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Chapter 1
What Is the "Public Good" in a Pandemic? Who Decides?
Policy Makers and the Need for Leadership in Society's Perception of Medical Information

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ABSTRACT

Governments in liberal democracies, such as the U.S. and in Europe, derive their authority from the consent of the people and exist for the "public good." This chapter explores the proper role of government in communicating information and in enacting public health measures to prevent the spread of infection during a pandemic. This chapter includes historical context and exemplars of government policy makers' dissemination of COVID-19 health information, both accurate and inaccurate ones. Government officials have a responsibility to promote and support public policy initiatives that balance public safety with individual rights and self-determination. In some cases, citizens did not trust the government initiatives nor the associated misinformation or lockdowns. People reacted by exercising their right to protest. This chapter highlights government actions that were not based on accurate information and contributed to its spread and an increase of cyberchondria across the population, demonstrating the public good may not have been well served.

INTRODUCTION

Policy makers and government officials are playing, intentionally or unintentionally, a key role in increased health anxiety across the general population. *Cyberchondria*, a form of health anxiety propelled by technology, has been defined as searching for health-related information online in an excessive or repetitive way that is driven by the need to reduce distress or anxiety about health but instead results in increased anxiety and mistrust (White & Horvitz, 2009).

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This chapter provides exemplars that demonstrate the spectrum of dissemination of health-related information in a crisis, from policy makers' valid contributions to the dissemination of COVID-19 health information to the reckless propagation of medical disinformation of COVID-19 safety precautions. Government officials, elected or assigned, have a responsibility to promote and support public policy initiatives that balance public safety with individual rights and respect for self-determination. Social media platforms allow for widespread dissemination of information from personal tweets to online images or videos in which such officials are (or are not), for example, wearing masks and maintaining social distancing.

The pandemic has yielded multiple, diverse examples of pandemic-related government edicts in many nations around the world, all under the purview of being for the public good. However, a review of these actions from a holistic perspective, and the collective impact on COVID-related cyberchondria, has not been conducted. The exemplars in this chapter will demonstrate that the need for informed decision making by policy makers is rooted in leadership. A further leadership challenge focuses on the need to heighten health awareness and, where appropriate, to restrict movement and activate lockdowns. These actions, however, must be delicately balanced to reduce the risk of inducing anxiety and, arguably, subsequent unrest in the general population.

True leadership, defined as exercising the potential to influence a group to the realization of a goal or outcome, can be brought to bear to significantly reduce widespread pandemic-induced cyberchondria (Cambridge University Press, 1995). When authentic leadership is not exercised or abused in a way to promote disinformation or misinformation, particularly online, societal ill effects are conversely achieved. The clearest example is the fear of taking the COVID-19 vaccine due to influential "leaders" promoting the distrust of its effectiveness.

To be true leaders, government officials must demonstrate a deep appreciation of what is the public good, and specifically, what constitutes the public good in a national health crisis. This chapter discusses in detail the definition of public good and its limits. Interestingly, a government decision may be within the bounds of authority, but it may be too restrictive by those impacted, and dissension may erupt, particularly when perceived liberties or constitutional rights are affected. This result was met with protests and appeals of excessive COVID-19 lockdown restriction time periods, amplified at times by social media. The objective of this chapter is to explore the limits, if any, to the public good and discuss the role of leaders in navigating the public good through the lens of legal, policy, and social aspects.

BACKGROUND

Historical Context of the Public Good

What is the public good? History provides context to the term public good, its evolution, and ties to government action or control. For example, the U.S. Constitution, first signed on September 17, 1787, and brought into effect in 1789, reflected the common goals of national defense and a national banking structure, as evidenced later with the establishment of the Department of War and the creation of the U.S. Treasury, respectively. Individuals, early Americans, agreed to give up certain individual rights for the collective common good to be protected and to enjoy the freedom to contract, and in doing so, ceded some individual autonomy. This approach of balancing individual rights with nation-state interests has been a common theme in countries across multiple continents over centuries. This balancing act

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has created a natural tension or friction between individual rights and nation-states' authorities. As the government has the police power and thus the authority to enforce law and order, citizens tend to resist, at times peacefully and at other times with force, when government overreach occurs.

How and Why Does Overreach Occur?

