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Trust in Government During Crisis

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TRUST IN GOVERNMENT DURING CRISIS

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Contents

CHAPTER I: TRUST IN PANDEMICS

Introduction

Trust is key for states to function properly, without high levels of trust a government will not be able to implement policies in which they need societal cooperation. A government facing a low trust rating from its citizens will experience less compliance with rules and regulations (OECD 2020). Levels of trust are even more critical during times of crisis as the state needs to recover from the said crisis (e.g., economic recession, post-natural disaster effects, pandemics, and epidemics) as the government will rely on the people to mobilize in response to the policies that are implemented to ensure a speedy recovery from the effects of a disaster. Based on these arguments, states with high levels of trust should be able to successfully receive social cooperation as citizens trust the government. The opposite also holds true, states with low trust struggle during times of crisis due to the lack of citizens' trust in the policies designed to aid them. Yet recently, states in a low trust setting have been able to successfully overcome crises, like infectious diseases.

States have a plethora of crises that they must deal with: natural disasters, economic recessions/depressions, war, and pandemics. Each of these comes with its unique challenges but a state facing a pandemic as a crisis faces the ultimate test of trust from its citizens. The state has to convince its citizens of the dangers of an infectious disease, that is unseen, and to justify measures combatting the outbreak such as mandatory quarantines, curfews, social distancing, etc. These are aspects of daily life that are altered to a great extent to deter case numbers and deaths from rising. It is not an easy task to tell people to change their lives completely from one day to the other unless there is great trust in what the state is doing. Even further along a virus outbreak once a vaccine has been developed, the state must convince the general masses that it is

safe to administer a foreign substance into the body, an ultimate test of trust towards a government.

Currently, the world is experiencing a life-altering event. Over a hundred thirty-two-million cases have been reported worldwide and over two million deaths eight hundred thousand deaths have been confirmed from the novel coronavirus, COVID-19 (Johns Hopkins University 2021). The world has experienced a couple of major pandemics in the past century: the 1918 H1N1 virus, also known as the Spanish Flu, the H2N2 virus (Asian Flu) in 1958, the 1968 pandemic of the H3N2 virus, the ongoing HIV crisis, the SARS outbreak in 2002, and the 2009 novel influenza virus that all had an impact globally.

Figure 1.

Data collected from Centers for Disease Control and Prevention
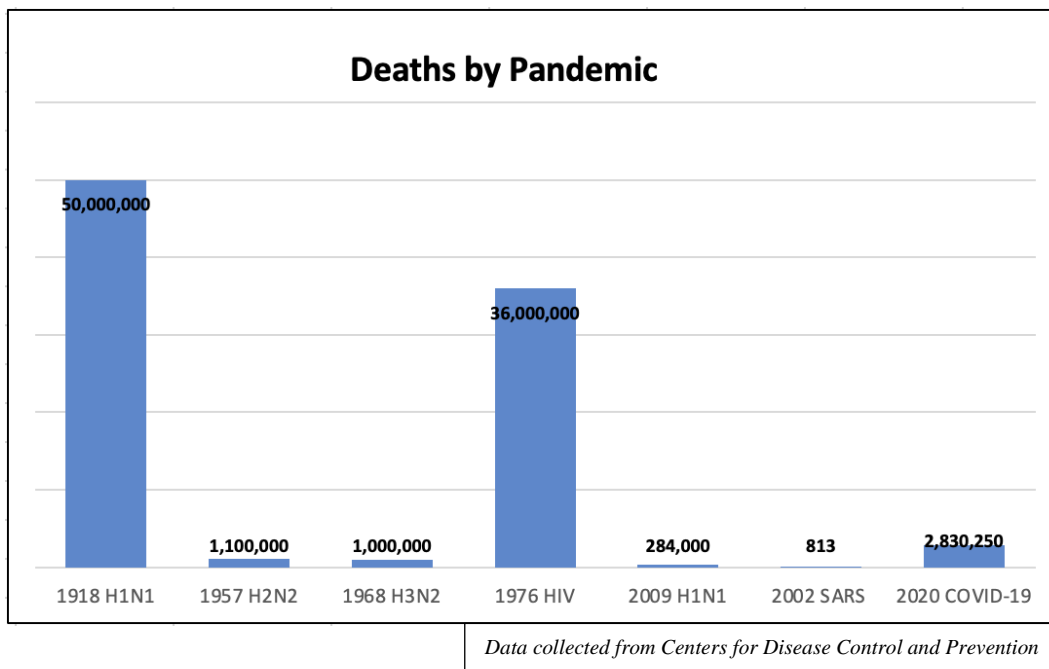
As seen in Figure 1, the two past pandemics in the 21st century have reported a low number of global deaths, compared to the other viruses in the graph, with the H1N1 virus having 284,000 deaths and the SARS outbreak killing 813 people. The previous century saw more

deadly pandemics as the four viruses in Figure 1 had over a million deaths each. It has been around a year since the pandemic began, however, the novel coronavirus has already topped the 1957 pandemic and the 1968 pandemic in terms of deaths, but it is not even close to the deadliest pandemics from the last two centuries with the H1N1 virus killing 50,000,000 people and HIV killing 36,000,000. The impressive feat of COVID-19 is the rate at which it spread all over the world. The coronavirus has demonstrated how interconnected the world has become, but also how fragile we are. Originating in China and migrating to Europe and the rest of the world, the novel coronavirus shook the world. At the beginning of writing this thesis, countries were in full lockdown, people could not hug their elderly loved ones or see their friendly neighbors, cities were as empty as deserts, we were stuck inside our homes, and we thought this would be over in a couple of weeks, if not a few months. As I am writing now nine months later, we are no closer to the end, we are beginning another wave of cases. Life is at a pause because of the virus, for the majority of countries. For others, life has continued. Across the globe, countries have varied in their responses to fight the disease. Some have had great success while others are suffering the consequences from their actions or lack of them. However, this is only the beginning. After the Ebola outbreak, the World Health Organization (WHO) suggested that disease outbreaks, epidemics, and pandemics will become the 'new normal' thanks to population growth and movement, globally connected, and animals increasingly converging (Simpson et al. 2019).

      For this thesis, I will be looking at countries that were impacted by the Ebola Virus Disease and COVID-19. The case studies chosen for the thesis are Liberia and Nigeria's response to Ebola and how Italy and Greece managed COVID-19. As expected, during the Ebola virus outbreak of 2014 and in the COVID-19 pandemic, two countries were expected to have major obstacles in achieving societal cooperation to keep the outbreak at bay because of low

trust towards their government: Italy and Liberia. Puzzlingly, countries in similar positions of trust during the same outbreaks, Nigeria and Greece, were assumed to suffer the same fate because of the lack of trust from society to follow government rules on the pandemic, but different scenarios emerged compared to Italy and Liberia. Albeit having low trust, Greece and Nigeria have been/were successful in managing the virus that was threatening their country very quickly. Liberia and Italy have suffered a high number of cases and deaths due to the respective virus plaguing their nation. After a year of struggle, Liberia was able to overcome the virus. Although Italy continues to suffer from the ongoing pandemic, they have shifted their policy strategies which helped ease cases for some time.

Prior to the outbreaks in West African nation, March 2014, the Afrobarometer, which measures political, social, and economic attitudes, had recently published their findings on Liberia. For the West African country, the Afrobarometer found that there were low levels of trust towards the government." In Liberia, 32% of respondents said they only trust the government "a lot" or "somewhat." For the European nation, the Organisation for Economic Co-operation and Development's (OECD) Trust Indicator stated that only 22.7% of the population said they trusted the Italian government. Both nations show low levels of trust towards the government. With these low levels, both, as expected, failed at handling their respective crisis. Liberia suffered close to 5,000 deaths and over double the cases. Italy continues to suffer at the hands of COVID-19 with 109,847 deaths and 3,607,083 cases.

Curiously, other countries that were in a similar situation with low trust towards the government, were able to quickly overcome the threat of the crisis. Before the onset of Ebola in Nigeria in March, the Afrobarometer has published findings of trust within the country. According to the reports, 31% of the Nigerians trusted the state "somewhat" or "a lot." Yet,

despite the low trust, Nigeria was a success story at handling the virus. Similarly, Greece has successfully handled the COVID-19 pandemic and kept the number of cases relatively low. Yet, as reported by the OECD's Trust Indicator, Greece's population trusts their government drastically less than Italians do of their own. Only 14.3% of people said they trusted the Greek government. What explains their success as low trust societies?

This thesis will be exploring how these governments succeeded or failed in handling the crisis of a pandemic within a low trust setting. Particularly, the thesis hypothesizes that the governments that succeeded managed to either have: 1) an effective political communication strategy that enhances transparency or controls the narrative of the crisis; 2) employs a trusted intermediary from the community to garner trust in their measures addressing the crisis; and/or 3) supplements the government's own efforts with aid and technical assistance from non-governmental organizations or non-state actors.

Seeing how countries have contrasted in their way of handling the pandemic and garnering cooperation from society to face the pandemic, this thesis will explore and analyze the effects of a pandemic on the nation-state. I will look at the effect of pandemics on their impact on state-society relations as it is imperative to learn the best practices in achieving cooperation to properly respond to pandemics in a low trust context. This thesis will also look at how the state can overcome obstacles in low trust settings to fight the pandemic. Specifically, the thesis will respond to the research question of *'How do states handle a pandemic in a low trust setting?'* The research conducted is critical so that countries and the world can be well informed on the most effective strategies in handling cooperation for future pandemics. Hence, this research will be able to provide an in-depth analysis for governments to be better prepared for any other highly infectious disease/pandemic. Before being able to study the question at hand, a dive into the pre-

existing literature on trust in governance and the government's role throughout a crisis is warranted.

Literature Review

Prior to diving into the literature related to what routes the government has to build trust for a low trusting society to cooperate, we must first look at what trust is and why it is important in a socio-political relationship.

To define trust, I have thought the OECD's definition was best suited: "trust is defined as a person's belief that another person or institution will act consistently with their expectations of positive behavior" (OECD 2019). In other words, when there is trust, one expects that another entity will act with goodwill. Importantly though, Margaret Levi (2003) explains that the trust is not based on the institutions but instead, on average, the agents of the institutions that are perceived as trustworthy to act in the interest of those trusting it. In different settings, this might be as simple as trusting your doctor to cure you of an illness, trusting your bank to keep your money safe, or trusting your friend to keep a secret. With more and more positive experiences you have with your doctor, your bank, or your friend in keeping their intentions, the more trust one will develop with those entities. In a socio-political setting, trust works similarly. The government is tasked with keeping citizens safe and providing public services. When a government keeps to the promises it made citizens, it creates a system of legitimacy and citizens are able to trust reforms and policy decisions that citizens will believe are the best for society. Trust enables a government to govern without the need for force or coercion but by willing compliance from the public to follow laws and policies.

Trust is key for socio-political cohesion when a government is attempting to establish reforms and new policies. Referring back to the doctor-patient example, your doctor prescribes you a medication that you are skeptical of and you do not want to risk the consequences of the side effects. Despite your worries, you have built trust with your doctor on previous visits and decide to take the risk of a new medication because your doctor has proved he has your best interest in mind. A similar scenario occurs when a government's policy is seen by the public as invasive or disruptive to their life. Trust allows for society's tolerance of "annoying" government policies. Yet the opposite will hold true as well. When there are high levels of distrust or negative experiences with the government's duties to society, citizens can actively resist these policies (Tsai and Morse 2019).

Kramer and Tyler (1995) have highlighted this relationship of how trust and distrust will affect cooperative behavior. They explain how trust is a likely component of future cooperation. When trust is in decline, people will engage in self-protective actions because they do not believe the other side has the best intentions. Mattessich and Monsey (1992) conclude that trust must be present or developed between two entities for their common goal or project to succeed. In our case, the two entities are the government and the citizens while the project would be the government policies. If the government policy is to succeed, Mattessich and Monsey would argue that there must be trust between the two. The scholars describe this situation as a garden without trust; a garden will fail without sunlight as a government policy would fail without trust. Yet, they argue that even with some levels of growing trust, a project can reach some goals but not the same as one with high levels of trust.

This section so far has summarized arguments as to why trust is needed for a government to implement policies and reforms during normal or non-crisis times. When in times of crisis, the

need for trust is, arguably, the most important thing a government needs to overcome difficult times. Governments will not be able to successfully implement policies or regulations during crisis times since citizens are not likely to collaborate if they do not trust a government. Tsai and Morse (2019) emphasize that distrust during a public health crisis can be dangerous because noncooperation can be fatal. This argument comes from their finding that the spread of Ebola this last decade in West Africa was not solely because of ineffective government measures but also because of non-compliance due to the citizens not trusting the governments. The literature presented has highlighted that governments need trust to succeed during crises or attempt to build some, otherwise they will fail at protecting society from the threat at hand. The following literature will provide theories and formulate hypotheses as a foundation to answer the thesis' research question.

Political Communication Theory

Governments that do not have their citizens' trust will have difficulty receiving cooperation to the guidelines and protocols designed to help protect society. When presented with a crisis, scholars argue that citizens need to be informed about everything that the government knows regarding the crisis. Scholars state that if a society does not trust the government, it needs to create direct forms of communication to develop a relationship of trust which then enables cooperation. This can be achieved by the government in two different manners: transparency or controlling the narrative.

