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COVID-19: effective policymaking depends on trust in experts, politicians, and the public

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ABSTRACT

In a crisis, almost-instant choices about who to trust or distrust could make a difference between life and death. Trust is necessary for cooperation, coordination, social order, and to reduce the need for coercive state imposition. During a pandemic, people need to trust *experts* to help them understand and respond to the problem, *governments* to coordinate policy instruments and make choices about levels of coercion, and *citizens* as they cooperate to minimize infection. We compare these general requirements with specific developments in the UK and US, identifying: the variable reliance by elected politicians on scientific experts, worrying levels of distrust in elected leaders, and a shift from a trust-based to more impositional forms of government action (with more variation in responses in the US). While trust is difficult to define and measure, these examples show that people miss it when it is gone.

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COVID-19 policy; trust; distrust; UK; US; science advice

1. Introduction

Trust describes a belief in the reliability of other people, organizations, or processes. It is necessary for cooperation, which helps people coordinate action without the need for imposition. It helps reduce uncertainty in a complex world. It facilitates social order and cohesiveness. Therefore, it has a strong impact on policy design, ownership, and commitment to the results. However, trust is not unconditionally good, since it can prompt uncritical support (Devine et al. 2020) or cooperation with some at the expense of others (Putnam 2000, 21–22). Distrust (or mistrust) in others can be a potent motivator, prompting people to ignore evidence and advice or defy government instruction (Citrin and Stoker 2018).

We explore this dynamic in relation to COVID-19. First, we explain the meaning of trust by synthesizing key insights from our systematic narrative review of the social science literature (see Cairney and Wellstead 2019). Second, we focus on early UK and US experiences of COVID-19, drawing on our documentary analysis of minutes and

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Table 1. Categories and themes in research on trust.

Theme	Subtheme
Trust as reliability	*Interpersonal trust*
Trust as necessary to society	*Interdependence*
Trust as the independent or dependent variable	*Trust as crucial to a positive outcome*
	Trust as a resource to be developed
The psychology of trust through the lens of the "truster" (cognition, emotion, behavior, and "evolution")	*Action based on the calculation of risk: assessing others*
	Action based on the calculation of risk: self-management
	Willingness to take risks while vulnerable to the actions of others
	Using cognition/emotion to address uncertainty and vulnerability
	Social psychology in relation to "social capital"
	Tribalism
Properties or behaviors of the "trustee" (the people or organizations perceived to be trustworthy)	*Competence*
	Reliability
	Performance
	A degree of selflessness
	Mutual self-interest
	Providing benefits (or no costs)
	Stated commitment to an obligation
	Shared identity or values

Source: adapted from Cairney and Wellstead (2019)

meeting papers from UK science advisory bodies (see Cairney 2020a, 2020b) and secondary sources on the measurement of trust in the US and UK.

We illustrate the pivotal role of three elements: policymaker trust in experts to help them understand the policy problem, policymaker trust in citizens to follow government advice or instruction, and public trust in government and government policy. These examples highlight the potential for a lack of trust to contribute to poor policy design or outcomes: *policymaker distrust in scientific advice*, when not taking the issue sufficiently seriously or not including science advice in policy design, *government distrust in the public*, prompting a shift from exhortation toward a level of social imposition rarely seen outside of wartime, and *public distrust of government*, when not agreeing to voluntary action or defying obligations to maintain a safe distance from each other.

Comparing these elements helps explain the international reputation of the UK and US for delayed and insufficient responses. It may also encourage lesson-learning from: more successful COVID-19 responses in countries such as New Zealand, South Korea, and Singapore (Mazey and Richardson 2020; Kim et al. 2020; Woo 2020); or, previous public health crises in relation to public trust in government policy on issues such as Ebola and BSE (Blair, Morse, and Tsai 2017; Sell et al. 2016; Forbes 2004) or policymaker trust in experts during H1N1 vaccination (Baekkeskov 2016). However, while there is much for the UK and US to learn, most comparative studies do not define trust well enough to show how it fits into the story (Powell and King-Hill 2020). We address this problem by clarifying the dynamics of trust and distrust in theory and practice.

