government in the United States

Our investigation begins with a brief review of how the United States found itself in the position of distrust in official agencies. Pollsters have asked questions related to trust in government in US-based surveys for decades. The Pew Trust has summarized decades of these polls (2019). Figure 1 illustrates the trend in polls from the late 1950s to 2019.

Infrequent polling on the topic began in the late 1950s in the tail of what some see as a postwar consensus period of limited partisan conflict and high levels of participation in major social institutions. Government was relatively popular in this period as it was seen by some as having both pulled the United States out of the Great Depression and overseen a successful end to World War II. The emerging conflict with the Soviet Union served more to rally the US public together in support of its government than to fuel divides along partisan lines. The result was an era reporting the highest levels of trust in the US government seen in the seventy-year period over which we have reliable polling data.

This early period preceded the modern pattern of extensive polling of the US public. As a result, there are fewer data points with which to explore this time. The period from the late 1950s through the mid-1970s is charted based on individual polls and never more than one a year. The period

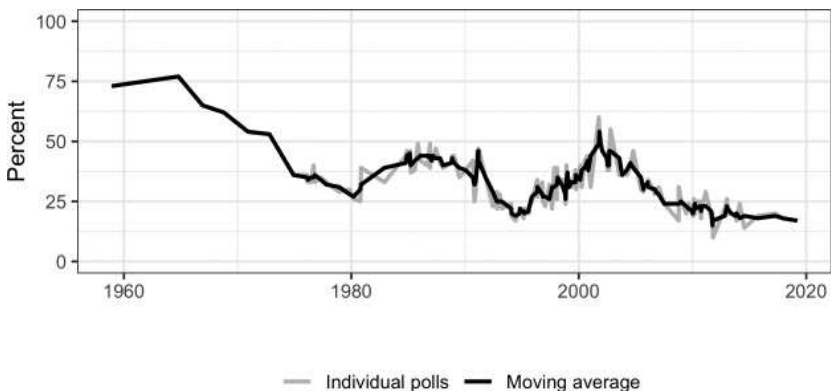


Figure 1 A time series of “trust in government” poll averages from the late 1950s through 2019

Trust in Government Agencies in the Time of COVID-19 5

begins with averages of reported trust in the range of 75 percent at its peak (in the early 1960s) and beginning a period of decline that continues through the start of the 1980s. It is interesting to note that the decline preceded the Watergate scandals of the early to mid-1970s. The Watergate scandals certainly did not reverse the trend of declining trust, but it also did not seem to accelerate this decline. One clear consequence from the figure was a dramatic increase in the polling on trust in government in the mid-1970s. We start to see multiple polls in a given year. At this point in Figure 1, the faded grey line indicates individual polls with the darker line continuing to report the moving annual average. There is variation around the moving average, but it provides a useful track of the central tendency of the individual polls.

The long downward trend in trust began to reverse in the early 1980s. This era was known for the generally optimistic presidential campaigns for President Ronald Reagan. His 1980 campaign slogans included the phrase “Let’s Make American Great Again,” while his 1984 reelection slogans included the phrase “It’s Morning in America Again.” These slogans were taken by many as a call for a change in direction (following stagflation and the oil crisis of the late 1970s under the Carter Administration), while also pointing toward great opportunities in the future. Of course, this increased optimism was not a return to the generally pro-government attitudes of the postwar consensus period. Reagan attacked the government as the source of, rather than solution to, the public’s problems. Famously, in 1986, while president, Reagan said during one of his press conferences that “the nine most terrifying words in the English language are ‘I’m from the government and I’m here to help.’”³

This period was by no means a high mark for the support for large government programs. It was, however, a period in which trust in government grew over its late-1970s lows. The growth in trust, though, maxed out below 50 percent before a new period of decline began in the mid- to late 1980s. The Reagan Administration became mired in scandals like the Iran-Contra affair that cast a shadow over the (successful) election campaign of Bush, then vice president, in 1988. There was a brief spike in trust around the time of the Gulf War in 1990–1991 but it proved short-lived. The downward trajectory continued as a recession hit the United States in 1990. This recession proved to be a strong influence on the 1992 election season with President Clinton defeating President Bush’s reelection attempt. The decline in trust continued through the early

³ Presidential news conference, August 12, 1986; see www.reaganfoundation.org/ronald-reagan/reagan-quotes-speeches/news-conference-1/.

1990s and was not reversed until the US economy had pulled well away from the recession of the same time period.

A trend of increasing trust began in the mid-1990s (not immediately following the election of President Clinton to his first term in the 1992 election) and continued through 2001. This period was not without its scandals, and we see short-term drops in trust – possibly related to the major scandals of the late 1990s including the Monica Lewinsky affair and subsequent impeachment of President Clinton. Furthermore, the Clinton Administration contributed to the sense that government agencies were often wasteful with their effort to “reinvent government.” The attacks on government in this time period were consistently parts of presidential administrations from the Carter Administration forward (Arnold, 1998). This period of rising trust is punctuated with a dramatic increase in reported trust that coincides with the 9/11 terrorist attacks on the United States. It is important to note, however, that this period of increasing trust reached its maximum at reported survey averages of just above 50 percent. This peak is well below the early (albeit scantily recorded) eras of trust at or above 75 percent.