1) Transparency

When analyzing the success of a government's reaction and ability to mitigate a disaster, scholars consider citizen's social behavior caused by communication from the state. Pennings

and Grossman (2008) argue that the effective communication of risk perception of the disaster is an essential determinant of how society reacts to the crises. Hence, if citizens' risk perception is low, they are more likely to not follow governmental guidelines or take the situation seriously. Additionally, the authors emphasize that it is not solely what is said about the risk but who and how the risk information is delivered that will affect society's risk perception and cooperation with the state. Pennings and Grossman's research provides a foundation as to why information and delivery are crucial during a crisis. If citizens are not given the entire situation at hand, they might not understand or believe there is any reason for concern. Additionally, if they do not trust the source that the information is coming from, cooperation cannot be achieved by the state and society since society does not have the full picture or believe in the source.

Boin et al.'s (2020) comparative study of Canada, the United Kingdom, Australia, and New Zealand on handling COVID-19 finds that countries that lacked transparency had higher mortality rates and case numbers per capita. New Zealand allowed citizens and the press to access meeting minutes, papers, and information regarding the novel coronavirus. Australia had a similar system in place where detailed government reports on the virus were available to the public for informational purposes. On the other hand, the United Kingdom was secretive about any information relating to COVID-19. Canada similarly struggled but rather than being secretive, the government poorly collected data. This resulted in poor quality of information available to the government to make decisions and to release to the public. Boin et al. conclude that a government needs to clarify any misconceptions of the crisis to unite people and create a consensus to overcome the situation, hence the government needs to be transparent with the information that they have. Additionally, Boin et al. maintain that states should avoid "sugar-

coating" a situation or not sharing all the information at hand due to a fear of public panic as this could lead to confusion and/or erode trust in the government.

In a similar vein, Careless (2009) and Cerna (2014) both argue that greater communication and transparency are imperative, as these two factors help develop and build a relationship of trust. Cerna also maintains that transparency opens channels of cooperation because stakeholders (citizens) view this communication as the other entity (government) not abusing power by hiding information.

A government can develop trust through effective means of political communication. Specifically, by providing all information available:

> H_{1A}: *A government that is fully transparent in the information it has about the crisis will succeed in controlling the situation.*

2) Narrative

An alternative to giving full transparency to government meetings, reports, and all information related to the crisis, a government could choose to carefully build a narrative of the crisis by selectively withholding or manipulating information. This controlled story of the crisis would give an opportunity to build back trust from society by establishing the success that the nation is seeing and that their efforts for cooperating are for a greater cause. Boin et al.'s (2020) aforementioned argument could be understood differently. Instead of allowing the public to have access to the information on the crisis that the government has, a government could control the story by creating a narrative to unite people in overcoming the crisis. Xu (2014) makes a similar argument after studying the Chinese response to the Sichuan Earthquakes which he calls a "consensus crisis." By narrating the crisis as a problem that affects everyone, it is in the best

interest of society to support and help ameliorate the situation by complying with state orders. Through the formulation of a "storyline," the government is able to manipulate the actual information of the crisis, so citizens collaborate in overcoming the situation, that is if they buy into the "story."

China is infamous for its narrative control history, now being able to add another to the books that include the Great Leap Forward, the Cultural Revolution, and the Tiananmen Square crackdown. During the original outbreak of COVID-19 in China, beginning in December 2019, the Chinese government underwent major censure actions in order to control the narrative of the outbreak. Through hiring "trolls" on social media to flood comment sections of news articles and social media posts of topics that did not talk about China's handling of the virus in a positive light (Zhong et al. 2020). The Cyberspace Administration of China (C.A.C.) issued a directive to all websites in the first week of January to only use government approved documents and to not make any comparisons to the deadly 2002 SARS outbreak. The agency worked to spread links on social media that talked of the heroic efforts of healthcare workers and government officials. The C.A.C. banned websites from publishing words such as 'fatal' or 'incurable' and did not allow newspapers to use "negative" terms to refer to lockdowns in order to avoid social panic (Zhong et al. 2020).

An alternative thesis for using political communication as a means to garnering citizens' trust in a crisis as shown by China is controlling the information that is available for citizens in believing that all is well:

> H_{1B}: *A government that controls the information in a tactical manner / controls the narrative of the crisis, will have more success in mitigating the effects of a crisis.*

Intermediary Theory

Despite low levels of trust towards a government, the state has another option to solve and mitigate the effects of a pandemic by relying less on state actors. A government with low trust can rely on societal intermediaries to achieve successful cooperation during a time of crisis. According to the intermediary hypothesis, a government should establish an intermediary between the state and the people. Preferably, the intermediary is someone that is already trusted by the public (i.e., health officials, local government, religious figures, etc.). The government then is directly able to work with the public through the intermediary and filter any information or policies through them. Hence, the government "borrows" the trust towards the intermediary to overcome the low trust towards themselves and advance their agenda for handling the crisis.

One example of an intermediary is a local trusted figure of a community. The trusted figure can be a religious leader, a village chief, community elder, etc. This relationship works twofold: the government will have access to the information from the community via local liaison and the local community will trust the information from a known source. This is useful for the government because the trusted figure will have inside knowledge of the community's customs, traditions, way of life, worries, and behavior. The intermediary will know how to relay and address pertinent information and how to ensure that the community complies with regulations that otherwise they might be opposed to (Matsuzaki 2019). Another option for the state to borrow trust within local communities is members of the community, not necessarily leaders, but ordinary people advocating on behalf of the government. Having a member of the community the one to present information has multiple benefits: 1) people are interacting directly with someone from their own community and, 2) it gives the community a reason to trust the government. If someone from one's community trusts the government, it facilitates

generating trust. This form of intermediary is like a local trusted figure, but a regular member of the community has to earn the trust.

The state can also rely on trusted NGOs (non-governmental organizations). As NGOs are often present in communities working directly with citizens, there is already a foundation of trust. As it will be explained in the next hypothesis, NGOs can act independently of the state to substitute governmental functions and efforts, but here, the focus is on their ability to act as intermediaries by collaborating with government agencies and officials to help establish a trusting relationship between state and society.

The intermediaries that have been discussed so far are independent actors that can work on behalf or in relation to the government to ensure cooperation with policies. However, public health experts can also play the role of an intermediary during times of crisis. Although public health experts can be regarded as part of the state, they may be seen as having their own autonomy from the government. This is a result because of their education and belonging to other professional entities other than the government. While technically they are employed by the government, they serve as an intermediary because they are not a typical government employee or politician. Yet this perspective is dependent on if citizens believe that the health officials are independent of the government. Several scholars dive deeper into the role of experts as an intermediary.

Past studies have highlighted the high levels of distrust towards a government in crisis, and a preference for alternative entities handling the response. Baekkoeskov and Rubin (2014) maintain that when a pandemic response is being conducted by the public health agencies, people are more likely to comply with policies and measures proposed or supported by a public health expert. The scholars argue that there is less compliance in a government handling the

response because they do not trust politicians making decisions about health issues. Amat et al. (2020) similarly conclude from a series of survey questions during a pandemic that people prefer having an expert in charge of the situation. Hence, the government can establish a trusted public health expert to act as an intermediary for the government and the people. Tsai et al.'s (2020) study also coincides with Baekkoeskov and Rubin's finding of society's feeling skeptical towards government elites.

Boin et al. (2020) also concur with Baekkoeskov and Rubin regarding expert involvement in the response to a crisis. In their study, they conclude that another key factor to the United Kingdom's failure at easing case numbers and deaths was the lack of involvement from independent public health experts when making policy decisions. Consequently, this lack of involvement allowed for the British government to pursue a "herd immunity" solution to the pandemic by infecting a large percentage of the population. As a result, the United Kingdom became the country with the third-highest death rate.

Despite the importance of using intermediaries during a crisis to form trust, some caveats must be kept in mind. Rosenthal and 't Hart's study (1991) discusses these complications between decision makers and expert advisers during a time of crisis. They argue that decision makers have a plethora of tasks and obstacles at hand during a crisis: having strategic and tactical uncertainties; assess bulks of intelligence; monitor dynamic patterns of international and domestic support, hostility, and criticism; develop and adopt policies; and solve crisis-induced complications like economic anxieties all while continuing their daily job of governing. Consequently, for Rosenthal and 't Hart, it is crucial for experts to be involved in times of crisis to help manage the duties.

Contrary to Baekkoeskov and Rubin's argument that expert involvement in the decision making during a crisis will create a positive impact, Rosenthal and 't Hart argue that having expert involvement does not automatically yield positive results. They reason that experts are only one vein of advice from a larger body of advisers that includes family, friends, political allies, and other external advisers. Hence, they warn of the possibility that expert involvement as an advisor to a president might not be successful because there are other factors to be considered such as the input of people surrounding the decision maker.

Despite the previous studies advocating for reliance on experts during times of crisis as a means to gain trust, it must be kept in mind that this depends on society's perception of the role of experts. Even though they are experts in their field and are qualified to advise during a crisis, they are still agents of the state. Hence, an expert can be an intermediary but that is only if society has a sense that they are autonomous from the state, otherwise the same levels of trust will translate from the government to the expert. Nonetheless, it is still possible for the government and experts to have different levels of trust.

The previous literature studied helps provide a foundation of the second hypothesis as to why societal actors as an intermediary are important:

H2: If the government uses an intermediary, trusted societal actors (local government, experts, religious figures, etc.), they will find success in overcoming the crisis.

Government Substitution Theory

After all in-state options for developing trust are exhausted and the state fails to earn trust, the state can be substituted by external actors that are completely autonomous to help overcome a crisis. While comparing different forms of government tactics in overcoming a

crisis, Janssen and Van der Voot (2020) argue that non-governmental organizations (NGOs) play a vital role during a period of crisis and it is the government's responsibility to enable the organizations to work in order to cope with the situation. The growth of NGOs globally in the past decades has been exponential but can be attributed to government and international institutions' failure to resolve social, economic, and political issues, argue McGann and Johnstone (2005). Combined with factors such as the need for independent information, citizen-led and action driven organization, McGann and Johnstone maintain that NGOs are able to fill the gap that policymakers have left in either being inefficient governments, corrupt, unresponsive to societal needs, or distrust the government.

Furthermore, NGOs can be incentivized to persuade people to follow and cooperate with government policies during a crisis. Many NGOs are working to improve certain circumstances in a country and a crisis can further complicate an NGO's mission and limit their work. Therefore, as a way to advance their own mission, an NGO can explain the reasoning for citizens to follow government mandates during a crisis. This will help the NGO return to their work and protect the people they are were sent to assist. (Bryce 2009).

Bryce (2009) argues that citizens trust NGOs easier because they are often directly involved with local communities, politically independent, and helps provide services and resources that citizens expected from the government (Bryce 2009). An NGO can act independently as a substituting actor when governments are paralyzed in function. Marinova (2010) similarly argues that when citizens perceive a government to be corrupt, there is less trust towards the government. In turn, society often trusts NGOs because they are doing voluntary work and engaging with civil society at a level that the government failed to do.

If a state is unable to garner the trust of its citizens, this literature establishes the framework of the third hypothesis:

H_3: *When a government is unable to garner cooperation, an NGO will 'substitute' the government's role as a trusted figure and help mitigate the crisis.*

Methodology

To be able to address how a state can gain the trust of society during a pandemic, I will analyze scholarly and primary sources for my research. Particularly, I will be looking at the government's efforts in overcoming the pandemic. I will investigate their communication tactics, strategies for mitigating the spread, and ways in which they relied on non-state actors.

As noted above, my paper will examine four low trust countries to test the hypotheses presented. I define trust as a fundamental aspect of life and social life; it governs whether humans can feel comfortable and safe with a set of actions they believe will benefit from them. Without trust, people will have more caution in the actions they take because they might not believe others have the best intention at heart. This becomes a difficult aspect to measure when it comes to trusting the government as the government encapsulates a broad array of societal life. Additionally, there are often different levels of government, ranging from local to national, that each might behave differently and how citizens perceive the different levels of government. There are a few data sources that can be employed to measure trust in government. The Oxford Martin School offers a measurement by standard deviations from the global distribution, where the average is zero. Hence, trust is stronger when positive and less when it is a negative value. The countries that will be studied in this thesis, Italy, Greece, Nigeria, and Liberia were all in the negative value except Liberia that did not have data for it (Ortiz-Ospina and Roser 2016).

Similarly, looking at countries belonging to the OECD, Greece and Italy are in the bottom third in regard to trust towards their national government. To establish recent levels of trust from the onset of each outbreak for the case study, this thesis uses the Afrobarometer, which measures political, social, and economic attitudes for Liberia and Nigeria. For Italy and Greece, I will be using the OECD: Trust in Government Indicator.