2. The meaning of trust in relation to policy and policymaking

Table 1 summarizes the ways in which social science literatures describe trust in relation to reliability, interdependence, psychology, and action. Reliability may relate to the

perceived qualities of an actor, such as their *integrity* (if someone says they will do something, I believe they are being honest), *credibility* (I believe they are making feasible claims in relation to their ability) and/or *competence* (I believe they have the ability to do something). This perception facilitates behavior essential to policymaking, in which actors rely on others to address *uncertainty*, by seeking credible information about a problem or the feasibility of a solution, and *ambiguity*, by seeking an authoritative account of how to understand a problem or how best to solve it. We describe three key ways to describe trust development in that context.

2.1. Individual psychology

People rely on cognitive "biases" or "fast and frugal heuristics" to make choices (Kahneman 2012, 20; Gigerenzer 2001; Cairney and Kwiatkowski 2017). In a process of mutual trust development, actors:

A. Draw on their own *cognition*, to calculate the risk of action, and *emotion*, to inform hope in others or the fear of inaction, to produce a *disposition to trust*; and
B. Demonstrate *trustworthiness* by developing a reputation for integrity, credibility, and/or competence.

Key factors include: *shared characteristics* (such as beliefs, norms, or expectations); *reputations* (for being reliable, predictable, honest); *behavior* (repeated interaction, face to face contact); and, *authority* (such as the power to achieve a stated outcome). In each case, we should not assume that trust development is necessarily "good" (Devine et al. 2020). For example, people are susceptible to well-told stories with a hero and moral, and prone to trust a narrator's story if it reinforces the story they tell themselves or if people feel like they know the narrator (Jones, McBeth, and Shanahan 2014; Tuckett and Nikolic 2017). Cognitive biases help explain why people invest disproportionate amounts of trust in certain organizations or institutions, which may contribute to "groupthink" when trust in the advice of a small group undermines learning from people outside that group. Or, their beliefs may prompt too-high trust in government, rather than a healthy level of distrust that "underpins the democratic accountability needed to motivate good governance" (Devine et al. 2020, 2). Further, individual psychology may contribute to an often-damaging combination of trust in some social groups or coalitions but distrust in others (Sabatier et al, 1987). For example, policymakers make quick emotional and moral judgements about social groups which may reinforce an inconsistent tendency to trust some but not others (Schneider, Ingram, and DeLeon 2014).

2.2. Social and political rules

Repeated exchange is often key to developing trust based on a perception of competence, reliability, and perhaps selflessness, driven by evidence of behavior (Barber 1983; Zucker 1986). However, people also have to trust people they do not know, which may

prompt them to rely on shared expectations, interests, values, or beliefs. In either case, formal and well-understood rules help produce predictable behavior (such as by assigning authority), while informal rules and norms reflect the ways in which people signal to each other their credibility and reliability during repeated interactions. Institutions can reflect *high levels of trust*, when effective practices—built on reciprocity, emotional bonds, and/or positive expectations—become norms or are formalized. Or, they represent *a need to deter the breach of trust*, by introducing expectations combined with sanctions for not behaving as expected (Rousseau et al. 1998; Barber 1983; McAllister 1995; Gulati 1995; Zucker 1986). In that context, trust is a resource to help reduce uncertainty, reduce the transactions costs of monitoring behavior or enforcing contracts, and boost cooperation and coalition formation.