The surge in support following the 9/11 attacks was followed by a long-term downward trajectory in trust that continues, albeit with some leveling out, through 2019. This downward trajectory continued through the George W. Bush (43) Administration. Around the time of the 2008 election, won by Barack Obama, we see a leveling out of the downward trend. There were no signs of anything more than a temporary increase in trust from the Obama Administration, through the 2016 election, and through the first three years of the Trump Administration. What had been a series of cycles of increasing and decreasing trust gave way to a steadily low level of trust. It is interesting to note that the cycles had lasted about fifteen years between the 1970s through about 2010. However, there was no turn into a new cycle of increased trust around 2010 as one might expect based on the previous two cycles. Instead, this period returned a flat, low level of trust – as if we were simply missing an anticipated cycle of increased trust (a positive cycle expected from about 2010 to about 2018 with an expected turn negative around 2018). Instead of a cycle of increasing (and eventually decreasing) trust, the late 2010s have been characterized by deep suspicion of government – including charges by the governing party of resistance by a “deep state.”

This quick review of the recent history is quite simplistic. Two forms of simplification stand out most. First, the polls report “trust in government” as if people have uniform assessments of all of government. This simplification matches some of the rhetoric described earlier related to attacks on the reputation of government. Reagan had attacked the people “from the government”

Trust in Government Agencies in the Time of COVID-19 7

(generally), Clinton called for a “reinvention of government” (generally), and the recent discussion of the “deep state” suggests a massive conspiracy that crosses traditional agency boundaries and might as well be referring to all government agencies. These rhetorical attacks on government (in times of increasing and decreasing trust) have long considered all government agencies to be of a type – generally a wasteful or rogue type.

Through this period, there is less information on the perception of specific agencies than there is a summary of government as a whole. Infrequent polls by Pew have revealed considerable variation in the perceived effectiveness of US federal agencies. Taking the most recent of these polls in 2019, Pew reported that respondents had highly favorable ratings of the US Postal Service and the US Centers for Disease Control and Prevention (US CDC) (2019). The list of low-rated agencies is familiar to those who follow criticism of government in this time period. Among the lowest are the Department of Education, the Internal Revenue Service, the Environmental Protection Agency, and the Department of Veterans Affairs. Relatively new in this time period is a low level of favorability for the Department of Justice – embroiled in the politics of criminal investigations of the then current Trump Administration and of the campaign of its 2016 opponent, Hillary Clinton.

The second simplification is to aggregate survey responses to a general average. The general average conceals a great deal of variation within every pool. For every period of low trust, there are some who still report high levels of trust in government. For every period of high trust, there were always skeptics. The averages conceal this variation, but the range of the variations indicates the broad variety of perceptions among the respondents. It is the variation that agencies and the government as a whole see in their assessments that inspires hope that they can build or rebuild trust. Pippa Norris argued that there is not a long-term decline in trust but rather a series of multidimensional changes following a “trendless fluctuation” (2001). The notion that the long-term trends conceal variations in trust motivates much of this project.

This leaves us at a point in 2020 where we have settled into an unprecedented period of stability at a low overall level of trust in government. During this period, various government agencies face a novel crisis. Many agencies seek to persuade the public to take self-protective actions ranging from wearing a mask to limiting travel. Other agencies may seek to enforce local rules ranging from occupancy limits on restaurants to beach closures. All of these agencies act within the context of historical low levels of trust. Understanding the context of agencies, actions in this period of low trust is essential to formulating careful strategies for agencies to do their work in the crisis.

1.2 Research Question

How much variation is there in trust in key actors and organizations during their efforts to combat COVID-19? This research question leads in a variety of directions and opens up various avenues for investigation. This book is intended to provide some initial insight into how the trust in specific agencies varies across agencies operating at the local, state, and federal levels and how trust evolved through the pandemic. Do people trust their local agencies more than they do more distant federal agencies? It was the federal agencies, after all, that served as the targets for most attacks on government from the Reagan through Clinton administrations to the contemporary rhetoric of the “deep state.” If there is a premium of trust at the local level, this suggests the possibility that a robust local-based strategy for crisis response will face fewer problems related to trust.

The starting point for this investigation is in building a theory of trust in public health actors and organizations. The next section takes up this challenge and reviews relevant literature to build a specific set of expectations for trust in public health agencies and the linkage between this trust and reported willingness to take personal protective actions.

2 A Theory of Trust in Agencies

As the COVID-19 crisis raged across the world, people clamored for information that would help them better understand how to reduce the risks. People wondered whether food preparation would be safe and whether they could order food for delivery. If a sick employee is involved in the preparation of a meal, does that mean that the virus would likely be spread to the people eating the food? Would wearing a mask in public greatly reduce the risk of contracting the virus from others? Does it matter if the mask is a surgical-grade mask, or can a simple cloth covering or bandanna suffice? Any search for information quickly turned up vague or conflicting information. People had to decide which sources of information they trust to guide their behavior when their life may be at stake.