The case studies chosen all have over half of their population stating that they do not trust the national government. Although, it must be reflected there are several things that respondents to the question consider when answering if they trust the government. Of the thirty-six African countries that were measured, Liberia and Nigeria ranked last in trust towards the government. Similarly, Italy and Greece have less than half of the population that trusts the government and rank towards the bottom in trust compared to other European countries. Trust is imperative during times of crisis. As explained in the definition proposed, it gives comfort that the actions being taken are the appropriate ones that will help protect citizens. Yet, if citizens are skeptical about the guidelines proposed during a crisis, how will they cooperate to overcome the crisis?

To address this question, the coronavirus case study will research how developed economies respond to a modern crisis. Both Greece and Italy are located in a similar geographic area: European countries bordering the Mediterranean Sea. Nonetheless, Italy boasts a much larger population of around 60 million people while Greece is roughly 10 million. This disparity is also seen in the sizes of the countries' economies as the Italian economy has a GDP of US$2.5 trillion while the southeastern European country's GDP is US$209 billion (World Bank Group n.d.). Both share the same type of government, a parliamentary republic. The Greek country has long been having difficulties economically, but it has been able to somehow achieve cooperation from its citizens despite the economic challenges. Yet, as Tsai and Morse (2019) noted, the

relationship between a low trust society towards the government to enable cooperation does not discriminate between developed and developing countries.

To better understand how a country can enable collaboration from citizens, despite low trust, Nigeria and Liberia's drastic outcomes to the Ebola outbreak must be studied and other factors must be taken into consideration while comparing the two. Firstly, Nigeria has a population size fifty times bigger than Liberia, 200 million compared to 4 million. This gap is also prominent in their economic size with Nigeria's GDP US$448 billion to Liberia's US$3 billion (World Bank Group n.d.). Despite the drastic differences, both govern with a presidential system. Additionally, both have experienced major violence recently as Liberia is emerging from a civil war that ended at the beginning of the 21st century. On the other hand, Nigeria has been facing the constant challenge of conflict, particularly the ongoing insurgency of Boko Haram. Neither low trust country was expected to overcome the Ebola crisis without many casualties. Yet, Nigeria was able to overcome the virus without many cases or deaths.

This thesis will examine two different infectious diseases: the Ebola virus and the coronavirus. The former was first identified in 1976 in Central Africa and has been labeled as one of the deadliest viral diseases with a 50% fatality rate. There have been several outbreaks, mainly in Africa, of this disease but this thesis will be studying the 2014 outbreak. The strain of *Zaire ebolavirus* was identified in December 2013 in Guinea and after 49 confirmed cases and 29 deaths, the World Health Organization (WHO) declared it an epidemic. By July 2014 the disease had reached Liberia and it reached Nigeria later that summer (2014-2016 Ebola Outbreak in West Africa | History | Ebola (Ebola Virus Disease) | CDC 2020).

The other infectious disease studied in this thesis is COVID-19. The novel coronavirus was discovered in December 2019 in Wuhan, China. After a confirmed 118,00 and 4,300 dead in

114 countries, the WHO declared the outbreak of COVID-19 a global pandemic. At the moment of writing this, beginning of April 2021, the pandemic is still ongoing with 129,803,473 cases and 2,830,518 deaths in 163 countries. (Coronavirus disease (COVID-19) – World Health Organization 2020).

The two diseases being studied are the most impactful recent viruses that humans have experienced. This thesis is aiming to understand what are the best practices that a government can undertake to overcome a pandemic during modern times. Hence, choosing older pandemics from the 20th century or even in the early 21st century would have dramatically changed the findings of this study. The world has seen various aspects that have changed since other major pandemics. First, the rise of technology and how government/society communicates are drastically different to even a decade ago. For example, the recent reliance on Twitter as a form to see the most up to date press releases. Secondly, the emergence and role of NGOs. NGOs have evolved since their origin and work differently since previous pandemics. Finally, state-functions are different over time and, similarly to NGOs, evolve how they operate over time. For these reasons, it was vital to study contemporary pandemics to assure that the findings are applicable to the time and any near future similar events.

Conclusion

The thesis will continue as follows. The following chapter will be broken down into two parts by looking at the response of developing countries in a low trust context. The first section of the chapter will be studying how Nigeria fared with the Ebola virus outbreak. The subsequent section of the following chapter will focus on Liberia's response to the crisis. The third chapter will follow a similar structure but instead will focus on the novel coronavirus pandemic in

developed countries. The chapter will be split into two sections to study Greece's and Italy's

responses respectively. Finally, this thesis will conclude with a summary of the findings while

providing a theoretical framework for best practices to achieve cooperation in response to a

pandemic and broader implications of trust in governance. Specifically, the concluding chapter

will explore why citizens are more likely to trust intermediaries during times of crisis. This

notion is important to address as the majority of the case studies showed that cooperation and

trust were increased when an expert of the field and the appropriate knowledge about the

situation was tasked with handling the government's response.

CHAPTER II: DISTRUST DURING EBOLA

Introduction

  As pandemics and outbreaks of infectious diseases have become more prevalent in the past decade, such as Ebola and COVID-19, nation-states need to have society cooperate with the regulations put in place to ease the spread of cases and reduce the number of deaths. To achieve societal cooperation through these public health crises, it is best that the government is trusted by the people, otherwise, the public might assume the measures are stemming from an alternative motive to control the population due to historic mistrust. This chapter aims to study how developing low trust countries, when society does not trust the state, can achieve cooperation during a pandemic to overcome the crisis. This chapter will have two case studies from the outbreak of Ebola in West Africa of 2014: Nigeria and Liberia. As both countries have drastically low levels of trust towards the state, it was assumed they would have difficulties attaining the cooperation from citizens. Ultimately, it was only Liberia that, at first, failed to handle the pandemic and would endure the most Ebola related deaths during the outbreak. Ultimately, after Liberia failed to ensure compliance with measures, they were able to overcome the virus. The former country was also expected to have the same fate as Liberia due to its high population and crowded living areas. Nonetheless, Nigeria's response has been praised globally for successfully fighting the virus. How did these two low trust countries have such drastically different outcomes in their ability to have society cooperate? This chapter addresses this question by finding that political communication and non-state actor involvement are beneficial measures for supporting efforts of cooperation of preventative policies. Moreover, the chapter concludes that intermediaries are crucial, and perhaps the most important, tactic for a state to develop a relationship of trust with a previously distrustful population.

West African Nations

Libera was the most impacted country from the Ebola Virus Disease (EVD) from all the countries affected during the outbreak. The country had a mortality rate of about 70% that included a large number of health care workers. The country was not equipped with handling the task due to the nation's crippled health care system and recovering from a 14-year long civil war. As a result of this war, the topmost qualified health workers fled the country to work in foreign countries, leaving only 50 doctors for a country of 4.3 million people. Furthermore, throughout the war, hospitals and clinics were looted and medicine was stolen. After the war, medical students and graduates had to be trained without proper medical equipment or resources. The government was focused on healthcare spending to overcome the state of the system. In 2012, it was estimated that healthcare per capita spending was around US$65, but this did not include any allocations to the trained medical doctors, health workers, or the equipment for training. Hence, the government was concentrated on the number of healthcare outputs rather than the quality of them. Apart from the fragile health system, the government did not have the trust of the people. The public knowledge of the paralyzed health system fueled skepticism and distrust in the sector. Further distrust was seen in the government as well. An Afrobarometer survey measuring citizens' attitudes towards political, social, and economic issues, indicated that before the EVD outbreak, only 32% of Liberians trusted the government (Armah-Attoh and Okuru 2016; Budy 2015; Fall 2019; Nyenswah et al. 2016).

These two key factors made Liberia's defenses for an outbreak very weak. Not only was the country's health care system not prepared to handle the number of cases that it would witness, but citizens had no reason to trust the government's policies to mitigate the effects of the outbreak due to the history of the civil war.

Similarly, Nigeria was also a prime spot for the virus to spread quickly. Once news broke that there were cases of Ebola in Nigeria, it was believed that they would not be able to cope after witnessing the damaging effects of EVD on other West African countries. Being home to 171 million people, at the time, Nigeria is the most populous country in Africa. More so, Lagos is home to 21 million people where many live in crowded slums. The city also attracts economic, industrial, and travel activities of foreigners. This sets up a perfect entry route and easy spreadable environment for the virus (Onyeonoro et al. 2015; Shuaib et al. 2014).

Apart from dealing with the public health crisis of EVD, the country was fighting another battle: the Boko Haram insurgency. Beginning in 2009 after the killing of the group's leader, Mohammed Yusuf, the insurgent group became a prevalent security threat to the country. Although initially, their attacks targeted police and churches, from 2012 onwards other spaces were targeted such as hospitals and would loot drugs, equipment, and ambulances. Particular regions of the country that have been deeply impacted by the insurgency had suffered losses in its health services. Rising fear and panic led to people leaving the most affected states. Due to population migration and relocation away from the insurgency's area, the healthcare sector has been negatively affected. Specifically, many health workers left these regions and even the country. Furthermore, programs focused on providing technical assistance have been suspended as a result of transport restrictions to protect citizens from the attacks. To protect health workers and people, hospitals and other health institutions were also shut down or imposed curfews (Ager et al. 2015).

However, the insurgency is not the only factor negatively affecting the health system. Uneke et al. (2007) argue that state under-funding and shortage of skilled medical personnel are some of the most important factors for the poor health system in Nigeria. The scholars highlight

that availability of services is limited since the proportion of households residing within 10 kilometers of a health center, clinic, or hospital averages to around 80% across all five regions of the country. A WHO report cites that there are roughly 5 hospital beds available per 10,000 people. Moreover, the country has 13 doctors, 92 nurses, and 64 community health workers in the public sector per 100,000 people. Apart from the suffering health system, the government was in no position to achieve cooperation from the policies implemented to mitigate the spread of the virus. The trust towards the government from Nigerians, according to the Afrobarometer survey prior to the outbreak, was 31%, one percentage point lower than Liberians' trust in their government.

The two West African nations were in similar positions when the first case was detected in their respective country. Both were suffering from recent violence which had severed many hospitals' ability to work properly. In addition, the two countries' health system was suffering which had led to deep distrust in the sector. Lastly, Nigeria and Liberia had nearly identical levels of distrust towards the government, creating the issue that there would be a lack of trust in government policies addressing Ebola. Nonetheless, Liberia saw a high number of cases and deaths as a result but ultimately was able to garner trust and cooperation. On the other hand, Nigeria had a much different result. Although expected to mirror Liberia's situation, the country has been labeled as a shining example of handling the outbreak of an infectious disease. To see what factors specifically varied to create such a different result, this chapter will study the West African nation's use of political communication throughout the epidemic, the use of intermediaries, and the role of non-state actors to garner the trust of citizens and ultimately have them cooperate.

Looming Failure

The first Ebola case detected in Nigeria was in July 2014 as it arrived via plane from

Liberia, creating widespread fear and panic in a heavily populated state. Many believed Nigeria

would suffer a terrible fate from the worst Ebola outbreak to date as the transmission would be

easier with such a high population and dense living spaces, previous evidence of the state's

handling of public health crisis was devastating, and the country's health sector had long been

suffering. Yet despite these factors, Nigeria was labeled a success story in fighting the disease as

the fatality rate, only 40%, of the cases were some of the lowest compared to other countries,

around 80 – 90%, dealing with the outbreak. Only three months later, the country was declared

Ebola free (Gidado et al. 2015; Musa, Nasidi, and Shuaib 2016; Otu et al. 2017).

Additionally, trust is low across all levels of government: federal, state, and local. Since

transitioning from an oil-dependent state, the state attempted to enforce the social contract of

taxation for social services but even trust towards health services was very low. This is partly

due to the out-of-pocket costs for services and the lack of translation of policies for these

services.[1] A World Bank data report shows poor responsibility for results from the government.

Additionally, there is poor worker performance even though they receive 80% of the recurrent

spending of the health sector. Despite this, health workers are paid very low wages. In

comparison to even Eastern European doctors, Nigerian doctors are paid 25% less, leading to

unsatisfactory working conditions and heavy work hours. As a result, there are largely

underfunded, unsupervised health facilities, poor human resources, little professional autonomy,

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[1] English is the official language of Nigeria, yet it has multiple other languages that are commonly spoken across the nation aside from English: Hausa, Yoruba, Igbo, Fula, and English Creole. The country is also home to a large number of other dialectics and languages.

and poor access to supplies. This poor service has created deep levels of mistrust towards the health system (Uneke et al. 2007).

A Surprise Success

Political Communication

The Nigerian Government was quick to react to the news of the country's index case. Within 24 hours of the first case, the Nigerian president promised that the government would contain the outbreak which was followed by an emergency meeting with the National Council of Health. Shortly after, the government established the Ebola Emergency Operations Centre (EEOC). This was crucial for organizational and implementation purposes for the government to overcome the public health crisis. The EEOC was able to involve and direct federal, state, and local governments as well as include members of international organizations within response teams to help combat the disease. These quick and rapid steps by the government were an indication to the Nigerian people that the government was doing everything it could to protect the people of the country. This was key as many Nigerians had expressed fear of transmission and were concerned that Nigeria would be able to mount an effective strategy to combat the virus. The first steps shortly after the first detected case were vital to begin re-establishing any form of trust between the government and the people (Gidado et al. 2015; Musa, Nasidi, and Shuaib 2016; Tilley-Gyado 2015).