For example, the Institutional Analysis and Development framework describes people as social beings who share information, become known as reliable and predictable, and come together to produce, monitor and enforce rules for the benefit of the group and wider society (Ostrom 1990, 208). These actors have often learned about rule efficacy—to encourage cooperation and punish opportunism—through trial-and-error over a long period, beginning with simple, low-cost operational rules producing quick wins (Ostrom 1990, 14; 34; 140–142). Trust develops when participants communicate regularly, share an understanding of their common interests, reciprocate each other's cooperation, and have proven to be reliable (Ostrom 1990, 183). Similarly, the Advocacy Coalition Framework identifies trust development for collective action: coalitions use their shared beliefs and/or follow people with scientific or political authority to foster initial low-stakes cooperation; and, the increased frequency of fruitful interaction helps reduce transactions costs when sharing information and seeking agreements (Ingold, Fischer, and Cairney 2017, 448; Weible, Pattison, and Sabatier 2010).

2.3. A functional requirement of social relations

People recognize their interdependence and their need to cooperate without knowing what will happen. A focus on societal interdependence resembles the study of complex systems which cannot be simply reduced into individual action: "Being a collective attribute, trust is applicable to the relations among people rather than to their psychological states taken individually" (Lewis and Weigert 1985).

For example, the Ecology of Games framework (EoG) assumes that people act on their "social tribal instincts" and emotions, emphasizing: "instinctual 'fast thinking', cooperation, in-group biases, and social learning", producing "some individuals who are altruistic, others who conditionally cooperate, and a minority who pursue their self-interest regardless of the welfare of others" (Lubell 2013, 544–545). Actors form alliances based on strongly held beliefs, process new information to refine their beliefs and strategies, but "never have complete knowledge" of the environment in which they operate (2013, 544). This action takes place in a "self-organising system" in which policymaking "fragmentation" has the potential to undermine cooperation (2013, 546). EoG analyses how many policymakers can cooperate in complex systems over which no single government has control, *necessitating cooperation within and across many policymaking venues* (2013, 547; see also Swann and Kim 2018, 281–286).

Table 2. Three dynamics of trust in evidence and experts, citizens, and governments.

Trust in:	Individuals	Institutions	Societal necessity
Evidence and advice	Policymaker trust in experts based on beliefs and previous exchanges	Scientific rules to gather evidence and government rules on the use of advice	Evidence as necessary for policy (reduce uncertainty and ambiguity)
Citizens	Policymaker trust in citizens based on beliefs and mass social behavior	Collaborative rules and social norms to foster collective action and trust-based policy	Balance trust-based and coercive policy as necessary for public health (reduce unpredictability)
Governments	Citizen trust in governments based on beliefs and track records	Political system rules to foster trust in policymakers and deter breaches	Trust in leaders as necessary for coherent action (reduce division)

EoG also draws on the study of "collaborative governance" practices to develop social capital. This process is about trust-building via a "virtuous cycle of collaboration", in which there are (a) "starting conditions", such as distributions of power (many power imbalances help create distrust) and initial levels of trust based on incentives and previous experiences of conflict or cooperation, (b) facilitating factors, such as appropriate institutional design and leadership, and (c) self-reinforcing processes of "trust building", relating to commitment, shared goals and values, dialogue, and "intermediate outcomes" – such as "small wins" - that facilitate positive engagement (Ansell and Gash 2007, 550).

3. The role of trust in COVID-19 policy: experts, governments, and citizens

This focus on individual, institutional, and systemic factors helps describe trust development as a process and highlights a crucial distinction between something we *need* but may not *possess*. We focus on three aspects of COVID-19 policy that highlight the potential gulf between trust as a functional requirement of political systems and distrust as an obstacle to political action. To what extent do:

1. Policymakers trust scientific evidence and expert advice?
2. Policymakers trust citizens to change their own behavior for the public good?
3. Citizens trust their governments to address COVID-19 competently?

In each case, trust development processes can enable evidence-informed policy design and compliance with government policy. Or, distrust can prompt some policymakers or citizens to ignore expert advice and government exhortation. Table 2 summarizes the dynamics of trust as applied to these three categories.