Overzealous application of government authority, in particular, police enforcement power, can lead to "mission creep" and erosion of individual rights over time. Accordingly, there should be consistent checks and balances to avoid overreach. Overreach occurs when the government, in most cases, asserts the need for public safety and welfare, which some will argue unnecessarily restricts individual freedom.

So, what exactly is public safety and welfare, also referred to as the *public good*? A look at the preamgble of the U.S. Constitution provides a good reference point for individuals ceding their rights for the collective, public good. It reads:

We the People of the United States, in Order to form a more perfect Union, establish Justice, insure domestic Tranquility, provide for the common defence, promote the general Welfare, and secure the Blessings of Liberty to ourselves and our Posterity, do ordain and establish this Constitution for the United States of America. (U.S. Const. preamble)

Over time, the Constitution's first three words—"We the People"—have been used to affirm that the government of the United States exists to serve its citizens and derives its authority from its citizens, which in turn has been generally used to define the *public good.*

What Does Service to its Citizens Mean?

History can provides context to the concept of service to citizens. Going back 250 years, one such example is the American Revolution. In 1776, Adam Smith published *The Wealth of Nations* (1776/1904). For centuries, Smith's view of the role of government has been a resource for debates among academics, leaders, and economists. He argued (Book VI, Chap. 9) that the political sovereign has an express duty of

erecting and maintaining certain public works and certain public institutions which it can never be for the interest of any individual, or small number of individuals, to erect and maintain; because the profit could never repay the expence to any individual or small number of individuals, though it may frequently do much more than repay it to a great society. (Safner, 2021, p. 20)

In essence, there is a higher collective purpose of public entities. And this higher calling should likewise be practiced by those operating in official government positions as stewards for its citizens.

Going forward, according to Beauchamp (1983, p. 79), "the compact [among the citizens] for security or safety" was a "prominent feature" that blended republican and social contract thinking in the drafting and adoption of the U.S. Constitution. Therefore, the United States of America was established by providing for a state's police power to "protect the health and safety of its citizens," which, in essence, is the highest form of government service to its people.

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How Does Police Power Lead to Mandatory Vaccinations?

One can look back to 1850 when medicine was evolving and there were concerns of sanitization with the increased population in certain cities and the cleanliness needed to avoid widespread sickness (Winkelstein, 2008). In Massachusetts, the state where the earliest colonists settled and which included the city of Boston, a study was commissioned to assess public safety. The commission's report contains one of the earliest usages of the term *public health* in America. *The Report of the Sanitary Commission of Massachusetts 1850* was the benchmark for the "existence of a public realm that is the domain of public health" (Beauchamp, 1983, p. 80). As the Chair of the Commission, Lemuel Shattuck included in the report a model state public health law. In 1866, the Massachusetts Legislature enacted the model law, and later other states followed suit. Most of the 50 recommendations listed in the report have become standard components of public health practice. One key provision in the report was the recommendation to collect public health data as part of governing (Winkelstein, 2008, p. 634).

The provision, which has been the most cited in the 1850 report, is:

The condition of perfect public health requires such laws and regulations, as will secure to man associated in society, the same sanitary enjoyments that he would have as an isolated individual; and as will protect him from injury from any influences connected with his locality, his dwelling-house, his occupation, or those of his associates, or neighbors, or from any other social causes. It is under the control of public authority, and public administration, and life and health may be saved or lost, and they are actually saved or lost, as this authority is wisely or unwisely exercised. (Shattuck, 1850/1948, pp. 1–2)

Thus, the notion that public health squarely falls within government responsibility and authority so that public health standards can be regulated and promulgated began in the 1800s in the United States (Winkelstein, 2008).

It took half of a century to test the limits of government authority to regulate in the area of public health at the United States Supreme Court. In 1901, a smallpox epidemic was active in the northeast part of the country. Once again, the facts arise from Massachusetts, but this time in the city of Cambridge. Not surprisingly, a smallpox vaccine became available, and the local government "sought to subdue the epidemic by requiring all adults to receive smallpox inoculations. Failure to do so would result in a five-dollar fine" (*Harvard Law Review*, 2008, p. 821).