Throughout the months that Ebola was present in the country, the EEOC maintained constant communication with the federal government, the media, and the public through daily press briefings. Their goal was not only to spread awareness of the situation but to also squash any rumors and false information and disseminate the true facts of the virus. Immediately after

the first cases were identified, televisions, radios, and public shows would play hand washing and sanitizer use advertisements through songs. Often the ads would show the president or the Lagos state governor partaking in the sanitation measures. With the help of civil society organizations, the government set up an Ebola Alert hotline and established a Twitter and Facebook account for all things Ebola in the country for the public to quickly access preventative measures and risk behavior reduction information through social media. The social media campaigns were a useful two-way street source of information as the public was able to provide information from their communities directly to the EEOC and the government, allowing the government to quickly address any area that needed immediate assistance. In a similar vein to the social media accounts, the government set up an alert and rumor management system through toll-free lines. Through the lines, people were able to call to alert of cases in their community or ask questions about the virus. Since the lines were staffed by trained health workers, they were able to provide updated information and preventative measures as an awareness campaign (Gidado et al. 2015; Hossain et al. 2016; Jacobsen et al. 2016; Maduka et al. 2016; Musa, Nasidi, and Shuaib 2016; Otu et al. 2017; Tilley-Gyado 2015)

Due to the high amounts of testing and tracing that the government was conducting, it produced extensive amounts of research and information, which was reviewed by teams to analyze strategic steps and develop a plan. The information was organized and passed to many teams in the EEOC. This information was pertinent, not only for organizational and management purposes of the EEOC but much of this information was made available for the public. Yet despite the availability, many rumors and false information arose. Due to the heavy stigma that was associated with the HIV breakout, the government was hesitant on releasing information about the new virus because of fears that there would be a similar reaction and deter people from

reporting symptoms or cases. However, having learned from the first attempt at disclosing information, which only released parts of the information available, the government broke with the ethical dilemma of cultural sensitivities and released information (Tilley-Gyado 2015).

Another mechanism that the EEOC established to fight misinformation was engaging in constant meetings with media organizations. As over two-thirds of households in Nigeria received news of Ebola from either the radio or television, it was essential to ensure pertinent information was put out. Through print and electronic forms of media, the government controlled the narrative by limiting the misinformation that was being spread, such as one case that saltwater could prevent contracting the illness. To combat such misinformation, broadcasting media would reserve time slots for public health workers and experts to come as guests on the show to raise awareness and talk about the virus (Maduka et al. 2016; Musa, Nasidi, and Shuaib 2016).

The Nigerian government employed several measures to ensure that the public had all the pertinent information relating to the crisis. The open information that the government provided citizens with insight about the government's efforts in overcoming the outbreak and why measures should be followed. This strategy paid dividends as it helped build trust that the government would do its duty and protect citizens. Part of the reason that citizens were quick to trust the information provided by the government is due to the fear of Nigerians after the news coming from other Ebola affected countries in the region. Hence, the Nigerian government did not need to convince the public that the virus posed a danger to society. By being able to witness other countries suffer, Nigerians trusted the quick actions taken by the government and the information that was released. However, the trust of this information would not have been possible without the use of intermediaries.

Intermediary

Besides transparency, the government employed several intermediaries that was key to the success of Nigeria. This was evident in the EEOC's upper management. The Senior Strategy Group of the EEOC included several officials from the Ministry of Health and the Nigerian Centre for Disease Control (NCDC). Alongside the group, a Presidential Task forced was made up of scientists, senior public officials, and civil society leaders. More importantly, the Minister of Health, Dr. Onyebuchi Chukwu, was a key piece in the operations. With the health minister tasked with leading the response to Ebola, he was able to guarantee that specialists in the field of epidemiology and infectious disease experts like Dr. Faisal Shuaib, Professor Abdulsalam Nasidi, and Dr. Kayode Oguntimehin were leading key team unit's operation responses. This created a trust and assurance from the Nigerian people that experts, even if they might be associated with the state, had the proper training and knowledge to overcome the outbreak (Gidado et al. 2015; Tilley-Gyado 2015).

Dr. Chukwu was instrumental in creating cohesion between the government and politicians, epidemiologists and disease specialists, and the Nigerian people. The Minister of Health provided daily updates to the president about the outbreak and advice on what acts should come next. Additionally, Dr. Chukwu gave updates to the Nigerian people about the status, actions and recommendations from the government, and the progress on the outbreak. The Minister's regular updates to the Nigerian people were imperative in a low trust country. Not only was the Minister continuously having a conversation with the people but his deep understanding of the state of health and relaying that were critical to people following government regulations (Tilley-Gyado 2015).

Although Dr. Chukwu is a state actor, the Nigerian people clearly trusted him as an expert and believed that he was the best possible person in leading the response to the outbreak. This was due to the fact that a similar response was not used in prior situations. Particularly, the Nigerian citizens were able to trust this intermediary as this form of response was not enacted during the Lassa Fever or avian influenza. Hence, his expertise and knowledge on the field allowed the Nigerian people to place their trust in him as they assumed he had their best intentions in mind, which was ending the outbreak in the country. By placing their trust in him, the people were, as a result, placing their trust in the government because Dr. Chukwu was directly advising the president on the next steps the country should take.

In another format of intermediary work, the government disseminated information through community members. After one week from the initial case, the campaign was twofold; 1) trained community volunteers would go from home to home in their communities to spread information on preventative measures and 2) there were community town halls held by traditional and religious leaders, schoolteachers, market women associations, youth organizations and many more figures within communities to sensitize the public of EVD. These tactics help overcome various fears and anxiety of the virus and the stigma attached to it.

This intermediary work is also crucial as it creates a direct contact for people to go to ask why they should follow the government's preventative measures. The success found in community members is due to the fact that communities have a better understanding of norms within their community and are better equipped to mobilize themselves. More specifically, community member intermediaries were able to address resistance to the virus to help establish Ebola Treatment Centers. Furthermore, intermediaries were helpful to track suspect cases,

promote simple preventative measures (e.g. hand washing, social distancing, etc.) and persuade

people to comply with health workers. (Gidado et al. 2015; Musa, Nasidi, and Shuaib 2016).

Intermediaries in both formats, experts and community members, were clearly crucial in

creating an impact for cooperation. With a trusted public health expert that was not a government

bureaucrat, Nigerians could trust the information and the policies that the government mandated

because it was suggested by a highly trained individual. The use of community members as

intermediaries was also vital as the members had direct contact for any questions about EVD.

Furthermore, local intermediaries' knowledge of a community's beliefs sensitively helped

present information to overcome any anxieties.

Non-State Involvement

Non-state actors were also heavily involved in aiding communities overcome Ebola. As

the virus was spreading throughout Liberia, Sierra Leone, and Guinea, many NGOs were

criticized because they were slow to mobilize help for these countries. Despite their slow

mobility to responding to the situation in the region, NGOs arrived swiftly after the first case in

Nigeria. Perhaps because Nigeria was one of the later countries to identify a case but the WHO,

UNICEF, Médceins Sans Frontières (MSF), UNICEF, and the Red Cross were at the scene to

support alongside international experts. These international actors used a platform to coordinate

certain activities. International experts, alongside local experts, held joint meetings to discuss

management and execution information for responding to Ebola through past experiences. The

WHO was able to provide much information and experience about EVD due to their previous

encounters with the disease in the DRC and Uganda. At the onset of the outbreak, it was WHO

experts alongside MSF experts handling case management. It was not until local health workers

were trained with patient management and using personal protective equipment that they took over from the international actors (Maduka et al. 2016; Tilley-Gyado 2015).

As many of the NGOs that were present in Nigeria had previous experience with Ebola, citizens were quick to trust because of their knowledge of the situation and virus. As a result, they were not regarded as Western Imperial forces but rather as a trusted entity coming to help the country. For example, the WHO brought a lot of experience and knowledge from their prior encounters with Ebola outbreaks in the DRC and in Uganda. Additionally, UNICEF was one of the key providers in training community volunteers to go from home to home and spread information about the disease (Maduka et al. 2016). Non-state actors had a large role to play in supportive measures as this level of support is seen throughout many response teams. Case Management and Infection Control teams were supported by MSF and WHO, Laboratory Services were reinforced by the CDC and WHO, Epidemiology and Surveillance also were assisted by WHO, and many other teams. (Otu et al. 2017; Tilley-Gyado 2015).

Through funding from the European Union, the International Federation of Red Cross and Red Crescent Societies were able to implement community engagement and accountability projects. This initiative was aimed to engage directly with community members to understand their fears or what they know about the disease. Prior to asking specifically about the virus, the organization would survey communities to understand the traditions and attitudes of members in the community to make sure it was appropriate information. After analyzing their responses about the disease, the Red Cross would consult directly with the media and government to establish feedback on the communities for addressing pertinent information: myths, rumors, stigmas, and misinformation. Ensuring that they were being respectful of cultural beliefs and norms, the Red Cross saw it vital to ensure that communities were informed about the disease by

tailoring the information based on their culture, gender, age, ethnicity, or literacy status (IFRC 2018).

Non-state actors such as NGOs were critical to support the measures that the government put in place. There was a level of trust that the Nigerian people put in the NGOs due to their knowledge from a previous encounter with Ebola. This is similar to the reason why Nigerians trusted an expert intermediary to head the response since NGOs have deep knowledge regarding the situation, they are able to trust that their knowledge will help overcome the crisis. Nonetheless, the country did not heavily rely on these non-state actors to carry the brunt of the work in stopping the rise of cases and deaths. Instead, the NGOs worked as a supporting actor to the policies already in place and providing assistance in areas where perhaps the government's messages did not reach. Explicitly, the information provided by the government would often not reach rural communities as many efforts were concentrated in heavily populated areas. Therefore, NGOs were able to implement and provide information to the rural communities.

Reflections

Nigeria came out in front of the response to Ebola through a very well-coordinated effort to achieve cooperation from their low trusting society. Non-state actors were praised for their quick response to aiding Nigeria during the crisis after their slow response to other countries in the region, yet their support, although very valuable, was not the key to building trust. The Nigerian people developed trust towards the government because they believed the most knowledgeable and well-equipped person to handle the situation was at the forefront of the response, Minister of Health Dr. Chukwu. Although the free-flowing access of information regarding the virus was pertinent, it might not have had the success that Nigeria saw had a politician was leading the

information updates. Even as a state actor, the public viewed Dr. Chukwu as a trustful figure during the outbreak.

However, perhaps the quick development of trust towards a state actor was due to other factors. Nigeria did not experience the first case until much after Liberia, Guinea, and Sierra Leone when they had already been suffering many cases and high deaths. Unlike these countries, Nigeria did not have to necessarily convince the Nigerian people that the disease was real and posed a grave threat to society because the Nigerian people were able to make that connection themselves with the news coming from those countries that were deeply affected (e.g., Liberia, Guinea, Sierra Leone). Perhaps this is why the public trusted the government's decision to have the country's topmost expert leading the fight in Nigeria. The success that Nigeria had was not seen in Liberia until they began employing a similar set of methods to Nigeria.

II.   Liberia

First Attempt

December 2013 marked the beginning of the largest outbreak of the Ebola Virus Disease (EVD). A boy from Guéckédo, a remote area in South Guinea near the Liberian border, became ill and died from fatal diarrhea. Liberia became one of the most impacted countries from the outbreak, suffering 4,810 deaths, the most of any country (Ebola Situation Report - 30 March 2016 | Ebola n.d.). Even those that survived the virus, now live with health issues and stigma from their community. Liberia's fight against Ebola began in March 2014 and they were finally declared Ebola free in May 2015. After a few more cases sprung up throughout the months, the last case of Ebola was in June 2016 (2014-2016 Ebola Outbreak in West Africa | History | Ebola (Ebola Virus Disease) | CDC 2020).

At the onset of the breakout, the government was ineffective to communicate with society. Large portions of the population were skeptical of the disease and did not believe that it was spreading. Rumors and theories spread throughout the entire country that the government fabricated the illness and was using it as an excuse to siphon money from international actors and donors that were giving to battle the illness (Fox 2017; Mukpo 2015; Tsai and Morse 2019). A survey recorded that 38% of respondents stated that, at the beginning of the breakout, Ebola was a government lie (Tsai et al. 2020). Other theories, for those that did believe the virus was real, believed that it was the government spreading the virus. When the government exercised emergency measures such as banning gatherings, to limit contact, people believed it was to quell political opposition as elections were approaching (Tsai et al. 2020). In a focus group discussion (Fox 2017), participants relayed that the denial was rooted not only in the perception of corruption in the government but also in the lack of services like schools, health buildings, and other social services. Participants pointed out that it was not direct distrust toward the current administration but rather in the system overall which goes back many years. From a survey asking which organizations and people were the most trustworthy, after immediate family, radio talk show hosts, religious leaders, and international NGOs were the top three choices respectively.