It gives a flavor of the individual, institutional, and societal dynamics at play in trust development, to guide our comparison of policy design in the UK and US.

4. Policymaker trust in science advice: high in the UK, mixed in the US

Trust in scientific evidence and expert advice is essential to policy design, and may be fostered by government rules and policymaker faith in key sources. Senior UK and

devolved government ministers made a strong public commitment to trusting science and science advice to inform COVID-19 policy (during an initial response in which UK and devolved policy was well coordinated). For example, UK Prime Minister Boris Johnson (2020a) described policy "guided by the science," while Health Secretary Matt Hancock (2020) described UK government policy design "driven by the science and guided by the expert recommendations of the 4 UK Chief Medical Officers and the Scientific Advisory Group for Emergencies" (SAGE). UK ministerial press conferences were characterized by briefings from ministers and science or medical officials. Guided by "the science" means "our scientists", most notably the UK government's Chief Scientific Adviser and chair of SAGE (Sir Patrick Vallance) and Chief Medical Officer (Professor Chris Whitty). This language is rhetorical (Stevens 2020), but science advice influenced how UK ministers sought to reduce COVID-related ambiguity and uncertainty.

UK government policy was consistent with SAGE evidence and advice in two crucial ways (Cairney 2020a). First, it underpinned the UK government's definition of the policy problem: coronavirus represents a long term problem with no immediate solution (such as a vaccine) and minimal prospect of elimination; so, use policy measures on social distancing to flatten the first peak of infection and avoid overwhelming health service capacity; don't impose or relax measures too quickly (which will cause a second peak of infection); and, reflect on the balance between (a) the positive impact of lockdown on the incidence and rate of transmission, versus (b) the negative impact of lockdown on freedom, physical and mental health, and the immediate economic consequences.

Second, the timing of UK government intervention tied strongly to SAGE advice on the urgency of the problem. In January, SAGE discussed uncertainty about human-to-human transmission and it associated coronavirus with Wuhan in China. In February, it had more data on transmission but described high uncertainty on what measures might reduce the impact of the epidemic. In March, it focused on preparing for the peak of infection on the assumption that it had time to transition gradually toward social distancing measures. This approach began to change from mid-March when the number of people infected, and the rate of transmission, was larger and faster than SAGE expected. The Prime Minister's subsequent declarations of national emergency (16.3.20) and lockdown (23.3.20) did not lag behind SAGE advice.

In other words, there is evidence of mutual trust between UK ministers and their science advisors (albeit within an unequal relationship in which ministers are in charge): the latter tailored their advice to UK minister beliefs on what action was feasible in a liberal democracy, and the former built the timing and substance of policy on SAGE advice. Indeed, some emerging criticism in the UK is that ministers trusted particular advisors *too much*, at the expense of seeking evidence from a wider pool of experts, such as the "Independent SAGE" (2020) group which formed to challenge UK policy. The latter symbolizes *distrust* in outsiders, particularly when there are conflicting beliefs on policy, no regular interaction, and disagreement between internal and external scientists (such as during the shift toward mask use in public—Greenhalgh 2020).

In the US, historically high levels of political polarization presented two different approaches to scientific advice. At the executive level, President Trump rejected the value of science and science advice, while his Democratic opponents in Congress did the opposite. Neither action changed public views (Evans and Hargittai 2020), but they contributed to differences between federal and state action in a way not witnessed in the UK.