To Mr. Henning Jacobson, this mandatory vaccination crossed the line. Jacobson did not agree to be vaccinated due to his own prior medical reaction to a smallpox vaccination in the country of Sweden when he was younger. Jacobson refused to both be vaccinated and to pay the fine (*Harvard Law Review*, 2008, p. 1822). The case wound its way through the state courts and was appealed to the U.S. Supreme Court, challenging government overreach and requesting relief from state-mandated vaccinations. Relief was not granted. The case was decided in 1905 by a seven-to-two opinion (*Jacobson v. Massachusetts*, 1905, p. 22).

The decision in *Jacobson v. Massachusetts* was the first significant case challenging the government's assertion of public good with compulsory vaccinations. The court relied upon a provision in the 1780 Constitution of Massachusetts, including governing "for the common good, for the protection, safety prosperity, and happiness of the people." The courts wrote:

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In every well-ordered society charged with the duty of conserving the safety of its members the rights of the individual in respect of his liberty may at times, under the pressure of great dangers, be subjected to such restraint, to be enforced by reasonable regulations, as the safety of the general public may demand [and that real] liberty for all could not exist under the operation of a principle which recognizes the right of each individual person to use his own [liberty], whether in respect of his person or his property, regardless of the injury that may be done to others. (Jacobson v. Massachusetts, 1905, p. 19)

Under the authority of police power to avoid injury to others, mandated vaccinations were upheld by the Supreme Court.

Smallpox was rampant, and the vaccine was seen as an appropriate remedy to combat the disease as it did not "go so far beyond what was reasonably required for the safety of the public" and was "necessary in order to protect the public health and secure the public safety." (*Jacobson v. Massachusetts*, 1905, pp. 18–19). During the COVID-19 pandemic, courts and governments have looked to *Jacobson v. Massachusetts*, decided over a century ago, for guidance in cases sustaining mandates on government facemasks and "stay at home" orders (Hana, 2020).

Analogy of Regulating Road Safety to Covid-19 Public Safety

People around the world generally accept that governments have authority and responsibility for road safety so that their citizens can be assured safe passage and transit. Certain restrictions, such as requiring driver's licenses and automobile insurance, and limiting speed on roadways, are imposed by governments and are accepted by its citizens as prudent. However, the true desired end state is safer driving leading to fewer accidents and fatalities. Safer driving can only be encouraged; it cannot be mandated, thus leveraging education to effect behavioral change. Change in attitude is key (Lotan & Shinar, 2021, p. 12). Research has shown that "attitude" is a principal determinant of driving behavior, and attitude is "affected by changes in emotional and behavioral dispositions" (Lotan & Shinar, 2021, p. 12).

The research further shows that information alone does not manipulate or alter behaviors and that education and media are significant influencers in safe driving. Education is needed to create acceptable levels of safe behaviors in driving through encouraging safety and condemning risky behaviors. The example given by Lotan and Shinar is drinking and driving. The campaign to stop drunk driving has led to behaviors becoming socially unacceptable. Both the education and the media's consistent themes that drinking and driving is unacceptable and to be avoided have yielded distinct benefits, causing a reduction in fatal accidents caused by impaired drinking.

As part of this education and media campaign, many high schools in the United States in the 1980s parked crashed cars in front for their new drivers to see the impact of drunk driving, along with signs of the fatalities they caused. These efforts entailed a component of fear. The scare tactic to influence behavioral change cannot be underemphasized. Human beings react to fear.

Applying the same concept to the pandemic, information alone was not enough to effect widespread change in behaviors. Take face masks, for example. Transitioning from never wearing a mask to millions of people around the world routinely wearing a mask outside the home was the result of a massive education and media campaign. Like the campaign to promote individual safe driving by prominently displaying smashed cars at high schools to deter drunk driving, fear was used to influence behaviors during the pandemic. Spurred on by politicians and health professionals, the media flooded the airwaves and Internet with reports of the ill effects of the virus, such as images of overfilled hospital emergency

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rooms and detailing the dearth of ventilators and numbers of death. Fear and scare tactics were leveraged. This approach worked in part as with the drunk driving campaign, but the media onslaught on stories and scare tactics had two quite different reactions.