The distrust was not solely towards the government, but people did not trust health workers, doctors, or scientists similar to the original distrust of Nigerians towards the government and the healthcare system. However, the distrust was so deep in Liberia that rumors suggested it was government health workers that were spreading the virus by poisoning wells when they visited affected communities (Tsai et al. 2020). This proved extremely deadly for Liberians. Not only did they not comply with government measures to stop the spread of Ebola,

but many would not seek help from doctors. The sentiment also endangered health workers since citizens believed them to be 'evil' by working for the government. In turn, "no-go" zones were established for health workers otherwise they would risk being assaulted by the public (Fox 2017). The distrust was widespread even in citizens that were aware of the risks of Ebola. In a survey conducted by Tsai and Morse (2019), they found that citizens with high levels of knowledge about the virus were less likely to comply with government measures because they did not trust the governments.

The Ministry of Health launched an information campaign aimed to educate citizens on the disease once the first case was detected in Liberia. The campaign would be aired primarily through radio shows, as they were ranked to be high trusting but also other formats such as poster signs. Their first attempt and most of the communication focused to combat the disbelief and on the fatality of EVD, rather than treatment options, transmission, symptoms, or general information describing how to stop the spread of the virus. These efforts failed to persuade the people of the reality and danger of the virus. The communications on the radio were explicit and blunt messages such as "Ebola is Real" or "Ebola Kills" (Nyenswah et al. 2016). As a result of the messages, those that were infected believed there were no treatment options, no cure, and that ultimately the virus will kill. Consequently, many infected people did not report their infection, did not seek out help and even healthcare workers did not go to work out of fear of the disease (Fox 2017; Mukpo 2015).

The government failed at disclosing all the information that was needed for citizens to understand what was occurring and what could be done to take care of themselves. Many people continued to believe that the government had a role to play in the onset of the disease. As the virus was spiraling out of control, Liberians were struggling economically, socially, and health-

wise. These hardships augmented the distrust towards the government. Distrust was the second outbreak in Liberia that was as fatal as Ebola (Tsai and Morse 2019). In order to right the course and mitigate the impact that the virus had caused, the Liberian government shifted in the strategies used to build trust.

Change of Course

Political Communication

Although Liberia failed in its initial response, the government shifted its strategy to better ensure the cooperation of government policies by persuading citizens that the virus was a real and serious threat that should be taken seriously. This shift saw more success as their strategies built trust towards the government. One of these strategies was the type of information that was released and how it was spread.

Once there was evidence that early treatment helped survive patients, the government decided to release images and information of the disease to the public so citizens would believe the threat was real. When the government released images to newspapers about patients, citizens began to realize the virus was not fake or a government conspiracy (Mukpo 2015). This sense of transparency gave the indication that giving information to citizens is beneficial as citizens are able to come to a decision about the disease on their own. When the second wave of infections struck Liberia, it spread quickly to all 15 counties. Working off from the first social mobilization campaign, local level leaders were assembled, and they agreed to government plans of channeling information to communities through them. Focused on a bottom-up strategy in order to facilitate cooperation with government preventive measures and increase communication efforts with communities worst hit with infections. After learning what had not worked in the

first wave, the government's adaptation to a new policy helped create success by informing

people directly about the seriousness of the virus. Like Nigeria's success story, Liberia's success

came from their information that was released being a consistent message and with the same

facts throughout different news sources, a key factor for Liberians to not interpret information

differently.

Furthermore, the Liberian Ministry of Health established social mobilization working

groups. This structure included multiple pillars: Media Support and Documentation; Messages

and Material Development; Mobilization and Field Support; Interpersonal Communication

Training; and Research, Monitoring, and Evaluation. This working group was tasked with

developing briefings and media coverage for a clear communication strategy. The messaging

would be focused on all public health aspects and the Ebola response around the country.

Furthermore, they spread the information to all organizations, so everyone had the same clear

message. Fighting rumors and misinformation as soon as possible was imperative as well as

addressing any new developments (Fox 2017; Mukpo 2015). The most common sources for

information regarding Ebola were the Ministry of Health (79%), Radio hosts (75%), and NGOs

(49%) (Mukpo 2015). Of all the sources, the government's Ministry of Health was, surprisingly,

seen as the most reliable by citizens (Mukpo 2014).

Despite the government's original political communication being a failure, their shift in

policy was a key factor for their success. By providing clear cut information the government was

able to convince that the virus was real and not a government ploy. In addition, the government's

efforts to mobilize community members provided Nigerians with nearby direct contacts as a

source of information. This was reinforced by the Ministry of Health's increased media coverage

of specific and uniform messages. Political communication helped turned the tide for Liberia.

Intermediary

Although the new political communication was pertinent, Liberia's use of intermediaries saw the most success. At the onset of the second wave of the virus, the government established training sessions for community members in all 88 districts throughout the country (Nyenswah et al. 2016). The most effective outreach efforts were those with pre-existing community networks. These community networks were contacts from prior emergencies that had local leaders of members of a community involved in outreach. Part of the reason that this was enacted was that a key tradition for Liberians is seeking information through oral communication. Liberians are much more likely to trust information from interacting directly with people in their community than news sources and the media. Furthermore, citizens were able to follow (literarily) these intermediaries to see if they are receiving any government benefits for spreading the information and confirm that they were not part of the government conspiracy (Tsai and Morse 2019). With this knowledge in mind, the government reassessed their original communication tactic, which did not involve word of mouth communication besides from government workers. The distrust towards the government led to this program failing and any online information was seen as false. After this failed communication tactic, the government resorted to implementing a program to train thousands of community health volunteers as a way to spread information through word of mouth (Nyenswah et al. 2016). This time, the government used local intermediaries, people from their own community to go to households and explain what was happening.

The intermediaries were recruited through fliers or radio advertisements. Many had already been involved in self-organized past efforts to deal with a prior crisis. After receiving training, volunteers were given t-shirts, vests, and badges to be identified as social workers on behalf of the government's outreach campaign. The identification was instrumental for the

volunteers to be heard by citizens as people in Liberia do not trust outsiders and with clear

identification, people recognized the canvassers were from an official organization but were also

members of the community. This allowed for the social workers to give firsthand insight into the

conditions of the community, cases, and citizen's reactions to the information provided (Tsair et

al. 2020).

As a result of the original government canvassing strategy, volunteers had to prove that

they were not directly working for the government, but instead were from the community

because they received a similar initial reaction to the government's first campaign (Tsai et al.

2020). The social workers had to often explicitly show that they were not receiving any

additional benefits for their work. This often involved inviting people to see their house and

show that they did not have any extra necessities or monetary advantages. After garnering trust

from their communities and disseminating information about Ebola, these social workers became

sources of information regarding Ebola and about the government. With this position, the

intermediaries transferred the trust that they built with members of their community and

advocated for trusting the government.

Respondents who say interacted with a canvasser from the campaign were more likely to

trust the Ministry of Health. The campaign improved the trust in government, mostly changing

the perception of the people who were directly reached. The intermediaries that were used were

part of the local communities, hence other residents were able to witness the living conditions

were similar to other residents. This created trust and a credible source because the residents

could verify that the intermediaries were not part of a government scheme (Mukpo 2015). Tsai et

al.'s (2020) survey during and post-Ebola, in Monrovia, suggested that people who were

contacted by the government's campaign via intermediaries were more likely to know more

transmission pathways and symptoms than people who were not directly reached. Additionally, their survey results found that respondents that were reached believed and trusted the Ministry of Health and preferred the government take the reins in handling the outbreak. The same pattern holds true for voluntary compliance and citizens changing their normal habits in order to prevent further spread of the disease, even if they did not agree with the measures.

The Liberian government was not the only entity in the country using intermediaries as a way to spread information in communities. NGOs across the country employed a similar tactic to the government's canvassing strategy. This outreach by NGOs also achieved similar success in the increase of a citizen's knowledge on Ebola. In fact, the information dissemination found that citizen's knowledge of Ebola nearly matched the increase of knowledge when provided by the government. However, Tsai and Morse (2019) highlighted that the involvement of the non-state actors had less of an impact on compliance and generating trust. Instead, respondents to the survey showed that they preferred the outreach efforts from the government rather than from NGOs, concurring with the statement that the Minister of Health was seen as the most reliable source (Tsai and Morse 2019).

Non-State Involvement

As previously mentioned, NGOs were critical in increasing the knowledge of citizens. As multiple NGOs were already present in Liberia prior to the outbreak of EVD, they already had established community networks to spread information. Many were there to help communities in Liberia recover from the civil war that the country had endured. Many NGOs aimed to help rebuild the Liberian health system through several initiatives funded and supported by multiple international organizations such as UNICEF, WHO, John Snow Inc., Johns Hopkins Center for

Communications Programs (CCP), and USAID (Fox 2017). A project, Rebuilding Basic Health

Services (RBHS), began activities such as building health facilities and strengthening community

trust with those services. This created a large community engagement between Liberian

communities and the NGOs that were present aiming to provide services to citizens.

Additionally, NGOs helped establish communication programs for a community mobilization

strategy such as health campaigns and radio programs. The RBHS project trained 100 general

community health volunteers with information on how to address health information for their

communities.

A key NGO that had success in disseminating information through intermediaries was

The Carter Center. Their partnership with the Liberian Government focused on establishing a

community justice system that engaged local chiefs and community leaders. This project wanted

to create transparency, so citizens had access to government information. With this relationship

intact since 2006, the Liberian Government asked the Carter Center to activate the network of

community leaders to respond to the Ebola crisis. Hence, the NGO used these community leaders

as intermediaries to circulate pertinent Ebola information. Specifically, the aim of the network

was to help identify new cases in communities, prevent the rise of more infections, and build

trust between citizens and the government (Fox 2017). The Carter Center was able to gather 118

community leaders, mostly village chiefs and elders or religious leaders, for an Ebola workshop.

The community leaders returned to their communities or congregates after the workshop and

learning about EVD. With this knowledge of the virus, the local leaders had the duty of relaying

the information from the workshop; the symptoms, how it spreads, fatality, treatment, and how to

stop the infections. The trained local leaders would also carry out door-to-door communication in

order to communicate information about the virus. After two months of door canvassing, they reached a total of 246,000 homes or roughly 1.7 million Liberians (Fox 2017).

These tactics seem to have had a major impact on citizens' cooperation with government guidelines. After the Ebola prevention campaign, a survey was conducted in March 2015. Results showed that 99% of respondents identified three or more forms of how the virus spreads, 98% were able to state preventative measures and 98% changed at least one behavior to reduce the risk of contracting the virus (Fox 2017).

Similar success to The Carter Center's use of intermediaries was Public Services International (PSI). They were able to train over 15,000 workers to establish information within communities. These activities from training local workers to leaders in the community were able to construct a network of informed citizens regarding the virus (Fox 2017). This empowered citizens and local communities as they were able to make an impact by changing behavior and protect their close ones. Not only were the community leaders invaluable in spreading information about Ebola to their communities but they also served as an intermediary to localize spreads of cases. The leaders were provided with a mobile phone to send updates to the Ministry of Health about the number of infections and deaths or other updates. This also served the other way around to message any developments or information that was pertinent immediately. Additionally, the recruitment of local leaders made it possible to reach rural or hard to reach zones, these areas were the hardest to reach via regular communication channels such as radio, which made the NGO's work more important. Part of the first outreach efforts included ground-level canvassing using government health workers. The door-to-door tactic to spread information about the disease was abandoned as Liberians reacted negatively to random government

employees came to their town. This strategy augmented distrust in government as rumors arose that the canvassers were spreading the virus in communities (Tsai et al. 2020).

Reflections

The Liberian government enacted multiple forms of trust building to achieve cooperation. After failed attempts on communication and outreach efforts that led to a high number of cases and deaths, the state turned to different techniques to be able to achieve cooperation from their citizens. By informing citizens more broadly on EVD and general updates through radio channels rather than focusing solely on the fatality of it, citizens were able to understand the virus better and what they can do to remain safe. Additionally, the state successfully used NGOs and community members as intermediaries. By borrowing the trust of these entities, and later it being transferred, more people were informed but also were following the government's mandates that citizens distrusted previously. Finally, although the government was not paralyzed in their actions to overcome the crisis, NGOs were also crucial for overcoming the outbreak. As an intermediary and an independent actor, NGOs that were already set up used their community networks to help communities.

Although the transparency of information that the government presented was an essential tool to overcome distrust, as was the role of NGOs in the country, the government would not have overcome their original failure and the low trust without the use of intermediaries. The use of intermediaries in a low trust context allowed the Liberian government to directly engage with citizens and provide pertinent information to stop a rise in case numbers and deaths. By using community members or already trusted local figures, there was a relationship that developed between the community members and the citizens. Once this relationship was well founded, the

intermediary was able to "pass the torch" of trust from themselves directly to the government and ultimately follow direct government recommendations and measure to fight Ebola. Had the government only relied on the use of transparent information, the Nigerian people would have no reason to truly trust the information that was being released, no matter if it was true because of the historic corruption that plagued the government, Nigerians would have continued distrusting any policy the government issued. Instead, using intermediaries was the best form to build a rapport of trust.