President Trump questioned the trustworthiness of public health experts' warnings, in particular by Dr. Anthony Fauci, Director of the National Institute of Allergy and Infectious Diseases. These seeds of distrust were reinforced by influential conservative media personalities and Presidential allies such as Sean Hannity, Laura Ingram, and Rush Limbaugh. This messaging undermined the early federal agency policy responses, in particular the White House Coronavirus Task Force, chaired by Vice President Mike Pence, and including the heads of key agencies such as Centers for Disease Control and Prevention, Food Drugs, Health and Human Services, Homeland Security, Housing and Urban Development, Surgeon General, and Treasury (Gadarian et al. 2020). Further, its combined health and economic role ensured that the scientific evidence was often at odds with plans to reopen the economy. By early March, many Senate Republicans pressured President Trump in vain to make Fauci the face of the Task Force. Trump also undermined the effectiveness of key federal agencies by appointing people who countered medical and scientific evidence. Agency autonomy and control is further complicated by the "joint custody" arrangement involving the president, Congress and courts (Yesilkagit and van Thiel 2008; Carpenter 2001) which made it difficult for them to maintain their own political legitimacy during the pandemic. For example, in a whistleblower complaint, Rick Bright, Director of the Biomedical Advanced Research and Development Authority claimed that he was removed from his position because of his reluctance to promote the use of chloroquine and hydroxychloroquine which had not been tested and deemed safe for treating COVID-19 by the Food and Drug Administration.

This experience contrasts with the high level of trust of scientific advice expressed by Democrats, during the Obama administration's support for agencies which championed the "Playbook for Early Response to High-Consequence Emerging Infectious Disease Threats and Biological Incidents," and expressed in Congressional Democrat criticism of the Trump administration's tendency to ignore warnings by the scientific community. Further, state level policymakers placed high trust in chief medical officers, considered to be trustworthy allies particularly in hard-hit northwestern and midwestern states. Their advice triggered early and extensive executive orders closing many public buildings, schools, and non-essential businesses despite a considerable cost to state economies

5. Policymaker trust in citizens: initially high in the UK, mixed in the US

Trust in citizens can underpin voluntary over coercive public health measures, fostered by societal norms and policymaker trust in the reliability of social behavior. In that context, we can identify a spectrum of relevant government responses, from the "strict

quarantining" in China to Sweden's relative lack of lockdown based on "a culture of trust and responsibility" (Weible et al. 2020, 227).

The UK resembled Sweden until mid-March. UK government ministers and their science advisors treated action in China and South Korea as not feasible in a liberal democracy (until the lockdown in Italy shifted attitudes). SAGE (25.2.20 in Cairney 2020a) described motivating people by relating behavioral change to their lives, stressing "personal responsibility and responsibility to others", emphasizing transparency, honesty, clarity, and respect, to maintain high trust in government and promote a sense of community action ("we are all in this together"). UK ministers described their trust in citizens to modify their own behavior voluntarily for the public good. Most policy was underpinned by exhortation and advice: to wash hands well, stay a safe distance from other people, and isolate at home if experiencing COVID-19 symptoms (Cairney 2020b). They placed minimal restrictions on international and domestic travel, allowed mass and small gatherings, and did not seek to close public services such as schools or social venues such as bars and theaters.

The Prime Minister's speech on the 23rd March signalled a major policy shift. Johnson (2020b) combined a statement—later backed by legislation—on *highly restricted behavior* (to stay at home unless performing an essential task, such as food shopping or going to work) and a *signal of police enforcement* (to close non-essential businesses and regulate public behavior) to replace trust-based exhortation. Still, during this lockdown, ministers focused on exhortation to act in the public good, backed by unprecedented tax-breaks and loans for affected businesses and a scheme to pay 80% of the wages of temporarily furloughed staff, while police forces emphasized policing by consent rather than obligation. UK government ministers maintained this emphasis during the relaxation measures, emphasizing personal responsibility to "stay alert" and encouraging individuals and businesses to conduct risk assessments for a return to work (while devolved government ministers often expressed a relative reluctance to relax measures too soon). UK ministers described trust in citizens—to act in an honest, responsible, and competent way—based loosely on a reference to high social capital and the belief that there is high public commitment to support the public good. To some extent, its actions followed SAGE advice to avoid the "us versus them" grievances associated with excessive state action (Cairney 2020b).