Dr. Jay Baruch, writing in Statnews, provides a poignant account of the frustration and its relation to trust. Dr. Baruch is an associate professor of emergency medicine and director of the medical humanities and bioethics concentration at Brown University. In late March, Dr. Baruch was visiting his emergency department frequently and adjusting to changing protocols for protective equipment. Dr. Baruch writes:

What I can't track or make sense of is the response from leaders who should be bastions of guidance and support. One day we're told that providers must

Trust in Government Agencies in the Time of COVID-19 9

scrupulously don an N95 mask, face shield, portable gown, and gloves. Then the shortage of personal protective equipment somehow alters scientific evidence, and the Centers for Disease Control and Prevention now believes that surgical masks, which fit like a pair of old khakis, should be more than adequate.

And we can reuse the N95 and surgical masks which, after a day or two, take on a mysterious odor.

I know what that smell is now. It's mistrust.⁴

Dr. Baruch's frustration is with the conflicting information coming from "leaders" including a specific reference to the vacillation of the US CDC on the recommendation to wear masks in public (or not). Though an expert in emergency medicine with far more resources than most to seek advice on personal protection, Dr. Baruch found leaders split and their advice unhelpful. The situation is only worse for most people without access to this knowledge and professional advice networks. Most importantly, for our purposes, Dr. Baruch connects the confusion to trust and mistrust. He wants to trust organizations to provide him consistent, accurate, and timely information, but the lack of consistent messaging has eroded his trust.

Dr. Baruch was not alone in his frustrations. Reporting after the initial period (in June 2020), Politico quotes former acting director of the US CDC Richard Besser as stating,

Trust is the critical factor. You develop trust by being transparent, by explaining on a daily basis what you do know, don't know and what you are doing to get more information.⁵

Given the importance of trust, we must understand how trusted key health information providers were at the start of the COVID-19 pandemic and how trust varied across key organizations. The starting point for this investigation must be a clear understanding of the meaning of trust to support a robust measurement strategy. This section will review the literature on trust with special attention to trust in political authorities. Definitions of trust begin with a foundational analogy for interpersonal trust. This analogy was later adapted to the context of trust in political regimes, and, eventually, a literature emerges considering the role of trust in specific administrative organizations. It is this more recent literature on trust in specific administrative agencies that motivates this

⁴ "Abandoned by U.S. leaders, the only COVID-19 protection I can count on in my emergency department is trust." March 27, 2020. www.statnews.com/2020/03/27/trust-only-covid-19-protection-emergency-room/.

⁵ "Why America is scared and confused: Even the experts are getting it wrong." Politico, March 31, 2020. www.politico.com/news/2020/03/31/experts-coronavirus-cdc-158313.

Element's investigation into the dynamics of trust in organizations combating the COVID-19 pandemic.

2.1 Foundations of a Theory of Trust

As we seek to understand the degree to which people trust an administrative agency, the starting point has to be a careful consideration of trust as a concept. Often, trust in government research has left ambiguous the scenario in which a person may or may not report trust in government. It is clear that this trust is an attitude that a person has – rather than a specific behavior. It is supposed that the attitude may be linked to behaviors, but these behaviors are typically left out of the investigations of trust themselves (for an exception, see Scholz and Lubell, 1998). Trust, as an attitude, is seen as an attitude that warrants investigation on its own merits (Uslaner, 2018). Understanding this attitude requires paring away context to reveal the heart of the concept.

At its heart, trust is a relationship. Trust involves two (or more) actors who are connected in some way. It is useful to start with the simplest case – two individuals (X_i and X_j). Trust is a relationship connecting X_i and X_j . Specifically, trust is a relationship in which X_i (the trustor) voluntarily makes themselves vulnerable to the decisions or actions of X_j (the trustee) – usually with the aspiration of an even greater payoff than would be possible without trust. For example, I may trust my neighbor to feed my dog while I am away on vacation. I may do that because, while it creates a vulnerability (if my neighbor fails to feed my dog, my dog will suffer), it allows me to pursue a greater interest (my vacation).

The dominant approach to analyzing this relationship relies on rational choice modeling. For Coleman (1994, 99), the decision to trust reduces to three variables:

1. p_j = chance of receiving the gain (the probability that the trustee (X_j) is trustworthy)
2. L = potential loss (if trustee (X_j) is untrustworthy)
3. G = potential gain (if trustee (X_j) is trustworthy)

A trustor (X_i) will trust a trustee (X_j) if

$$\frac{p_j}{1 - p_j} > \frac{L}{G} \quad (1)$$

A situation like the vacation example motivates James Coleman's model of trust (1994). In this model, Coleman argues that the decision to trust implies a balance of three considerations – what is gained by trust (G)? What is made