Conclusion

This chapter has studied the response of two developing countries in West Africa with low trust in an attempt to build cooperation and overcome a pandemic. As a low trust country, Nigeria was expected to be hard hit by Ebola due to its population and density within its large cities. Through effective use of political communication and actions taken by non-state actors, the country had success. However, the main reason that Nigeria was able to establish trust and hence cooperation from its people was due to Dr. Chukwu and experts leading the response. Seen as knowledgeable figures, society was able to place their trust in an intermediary that had the skill set to make Nigeria Ebola free. As a result, the public was trustful of the government because Dr. Chukwu was directly advising the government's recommendations and preventive measures. The second case study, Liberia, failed in its first attempt to fight the outbreak. Suffering the most deaths of any country affected by the pandemic, Liberia had to change its tactic for achieving trust and cooperation. Again, the involvement of non-state actors and correct use of political communication was important for the country. Similar to Nigeria, however, the real reason for establishing trust and therefore cooperation was using intermediaries. Liberia's

use of intermediaries did differ from the intermediary actor of experts. Instead, Liberia relied heavily on community members and local community leaders to spread information about the disease. Once people trusted the community voices, this trust was passed onto the government allowing their political communication to be trusted.

This chapter has studied how developing countries in a low trust setting can build a trusting relationship with their population and ultimately achieve cooperation to fight public health crises. The following chapter will similarly analyze two case studies in low trust settings. Instead, the countries suffering from low trust are developed countries that were impacted by the novel coronavirus.

CHAPTER III: DISTRUST AND COVID-19

Introduction

COVID-19 is the deadliest pandemic that the world has experienced in recent memory. The outbreak has shown how interconnected the world truly is as, within the span of a few weeks, the virus had reached almost every corner of the world. Governments enacted different rules and measures in an attempt to overcome the virus. However, without trust from the public, these rules will not be followed by citizens as a distrusting society might perceive them to be ulterior motives for a government to advance its own goals. The previous chapter discussed how a developing country in a low trust context can garner the trust of the people to achieve cooperation and overcome a crisis. This chapter aims to study how developed countries in a low trust setting can successfully gain the trust of society and ensure that they cooperate with the regulations in place. The chapter will focus on two case studies from the COVID-19 pandemic: Greece and Italy. Both are home to the highest distrusting populations within the European Union. With such low levels of trust, both should have struggled greatly in stopping the spread of the disease as citizens are less likely to trust government measures. As expected, Italy failed at handling the virus. This is evident from the fact that at one point in the pandemic, it was the epicenter. Surprisingly, Italy's eastern neighbor did not suffer the same fate. The Greek state has a much higher percentage of distrust towards the government than Italy, suggesting that even more people would be skeptical of government actions and not comply with COVID-19 measures. After years of being the stain of the European Union, the Greek nation successfully mitigated the virus by keeping case numbers and deaths low. How did these two low trust countries have such drastically different outcomes in their ability to have society cooperate? This chapter addresses this question by finding that the involvement of experts in disseminating political communication was pertinent for the countries either failing or succeeding.

Mediterranean Neighbors

Italy was the first Western country impacted by the pandemic. The country has the oldest population and is the third most visited country by tourists within the European Union with 58.3 million visitors. The pandemic hit during the spring at a peak time for travel from tourists. Additionally, around 80% of Italians are Catholic and attend mass which are crowded spaces. These factors gave the virus prime targets for super spreader events and vulnerable groups in Italy such as Catholic services or celebrations of festive holidays, tourist destinations around Italy, and the elderly population (Eurostat 2017; Starr 2018). Moreover, the country is troubled with low levels of trust towards governance, making it difficult for citizens to trust and comply with preventative measures.

At the onset of the pandemic, the Italian government pursued several policies to fight the outbreak. First, the government issued a six-month-long state of emergency on January 31, 2020. Before that date, all air traffic from China to Italy was restricted. The government established policies by region depending on the severity of cases and deaths in such regions. For example, Lombardia suspended public activities, including economic and school-related, throughout villages in the region. In the Veneto region, similar steps were taken as well as restricting access to leave or enter the region for fourteen days. Most of the northern regions were forced, due to high cases and deaths, to cancel all activities and public areas and would reassess lockdown measures depending on the situation at the time. Regions across the north, in reality, were playing catch up to the transmission of the disease as often the virus had spread from towns before lockdown measures were implemented. Liguria, Trento, and Marche all followed similar policies to Lombardia and Veneto a few days later (Briscese et al. 2020).

On March 8, 2020, the Italian government established a complete lockdown and restriction of movement in fourteen provinces of the north. The next day these same measures were applied to the entire country until April 3, 2020. Despite all these efforts to contain the virus in towns and villages of regions, the damage was done and Italy became the epicenter of the pandemic.

Greece was in a similar situation to Italy at the onset of the pandemic. The country has the oldest population in the EU after Italy. Although it does not receive as many tourists as its eastern neighbor, Greece receives around 27.2 million visitors, especially during the spring and summertime, when the virus began spreading. Similar to Italians, Greeks are very devout to the Greek Orthodox Church. More than 90% of Greeks are baptized into the Church and around 80% of the population state that religion is very or somewhat important in their lives (Eurostat 2017; Tamir et al. 2020).

Following the confirmation of the first cases, the government canceled all the Apokries festivities activities throughout the country.[2] When the country's cases rose to 89, the government closed all schools across the country, a decision made much earlier than their European counterparts. Furthermore, the government canceled all public gatherings nationwide which included gyms, restaurants, museums, tourist sites, etc. On March 22nd, the government set a lockdown and restriction of movement across the country except for going to work; seeing a doctor or pharmacy; for groceries, bank services; assisting family members in need of help; major services like funerals, weddings, or baptisms; and exercise. The reasons for travel during this restriction of movement were much more lenient in Greece than Italy which was only allowed for seeing a doctor or groceries. A day later the Greek government canceled all travel (flight, sea, and rail) from countries that had a high number of cases (Damaskos et al. 2020).

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[2] Apokries is Greece's carnival season which hosts several carnivals and celebrations in the preparation for the Greek Orthodox Easter.

The Mediterranean neighbors took similar actions, albeit Greece making quicker decisions on a national level. Given that time in a pandemic is crucial and the speed of the countries' reaction to the disease was stark, it does not entirely explain why countries varied so much in terms of the number of deaths and cases suffered were drastically different. Given each country's society are one of the lowest trusting within the European Union, the Greek response should have mirrored Italy's in terms of population compliance. Hence, other factors besides the direct government policies that the Greek state pursued must explain cooperation from a distrusting society. To address the puzzle, the chapter will look at how these Mediterranean nations differed in trust building techniques such as political communication of the information regarding the pandemic, the role of intermediaries and non-state actors.

I.   Greece

As the novel coronavirus rampaged throughout the world, Greece was able to excel in the response to contain the spread of the virus. After witnessing the devastating effects that the virus had on Italy, Greece reported its first case of the novel coronavirus on February 26th. Greece has suffered from a lack of trust from its population for several years due to the economic state. The country with, arguably, the worst image in the European Union has been able to change this status because of their success in handling the virus, something the rest of the bloc has not been able to do. Not only had the country been plagued by high levels of debt but corruption, political instability, and the health care system were also factors causing low levels of trust leading to the assumption that the Greek state would not be able to contain the virus. However, even with the distrust towards the government, Greeks were quick to trust and cooperate with government measures to prevent a rise in cases and deaths in large part because of the experts disseminating

information throughout the country. The quick cooperation even led to Greeks not celebrating

the large, and important, gathering event of Orthodox Easter in order to prevent the spread of

cases (Kamenidou et al. 2020; Magra 2020; OECD 2020 (Petridou and Zahariadis 2021).

A Model Response

Political Communication

A large part of their success can be attributed to the communication management from

the state that has helped build social trust and persuading Greek citizens to follow the

preventative measures. A key communication aspect that helped begin building trust towards the

state was not necessarily information about the disease but rather clear communication about

how COVID-19 would impact schools and remote learning. On the 10th of March, after 89 cases

were confirmed in the country, and no deaths, the government and the Greek National Public

Health Organization canceled in-person education across the country for all. The announcement

was accompanied by detailed explanations of the digital tools and portals that would be available

for educational facilities to use for remote learning, which was set up by the government.

Although this form of communication was not direct information about the virus, the information

was a clear indication to the Greek people that the government would take the necessary

measures to protect the public and ensure that education for all would remain constant despite it

not being held in-person. Additionally, the set-up of web portals by the government

demonstrated that the government would be taking quick and decisive decisions to handle the

pandemic (Cedefop 2020; OECD 2020).

Another contributing factor in building a relationship of trust with the Greek public was

not just the delivery of informational services but how they were delivered. From the onset of

confirmed cases within the country, the Greek government completely transformed all services

to be digital rather than print. Many documents or certificates that would have to be printed

became fully accessible on a digital platform. This strategy helped with administrations of

offices not needing to print and pass documents through multiple people but rather through just

online screens. Digital communication helped the Greek population remain informed on the

transmission process of the disease. Furthermore, the government required movement certificates

from citizens when moving around the city. Many countries required printed certificates when

leaving your home to justify movement. To facilitate this measure, the Greek government opted

to allow citizens to send an SMS to a free number to replace the movement certificate, allowing

for easier compliance to the policy and making it more accessible to those who did not own a

printer. Over 110 million SMS texts were sent to the free government number for movement

certificates. The measure built government legitimacy as it created an easy path for citizens to

comply with otherwise "annoying" measures had the certificate had to be printed. These digital

communication tactics helped ensure that the people would abide by government regulations and

remain safe. The strategy to simplify services facilitated trust building between the state and

public as society sees the steps that are being taken by the government to protect the people and

facilitating different aspects of life (Kamenidou et al. 2020; Magra 2020; OECD 2020).

      The government was able to also maintain a constant connection with its citizen through

daily reports. Many government officials and experts in charge of the COVID response were

regularly seen on the media. Since the onset of the first reported cases, the state was able to

control the narrative of Greece's ability to contain the virus and maintain society safe. Not that

the state needed to hide case numbers or deaths, but to avoid panic, the state invested in fighting

misinformation by giving a platform for scientists and experts to inform and educate the Greek

people. Sotiris Tsiodras, a top epidemiologist and in charge of managing the crisis, and Nicholas Hardalias, the minister for civil protection, quickly became popular figures in Greece thanks to their daily briefings on informing and advising Greek people on how to fight the virus. Every day at 6:00 PM, they discussed how the public can protect themselves, those in vulnerable groups, and what to do if infected. These popular figures presented through television, the radio, and the internet. The information provided was made as simple as possible, such as FAQs and Infographics. All the information presented was also accessible in different languages that migrants spoke: English, French, Russian, Albanian, Arabic, Farsi, and sign language. The steady presence of an expert and government officials in the TV room of Greeks' homes helped develop a sense of trust (Magra 2020; Schismenos et al. 2020).

The main information available to Greek citizens included confirmed cases, suspected cases, how many patients recovered, and hospitalization information. Furthermore, the government has made epidemiology data, information on isolation, and ventilator information available, showing the state is transparent. It is evident that the information that was circulated regarding the measures and information on the situation proved to be informative and trusted by the people. A research study conducted by Kamenidou et al. (2020) shows from their survey that Greek citizens were complying with many of the measures that were imposed and recommended for preventing the spread of the virus.[3] Around 85.3% of the respondents labeled as *Meticulous*

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[3] The research survey consisted of 3,359 Greek citizens responding to a questionnaire about their behavior during COVID-19. The recruitment of respondents filtered through any individual that was employed or a student in the health care field and excluded from the study. The survey was conducted through in-person, online, or over-the-phone interviews.

Proactive Citizens[4]*, Self-Isolated Citizens*[5]*,* or *Cautious Citizens*[6] with the first group being the

largest of the three. Furthermore, the survey highlighted that over three-quarters of the

respondents were frequently complying with proactive measures or excelling in following the

proactive actions. The most common practices by Greek citizens in an attempt to stop the spread

of COVID-19 were avoiding contact with 1) transportation when not needed, 2) contact with

individuals that had symptoms, and 3) contact with high-risk people (Kamenidou et al. 2020).

It is clear from the responses to the aforementioned survey that the Greek people trusted

the information that was made available to educate about the virus. Due to this transparency by

the government and clear effort to ensure that citizens took care of themselves, the majority of

Greeks responded positively to the preventative measures and cooperated with the government.

Intermediary

The success witnessed by the state's political communication strategy was in large part

thanks to the work of intermediaries. In the wake of the first cases, the Greek government

designated Dr. Tsiodras to lead the response in managing the virus. In addition, a scientific

committee comprised of top epidemiologists, virologists, and infectious disease experts was

made. Furthermore, the minister for civil protection Nicholas Hardalias was given authority for

ensuring that things ran smoothly. The government showed its commitment to overcoming the

pandemic by allowing other officials authority during the crisis, a decision that the Greek

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[4] This cluster group consisted of 1.634 citizens (48.6% of the respondents), the largest cluster group of the study. This group showed high levels of compliance to government policies and "very frequently" took necessary precautionary measures against the infectious disease.

[5] The third largest cluster group was comprised of 599 Greek citizens (17.8%) that "frequently" take proactive measures to protect themselves from the virus, particularly self-isolating.