In the US, approaches varied more across levels of government. Despite authorizing FEMA to declare a COVID-19 Emergency Declaration on March 13, the President did not support major policy change and federal agencies did not employ emergency powers to restrict citizen behavior (with the exception of the international travel bans). Consequently, greater restrictions were introduced at the state level. The initial outbreaks occurred primarily in the northeast (Connecticut, New Jersey, and New York) and then Michigan and Illinois. The restrictions in these states were somewhat greater than in the UK *before* its lockdown. The most impacted states announced similar states of emergencies accompanied by executive orders (beginning with New York on March 3rd) during a process of rapid regional policy emulation (see Berry and Berry 2018). In each state, the pattern was similar: banning nonessential gatherings, making all non-essential workers stay at home, and issuing stay home orders. New York Governor Andrew Cuomo's quip that the orders are "not helpful hints" projects a temporarily-

suspended trust of citizens. Eventually, nearly all of states declared a patchwork of restrictions and states of emergency of some kind, partly to reflect a widespread non-compliance with the CDC-issued recommendations that relied unsuccessfully on voluntarism (Haffajee and Mello 2020). As the pandemic worsened throughout the US, Connecticut, New Jersey, and New York placed quarantine restrictions on residents from newly and highly infected states.

Outside of the early affected states, there was considerable variation on the restrictions placed on its citizens. In the absence of an equivalent to coordinated UK/devolved government action, public health policies functioned only because a large proportion of citizens had "massively, and voluntarily, chosen to cooperate" leading to many spontaneous, bottom-up initiatives such as homeschooling, citizen-organized initiatives to assist neighbors, or citizens making face masks and respirator valves (Steen and Brandsen 2020).

6. Citizen trust in government: initially high in the UK versus a legacy of distrust in the US

Trust in government leaders is necessary for well-supported action, fostered by citizens' trust in policymakers based on their beliefs, the track records of policymakers, and rules to deter breaches of trust. The UK government approach relied heavily on this idea, to try to maximize trust in their policies to: (a) minimize the role of imposition to achieve collective action and (b) maximize compliance, encouraging citizens to regulate their own behavior on the assumption that high compliance supports an effective policy by a competent government. Ministers and some advisors also highlighted the vague concept of "behavioral fatigue", in which citizens adhere to lockdown measures temporarily (Oliver 2020) and their relaxation is essential to retain trust in government (Layard 2020).

However, the relationship between public compliance with government policy and trust in government is not that clear, and it varies according to factors such as personal and family exposure to COVID-19 (Devine et al. 2020). The nascent evidence suggests that high initial compliance with the lockdown related primarily to the perceived threat of COVID-19 (Devine et al. 2020), "social norms" (Jackson et al. 2020), sympathy with a Prime Minister in hospital with COVID-19, and national solidarity symbolized by a universal lockdown (Devine et al. 2020: 6). Focus group respondents described a general faith in government during initial uncertainty (akin to trusting a doctor) and empathy with ministers facing a difficult task (Gaskell et al. 2020). However, national solidarity and unconditional support is not sustainable during a gradual release of lockdown, in which visible unequal impacts generate a sense of muddle and favoritism (Skleparis 2020; Gill 2020).

Further, a perception of government incompetence grew in response to policy mistakes relating to: the too-late decision to lock down in March; the lack of safety in transferring older patients from hospitals to care homes (contributing to high numbers of deaths); the lack of preparedness for testing (such as to identify transmission, and support contact tracing) and personal protective equipment (PPE) capacity; and, problems with new rules in relation to re-opened businesses and schools (Cairney 2020b).

In addition, the Prime Minister's support for his most senior special advisor—Dominic Cummings, who was found to have breached government rules during lockdown—undermined SAGE advice on maintaining trust in policy and policymakers (Boseley 2020), and contributed to a story of government betrayal (Gaskell et al. 2020).