[6] The Cautious Citizens displayed high levels of understanding of the importance of complying with government measures to prevent the spread of the virus. Nonetheless, the second largest cluster group was not meticulous about compliance but still frequently take proactive measures to ensure their safety.

government does not do during times of crisis. The government showed that they were doing the morally correct thing by allowing the experts to handle a field that they are trained for. This was a sign to the Greek people that it was the best people possible taking care of the crisis, specifically, that politicians were listening to the experts (Magra 2020; Nikolopoulou and Psyllakou 2020).

As mentioned in the previous section, the daily briefings by Dr. Tsiodras and Deputy Minister Hardalias provided essential medical data and political information about the measures that the government adopted. The presence of expertise in the field, and someone that is not a politician, established trust as Greek citizens would think that the politicians would have ulterior motives when presenting to the media (Nikolopoulou and Psyllakou 2020; (Petridou and Zahariadis 2021). Scientific experts were not the only intermediary present to help build trust; the Greek Orthodox Church also served as an intermediary.

Despite officially being a secular state, the Greek Orthodox Church exerts vast amounts of power in the country. Early in the pandemic, the Orthodox Church had to cancel one of their most important and festive holidays of the calendar: Easter.[7] As preparations for the celebrations were beginning, the Orthodox church canceled Mass for the day and urged Greek Orthodox families to refrain from gathering to celebrate with large parities to comply with government regulations. The Church has decided to hold services with churches closed and priests giving the service online. Furthermore, the spiritual leader of the world's Orthodox Church, Patriarch Bartholomew I, stressed to the church's practitioners that they must follow government measures and also the WHO's guidelines to prevent the spread of the disease (Associated Press 2020). More explicitly, the church's leader, Archbishop Ieronymos, asserted that he and the church were

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[7] Greek Orthodox Easter is one of the most celebrated days of the religious calendar in the country. After the Easter services, families and friends gather in large groups to celebrate the day by roasting lamb.

devoted to the government's efforts to fight the virus and prevent it from hurting Greece. The archbishop gave explicit instructions to "restrict yourselves, discipline yourselves, follow the rules" in order to prevent the spread (Kitsantonis 2021).

However, there was some resistance to the government's measure from hard-liners of the Orthodox Church. For the Good Friday services, some churches opened and allowed people in. Others would offer communion from the back door of the church using the same spoon for everyone (Associated Press 2020). A year into the pandemic and the Orthodox Church remains split on supporting or defying the government regulations to fight COVID. Although the main church leaders have backed the restrictions, some hard-liners have spoken out about the issue. Many want to have services and continue the tradition of communion. The hard-liner clergy members have even stated that the communion sacrament would protect people from the virus and there was no transmission during communion.

Despite the citizens being very religious and trusting the Church more than the government, opinion polls have highlighted that seven in ten Greeks do not agree with the clergy that there is no transmission during communion. Furthermore, seven in ten Greeks also believe that the hard-liners' reaction to COVID-19 is irresponsible (Kitsantonis 2021).

Nevertheless, Greeks are swayed by the Church's actions. Even with 70% of the opinion poll respondents noting the danger of participating in communion and condemning the church's response to the pandemic, Greeks have been defying government restrictions for important religious services. After imposing a new set of lockdowns in January 2021, Epiphany services were held, defying the new restrictions on public gatherings which include religious ceremonies.[8] The defiance in government orders has brought criticism from Greek media, a very rare

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[8] Epiphany is one of the most important days for the Eastern Orthodox Church. The religious feasts celebrated the baptism of Christ and the revelation of the Holy Trinity.

occurrence. The government did not shut down the services or punish service goers as they do not want a full confrontation with the Church when they need to ensure that compliance continues among the devout (Bali 2021).

The Greek Orthodox Church has served as a key intermediary between the government and the people during the pandemic. However, the recent division within the Church has led to people no longer following government guidelines. While some have respected and pressured practitioners to follow the government rules, others have commented that faith is stronger than the law and should not interfere with the Church. At the onset of the pandemic, the Church, including hard-liners, was compliant and telling people to follow government and WHO guidelines. Recently, there has been more friction between the government and the Church as some believe that the state should not interfere with religion. In line with the recent defiance has created a struggle to ensure compliance by practitioners as many attend services during lockdown periods. The change in stance indicates that the Church did have a role to play in making sure that people followed safety guidelines. Nonetheless, the opinion polls reveal that Greeks became aware of the Church's division and disobeying government measures.

Reflections

After witnessing the disturbing number of cases and deaths related to COVID-19 from their western neighbor, Italy, Greece was expected to have a similar outcome because of the similarities shared; low trust towards the government, an old population, and low-quality public health services. Despite these factors, Greece has been able to shine in a period where the rest of the European Union has failed. The country took quick and effective measures to combat the virus. However, the citizens were quick to trust the government and comply with the imposed

measures, especially during a very important time for Greek Orthodox practitioners. Through the extensive use of transparent information from experts, Greek citizens began trusting the decisions taken by the government during the crisis. The role of the Orthodox Church played a critical role in ensuring Greeks followed the measures. As a result, Greek citizens cooperated with the preventative measures to stop the spread of the virus. Similar to the previous chapter and the success story of Nigeria, Greece did not have to deal with the pandemic until after seeing the devastating effects that it brought to Italy throughout news outlets. In the wake of the first cases of Greece, citizens were quick to follow the mandatory and proactive measures to fight the disease. Perhaps seeing that the government was quick at taking the pandemic seriously, this created a sense of trust for the people of Greece to trust the information and intermediaries. Nonetheless, the role of the Orthodox Church is important as initially, they helped deter Greeks not to attend services. Now that hard-liners have become weary of these policies, there has been an increase in citizens not avoiding the crowded areas of churches.

II.   Italy

Early in the pandemic, Italy became the epicenter as it was suffering from high numbers of cases and deaths. The country boasts one of the oldest populations in the world, a prime target group that is affected by COVID-19. The National Health Service (NHS) has an overall positive reputation throughout the country but as each of the 20 regions are in charge of organizing and delivering health services, some regions have high levels of disparities in meeting the medical needs of citizens (Sanfelici 2020). Particularly, the southern regions' health care system are prime examples of not meeting citizens' needs as it has a lower per capita health care expenditure than the north's health care system, hence it is the northern regions that enjoy better

services of health care (Toth 2014). Interestingly enough, it was northern regions that suffered the most during the outbreak, signifying that it was not the public health infrastructure that did not allow Italy to response to succeed.

Additionally, combined with the country's low trust towards the government, media, and scientists, Italy was destined to lack cooperation to overcome the pandemic. Italy recorded its first cases of the novel coronavirus on January 30. Around that time, the government designated the Civil Protection Department with the coordination to handle the outbreak as well as declaring a six-month state of a health emergency. By the time that the WHO declared the situation a pandemic, Italy had 12,462 cases and 827 deaths. It was safe to say after a few days of witnessing what was developing in Italy that the state's response to the novel coronavirus was a failure.

Despite the horrible start in the fight against COVID-19, Italy was able to bounce back from the initial failure. After being seen as the failure of the West and the EU bloc for not mitigating the virus, Italy boasts lower numbers than their EU counterparts. The Italian government has some of the lowest trust from their population in the European Union and yet after the initial failure, the Mediterranean country saw some success. The success was short-lived though as Italy remains plagued with cases and deaths. To better understand the failure and then the success of the country, the initial strategies used at the onset must be analyzed.

Failed Beginning

Political Communication

At the beginning of the crisis in Italy, many were skeptical of the actual virus, ranging from the public to those in government as there was no clear information addressing the issue. In

fact, Italian politicians continued to, purposely, flaunt handshaking to stand up to scientists'
claims that this was a serious issue. A few days later, the handshaking politician was diagnosed
with COVID-19 and continued to state that this was not a crisis.

One of the reasons for the initial failure was due to information related issues. The
government failed to systemically record cases and infection patterns due to a lack of
epidemiological data that was not collected resulting in case spikes in regions and hospitals.
Additionally, because of the lack of precise data collection from the hospitals, the government
was unable to allocate resources and equipment to the areas that truly needed them the most
(Pisano et al. 2020). Furthermore, many of the attempts to overcome the outbreak in Italy were
regional plans rather than a centrally coordinated effort (Sanfelici 2020).

Secondly, the initial set of plans to handle the virus were convoluted and not clear to the
public. The plans did not include, or mention attempts to reach the public directly through
informational announcements nor direct outreach. Many of the plans were measures of
lockdowns, disinfection, hospital mobilization, etc. The government's efforts to inform the
public were mostly aimed at vulnerable groups, hence many people of the public not in this
category would not receive the pertinent information (Torri et al. 2020). This affected the
public's trust in the government as the government was not informing the entire population,
giving a sense that those that did not receive information were forgotten.

While the aforementioned measures are crucial to fight an infectious disease outbreak,
the policies fall short of garnering the trust and cooperation from citizens that would ensure
compliance with lockdowns and other government measures. In fact, the available data that was
public such as educational articles on the disease was shown that the readability of these texts
was very difficult to understand by the general population. Most of the material available was

found to be beyond the understanding of a 12-year-old. Although the education level of many

people is beyond this age, the information is complex and included scientific wording, something

that many people are not accustomed to reading on a consistent basis. This made educational

material hard to understand which also encouraged spreading false information if people

comprehended information differently (Moscadelli et al. 2020).

Government officials did not aid in addressing misinformation and rumors but instead

created clutter on social media. While some government officials attempted to provide sources of

information through social media using hashtags, other government officials cluttered those

hashtags. Social media quickly became a platform for political conflicts about the outbreak since

government officials used the same hashtag as the officials providing information. For example,

Matteo Salvini, the leader of the Lega Nord party, began a political conflict on social media as he

began criticizing the government's late response to the pandemic by posting on Facebook.

Throughout the final days of February, Salvini was very active on Facebook to constantly find

ways to criticize policies taken by the government. In a similar manner, Matteo Renzi of the

Viva Italia party slated the government's incapacity to coordinate on a national level. These were

not one-sided arguments, however. Responding to the critiques, many government members

decried the comments made and engaged in a rigorous debate on social media, news outlets, and

national radio (Ruiu 2020). The social media fights crowded any information that was available

to Italian citizens and symbolized that the government that was heading the response was more

focused on fighting for their public image than providing information on how citizens can remain

safe.

The contradicting statements and the misleading information that was released by

government officials and different scientific voices had grave consequences. In fact, after

looking at how many people searched for information per month on the virus, Italy was the

country that most sought news and information about the disease in the world. It is reported that

out of the 950,000 searches by Italians in a month, "coronavirus" was searched 575,000 times.

Hence, those 575,000 searches would have to filter through multiple opinions and statements

claiming to be facts and Italian citizens would have to choose what they could trust (Lovari

2020). It is clear that Italians did not feel properly informed about the virus that forced a total

lockdown across the country as 58% of the searches conducted in a month were people looking

for information about the disease. The country lacked a clear source of information to provide for

citizens. Instead, political conflicts and disinformation sources crowded the Italian internet.

Without clear messaging from their government, Italians were unable to trust that the

government measures would be effective.

Intermediary

To further confuse the public, information was provided by several scientists, but each

proved to have a different perception of the virus. Virology Professor Roberto Burioni stated on

Twitter and national TV that the disease posed a grave danger to the country. The Institute of

Infective Diseases stated that the death from the virus was only seen in older people and those

with underlying health complications. The Ministry of Civil Protection informed the country that

only half of the cases would need hospitalization. The microbiology department of the Sacco

Hospital stated that the virus would be only slightly stronger than the flu. The contradicting

information from sources that are deemed experts was televised and shared throughout the

country led to confusion from the public. Increasing the confusion about information, throughout

the pandemic Italian experts and scientists, like microbiology professor Andrea Crisanti, heavily

spoke out on actions that the government should take and presented plans for fighting the virus. Particularly, the microbiologist had recommended that the regional governments strengthened their ability to trace the contagion by independently producing chemical reagents to process thousands of swabs. Despite the efforts from the people best equipped with knowledge on this topic, the Italian government brushed away the scientific voices and continued with their plan, which has cost the country countless lives (Ruiu 2020; Sanfelici 2020). As experts were not utilized as an intermediary to help build trust during the crisis, a non-state actor had the opportunity to be a trusted intermediary between the government and the people similar to Greece's Orthodox Church.

The Catholic Church holds a vast amount of power in the country but the Vatican's response to the pandemic fell short of ensuring that Italians built trust and therefore complied with measures to prevent the disease from spreading. The Catholic church was quick to become involved in the Italian government's response to the pandemic. Many Italians look up to the Vatican for guidance and as a way to support the government measures, the Vatican took several actions to ensure that people do not gather in groups or crowds. Pope Francis stopped delivering the Sunday Angelus address, which draws in massive crowds outside, from the Vatican Apostolic Palace. Instead, the Pope delivered the address online. Moreover, the Vatican canceled meetings at an earlier point in the pandemic to avoid close contact and set an example of remaining isolated for a period of time. In a similar mindset, the Italian Bishops' Conference canceled all Masses and religious services a few days before Palm Sunday. Across Rome, similar actions were taken. About 900 churches and chapels were closed initially but the decree was changed and allowed churches to remain open so people could go pray individually. In the statement with the decision to close all Vatican Museums, churches, and religious ceremonies,

the Church stated that the country needed to comply with government ordinances to safeguard public health, no matter how restrictive the measure is (O'Connell 2020; Vatican News 2020). The cancellations of Masses, especially prior to an important day for Catholics, shows the Church attempting to ensure the Italian people understand the seriousness of the situation and need to follow government mandates as they have.

The church also supported Italian families economically and emotionally. The main economic support has been offering aid to workers that were laid off and have families. On a spiritual side, the Pope has celebrated Mass every morning without a congregation but streamed online. During the Mass, he offers his prayers to the sick and their families, those who passed, health workers, and for those within the government managing the response to be given the wisdom and courage to make necessary hard decisions (O'Connell 2020).

The Catholic Church had the power to help mitigate the effect of the virus in Italy, but they fell short of doing so. Although the Church sought to affirm that people should not go to crowded spaces in order to avoid the spreading of the disease, that was the extent of their message to support government policies. As the Church is one of the most trusted institutions in the country, establishing a similar communication effort as the Greek Orthodox Church to sway Italians to engage in preventative behavior would have been beneficial. An example of such action is if Pope Francis issued a comparable statement of the Orthodox Church's leader, Patriarch Bartholomew I, in explicitly stating that Catholics must comply with measures. Nonetheless, the Pope has provided meaningful, and critical, spiritual messages for the world to reassure it of the situation. The Church had the opportunity to be an intermediary and provide clear information about the pandemic as they are heavily respected by Italians due to high levels of religiosity. Instead, the religious actor focused on supportive measures for families. A similar

response to the Greek Orthodox Church's initial strong statement and reaction in advocating that people comply with government regulations could have proved to create a clear pathway for Italians to cooperate with the government as political communication and a trustful intermediary were absent.

An Improving Situation

In contrast to the beginning of the outbreak in Italy, at the beginning of June, the government regularly updated the public with data about the cases as well as information on the virus. A similar change in behavior is seen in conveying one message to the public. Rather than having multiple statements with contrary information, Italian institutions and officials have fought misinformation by establishing a clear message about the situation through news and social media. In an effort by the government to address the rumors and conspiracy theories, the Ministry of Health produced messages and information towards fake news. Specifically, the Ministry of Health website dedicated an entire page labeled "Beware of Hoaxes." The page addresses over 50 different coronavirus rumors that are seen on social media. Similar to the webpage, the Ministry's Facebook page demonstrated that Italian citizens were in need of a reliable source of information. In the span of a few months, the number of users that 'liked' the page increased nearly seven-fold. The Facebook page posted 300 posts within two months by running informational campaigns, famous figures talking about the situation, disproving fake news, and explaining measures that the government adopted (Lovari 2020; Mori et al. 2020; Vaccaro and Caligiuri 2020).

Since the initial failure and not having experts lead the response, the Italian government has been guided by scientific and technical committees, similar to Greece's committee that is in

charge of the response to the pandemic. This has involved local doctors, hospitals, and health workers to send daily 20 indicators that have been collected to regional authorities which are then sent to the National Institute of Health. These indicators, which are collected on a regional level, is what the committees have based their decisions to proceed with policy measures (Horowitz 2020). In addition, there is an indication that the public is trusting, to an extent, the information from expert sources. Battiston et al. (2021) find that through social media, people began seeking information on COVID-19 provided by credible sources such as experts or public health authorities. The change in political communication and the people in charge of overcoming the pandemic has coincided with the decline in cases and deaths across the country. Although not a direct causal explanation, the correlation indicates that there was an increase in Italians taking preventative measures to spread the disease. A further study of this phenomenon such as a survey questionnaire or interviews should be conducted to understand what led to the decrease of cases during this time.

Reflections

Italy's initial response to the pandemic was a failure. The country established policies similar to that of Greece, but the damage had already been done. The country was fighting an uphill battle due to the low levels of trust and having one of the oldest populations in the bloc but so was Greece, which managed to succeed. Compared to their Mediterranean neighbor, Italy did not pursue trust building tactics to ensure that Italians cooperated with the measures implemented. The country did not make the quick measures that Greece did but once it did, it is evident, through their failure, that the lack of clear communication from the government was the main factor to the response failing and citizens not trusting the measures that were implemented.

Italians did not have a true and reliable source of information that could be easily accessed. Instead, conspiracy theories and political conflict plagued the internet searches for coronavirus. In a similar vein, the government's failure to set up an intermediary, such as experts, did not give people to trust that the government was doing the correct thing in handling the pandemic. Although Italy improved the case numbers through a change of tactics, the country is back to high levels of cases and deaths. Their recent rise in cases cannot be attributed to their political communication strategy as even with the best strategy for providing information, other factors may arise such as the more contagious variants of COVID-19. Further studies ought to take place as there are clearly multiple other factors that are contributing to the country's rise in infections.

Conclusion

This chapter has studied the response of two developed countries in Europe that have low trust yet exhibit two different outcomes in handling the pandemic. Being a low trust country, Greece was believed to have high numbers of cases and deaths due to the pandemic. The countries took a similar route in policies, but Greece made quick decisions about implementing these measures. Italy followed suit in the measure which helped the country experience temporary success. Particularly, the governments' political communication was a key factor for gaining the trust needed to follow the government's quick decisions. With transparent information, it became apparent to the people of Greece that the government was sharing the information that people needed to protect themselves. Additionally, the support of the Greek Orthodox Church was essential at dissuading people from celebrating in mass some of the most festive holidays of the country. In return, people did just that and followed government regulations. Key to people trusting the information that was produced was the intermediaries that

often presented updates and explanations of the data. Without Dr. Tsiodras and Deputy Minister Nicholas Hardalias, much of the information could have been discarded by citizens. Instead, with the presence of an expert and not a politician, Greeks had a reason to trust that the government was doing this to ensure that Greece was safe from the virus.

On the other side of the response to COVID, none of the factors that helped Greece's low trust society comply with measures were evident in Italy at first. The country lacked clear forms of communication and information for people to understand the gravity of the situation. Furthermore, the government did not set up, initially, an expert to oversee the management of pandemics. Holding a lot of power in a country as religious as Italy, Catholic Church failed to step themselves up as an intermediary or an alternative to the state for providing information to the population. Italians, however, did display curiosity in finding information, especially coming from a reliable expert. Although the case study was not a complete success, Italy as a case study showed that low trusting people are looking for an alternative entity to trust that is not the government in times of crisis. Nonetheless, once the government adopted similar strategies that led to success in the other case studies, Italy had brief success in the summer of 2020, the country saw a decrease of cases, hinting at these being key factors. However, the country has once again become one of the top countries for COVID-19 cases, signaling that other factors are at play that should be studied.

CHAPTER IV: WHO THE PEOPLE TRUST

A key component for governing, trust is often overlooked but in reality, a state must govern as they see fit and have acceptance of their policies. Without trust, a state must rely on force and coercion to achieve compliance or accept that the distrustful citizens will not cooperate with policies. Specific government measures that are "annoying," such as wearing masks in public, will be followed by countries in a high trust setting. Yet, low trust countries might struggle to enforce such rules without the use of coercion such as enforcing fines. During a crisis, like a pandemic, the government has one objective: stop the spread of the disease. To do so it must garner trust within their policies through trust building strategies like effective political communication, having a trusted intermediary vouch for the government, or rely on a non-state actor. At a certain point, if these strategies fail, the government could turn to more drastic measures to ensure that citizens cooperate in order to protect and save lives. For example, at the beginning of the pandemic, I found myself in Morocco. As a way to ensure that people would abide by imposed curfews and quarantines, the government sanctioned military tanks and police cars to patrol the streets and stop any person found outside.

Before the state relies on drastic coercive efforts, there are trust building routes to achieve cooperation. The case-studies researched in the previous two chapters have given insight into ways that distrusted government can build a relationship of trust with society. Moments of crisis are enormous tasks that the government must overcome, but as evidenced by some of the case studies, they provide an opportunity for a government to prove themselves trustworthy to the people. The four case studies' governments endure very low levels of trust before a crisis began. The only way that the states could succeed during a crisis is to ensure that the public trusts and complies with the policies enacted. Nonetheless, Nigeria and Greece saw success in their measures to fight an infectious disease by building trust in themselves and consequently, in their

crisis policies. In the case of Nigeria, it was an expert acting as an intermediary for the government and the people that built enough trust for people to comply with preventative measures. Greece had a similar outcome. As the person that was in charge of dealing with the pandemic was an expert in the field, the Greek people trusted the expert's decision and cooperated with the guidelines put in place.

On the other hand, Italy and Liberia suffered as they were unable to generate trust in their response to the viruses but eventually saw success. When Italy had a period of success in the summer, the government used expert actors, but the government also had a clear political communication strategy as tools for the government to build trust. While still using intermediaries, Liberia employed several different trust building tactics but using intermediaries was arguably their most successful tactic. The intermediary used was different from the ones used in Nigeria and Greece. Instead of an expert, Liberia used community members to go door-to-door and inform people of the disease. Liberians knew there was no one to take this mantle of expert due to the fact that many doctors and medical experts had fled the country during the civil war. Additionally, unlike in the other case studies, Liberians saw healthcare workers as a branch of the government and did not trust either. Using an expert as an intermediary like Greece and Nigeria would have been unwise as Liberians would not believe they are autonomous from the state. Instead, the Liberian government used citizen's emotions by relying on intermediaries that are important members of their community.

Political communication and reliance on non-state actors are great measures for a state with low trust to generate trust. However, this thesis finds that the most convincing way for a low trust state to guarantee that people will trust and comply with policies, the use of intermediaries is imperative. The case studies mainly employed transparency as a form of

political communication, as opposed to a narrative tactic. Transparency of information gives access to people about the situation and shows that the government is not keeping any secrets from the public. Transparency allows the government to make society believe that they are part of the process and decisions when it has access to all the meetings that are held, data that is found, and any pertinent information. The narrative form of political communication was not evident in any of the case studies. However, that is understandable because society is already distrusting. Had the government used a controlled story, society would not believe the narrative and create an even further divide between the two. Similarly, although transparency as a form of political communication can ease the public's skepticism about a country, people have no general reason to trust information, even if it is true, that is put out by a government that historically is distrusted.

Reliance on non-state actors was an important factor for the distrusted state's but it really was only a supportive variable rather than a sole reason why any of the case studies saw success. Instead, people gave their trust, which is clearly hard to come by in the countries studied, to the people they believed had the most amount of knowledge on the issue and were best equipped to overcome the crisis. Without these intermediaries, Nigeria and Greece might not have had the success they had. By having a person that was not a politician, though in some cases an actor of the state, people had a reason to trust the information that was put out.

As previously mentioned, understanding that one needs trust for governance is important in general. Knowing the best way to garner this trust during a time of crisis is essential in saving countless deaths. With this knowledge, employing intermediaries during times of crisis not only ensures that the person with the best knowledge of the field is in charge, but citizens are more likely to follow that person. However, as seen by the case studies, it is important what type of

intermediary is used. This line of thinking gives insight into the human psyche of whom we choose to follow and trust. Throughout life we are taught to trust experts in a field, hopefully with some degree of questioning and scrutiny. Nonetheless, we as humans also tend to trust emotionally, such as family because there is a personal relationship. Hence, the government can exploit trust through intermediaries based on research and expertise or instead based on existing levels of trust that were built on an emotional level.

The findings suggest an interesting thought about who should be in government or what people should be in specific positions Particularly, would the citizens of Liberia, Nigeria, Greece, and Italy be more trusting towards the government, in non-crisis situations, if it was a government that had experts in a field managing those specific government functions, a technocracy? Having people that are trained for a specific role seems to be a key component for people trusting their actions. All the case-studies used an expert to an extent and even in the case of Italy, although the expert intermediary was limited, Italians were searching information about the pandemic and they were specifically looking for expert sources. This is generally what is done on an everyday basis. When wanting to learn about a specific topic, we look to the people that know the most on the subject and trust.

This study is not without fault, although it concludes that using intermediaries is a beneficial tool to build trust in government policies during a crisis, it is just that, a tool to be used alongside other preventative measures for the time. As the Italy case study has shown, other factors need to be studied in order to fully understand how a state can achieve success during a crisis. Additionally, as COVID-19 is still ongoing, the full picture and all the data on the COVID-19 case studies are potentially incomplete. I encourage further studies to be conducted on this critical situation. Our understanding of how a state can achieve success during an

infectious disease outbreak is crucial to saving lives in the future, as the WHO has stated that they are likely to become a common occurrence.

The findings of the study show that trust can save countless people and prevent a lot of suffering. Society should not just give over their trust to governments blindly, the government ought to provide reasons as to why society should trust and follow their rules by delivering the services and rights that citizens were promised. A crisis is an opportunity for a distrusted government to show that they are prepared to regain the trust of people by protecting them from a crisis. Building trust is not just for states that have low levels of trust but an important practice for all governments to keep in mind. Their image and relationship with the people they are supposed to be working for are essential. Trust is earned and states have the responsibility to provide reasons for society to trust them.

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