The overall result is a reduction in trust in government during the release of lockdown, exacerbated by the Cummings affair. On the 26 May, Savanta ComRes (2020) described the "government"s approval rating … at −2%, dropping 16 points in just one day, while the Prime Minister's own approval is now also below zero (−1%), having dropped 20 points since the end of last week'. The Policy Institute (2020) suggests that "the public were losing faith in the UK government's response to coronavirus" even before Cummings (while Newton 2020 describes higher faith in media sources such as the BBC). For some, Cummings' behavior provides a useful way to defend their own rule-breaking; for others, it strengthens the resolve to follow rules for the public good (Jackson et al. 2020).

In contrast to the gradual eroding of trust in the UK, more US citizens exhibited greater and more intense *distrust* of restrictive government actions. Distrust of government (and trust in other sources such as religious institutions) combines with self-interest to fuel noncompliance (Kettl 2017; Baum, Jacobson, and Goold 2009; Rakich 2020), ranging from continued social gatherings (most notably at church), the refusal to wear masks, and extreme cases such as the armed protesters occupying the Michigan State Capitol (Deslatte 2020). This difference relates partly to a history of anti-rationalism and anti-elitism that has fueled US citizen distrust of government leaders and institutions (Rigney 1991), and now exacerbated by social media. Citizen distrust is also fueled by the deep polarization of American society: along party lines, with a larger percentage of those identifying themselves as conservative or Republican being distrustful of scientific expert recommendations (Hamilton and Safford 2020); and in relation to race and racism, with African American respondents the least likely to trust (and therefore welcome cooperation with) the president or the police (Kulke 2020). Still, most US citizens followed state-level guidelines and executive orders, particularly during the early stages of the pandemic.

7. Conclusion

Our three guiding questions, based on social science studies of trust, allow us to identify its important but variable role in relation to COVID-19 policy in the UK and US.

First, to what extent do policymakers trust scientific evidence and expert advice? The comparison highlights the pitfalls of under- and over-reliance on science advice. In the UK, ministers invested high trust in their closest science advisors. However, the development of trust via regular interaction between a small group of people in an insulated environment produced unintended consequences in relation to distrust of expert outsiders, which undermined useful challenges to key mistakes. In the US, the too-low reliance on science advice at a federal level helps explain a fragmented approach to policy and a tendency for states to take charge of evidence-informed measures.

Second, to what extent do policymakers trust citizens to change their own behavior? Although both political systems foster multi-level policymaking, the UK is more centralized and able to produce a coherent response. It based policy initially on trust in citizens to change behavior followed by a pivot to more imposition. Relatively speaking, high coordination allowed UK ministers (and their devolved government counterparts) to present an initially consistent message about temporary imposition, in the wider context of a liberal democracy sold by UK government ministers as high trust and high freedom. In the US, there was high variation across states and no coherent message on the temporary suspension of a trust in individuals to act in the public good. Further, the distrust-fueled polarized debate provides two lenses through which to view these developments: state action is the antidote to federal inaction or it undermines Presidential leadership based on trust in citizens.

Third, to what extent do citizens trust their governments? Public trust in the UK government and COVID-19 policy was high during an initial lockdown period, followed by a rapid drop in trust during a relaxation period characterized by muddle and unequal impact. Trust varied strongly in relation to beliefs and support for the party of government, producing slight anomalies in which many people use their reduced trust in government as a *motivator* to adhere to social distancing and mask-using. In the US, this dynamic is complicated by a history of relative distrust in centralized power, producing an anomaly in which support for the US President helps predict distrust in lockdown measures imposed by governments. In other words, trust or distrust in government is a useful but not straightforward predictor of citizen behavior.

Overall, the importance of trust and distrust is universal and an essential part of any story of COVID-19 policy design and outcomes, but only if studies identify the dynamics of trust processes and go beyond too-general studies of citizen trust in government. The meaning and practical effect of trust varies markedly by category (individual, institutional, societal) and political system context, and a wider process of lesson-drawing is only possible if we take both into account.

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