For one class of people, the scare tactics worked, as people locked themselves inside and took all measures to ensure personal health. As with safe driving, if one takes the necessary precautions, accidents can generally be avoided, and one stays in control. This first class fell into this category, but there was a potential damaging side to this approach: anxiety. The media consistently spread government messages that COVID-19 affects everyone and "everybody and anyone can get it." The real message was that one is not in control and, in fact, "nobody is in control" (Lotan & Shinar, 2021, p. 13). Lack of control over one's destiny is a strong factor in anxiety, anguish, and depression—all of which increased across the globe during the pandemic, along with isolation and loneliness. Does this widespread anxiety caused by the campaign outweigh the public interest in limiting the spread of the COVID-19 virus? The jury is still out.

Whether it was true or not, the onslaught of messaging caused an immediate suspicious reaction in another class of people. The onslaught had a feeling of intentional manipulation. The "facts" on the radio, television, social media, and elsewhere on the Internet had so many inconsistencies that it was difficult to distinguish fact from fiction and, in turn, bred mistrust of most, if not all, government sources of information. In many cases, government officials across continents and various levels of government were actively disseminating misinformation. Why? Where was their duty to protect citizens? Was it misplaced with personal or political gain? Examples to make one's own assessment of prudence, or lack thereof, of these officials are highlighted below.

LIMITS TO GOVERNMENT CONTROL IN THE NAME OF PUBLIC GOOD

There are limits to exerting government control in the name of the public good. These limits may evolve and can be situational. Generally, officials will know when the limit is reached or exceeded as citizens will voice their view or perception of the overly restrictive government action. Therefore, leaders have a key role in taking action for the public good through the lens of social implications, in addition to the legal and policy lens. At the end of the day, leaders will be held accountable by their electorates. Establishing trust and genuine credibility is vital to success in a pandemic, especially when there is so much concern and fear. Leaders will be tested and must recognize the limits of their governing capacity in the name of public safety.

Mistrust Breeds Anxiety

When does trust turn into mistrust? When does support turn to scorn and protest?

In many countries, the electorate espouses the notion that the government exists to serve its citizens, and these citizens will hold their leaders accountable to the service model. For example, in the United States, service to the electorate is consistent with the Constitution's preamble, which begins with "We the People." Unfortunately, the construct of government's "service" to its citizens has, in some instances, become diluted over time. This dilution has sown mistrust by the citizens of the state. Lack of trust in one's government is one of the most destructive threats to democracy and healthy governance. Citizens'

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mistrust, in turn, causes a perceived or actual lack of control, which then causes increased anxiety and anguish (Dorasamy & Anwana, 2021, p. 6).

In many countries around the globe, government responses to the COVID-19 pandemic provide the perfect backdrop from which to evaluate the erosion of trust in a nation-state's mandate to protect its citizens. As mistrust of the messaging escalated, anxiety and anguish increased. Increased anxiety was evidenced by increased cyberchondria. Social media also contributed to the escalation of cyberchondria through fear and dissemination of misinformation.

Accordingly, what is the role of a government in avoiding this escalation of anxiety? Without a doubt, clarity and accuracy in messaging by government officials are paramount. Unfortunately, nation-state responses to the COVID-19 pandemic provide multiple exemplars of when the state did not adhere to acting on behalf of the public good and caused mistrust, anxiety, and anguish. This section provides use cases or exemplars that demonstrate the spectrum of dissemination of health-related information in a crisis, from (a) policy makers' contributions to valid dissemination of COVID health information to (b) reckless propagation of medical disinformation of COVID-19 safety precautions.

Valid Dissemination of Covid-19 Health Information

The communications and actions of four global leaders provide examples of valid dissemination of pandemic health information: South Korea, Ireland, New Zealand, and Japan.

South Korea

South Korea was one of the few countries that the leadership and its citizens "worked together to manage the pandemic." Experts attribute it to their memories and experiences with severe acute respiratory syndrome (SARS). The leaders responded quickly, and "measures to control" COVID-19 received "full and voluntary cooperation" of its citizens. The trust of the elected officials was maintained as evidenced by "a landslide victory in subsequent elections" (Bhalla, 2021, p. 22). President Moon Jae-in said in February 2020, when two South Korean provinces were at crisis levels, that all "government organizations should switch to 24-hour emergency room system" and requested "the public's voluntary and democratic participation" for stability. This approach was respected by all and aided in the containment of the virus. President Moon Jae-in was viewed as showing "political and showing commitment." Additionally, South Korea established centralized command and control "under the prime minister, a Central Disaster and Safety Countermeasures Headquarters" to coordinate all official public safety activities at local levels. South Korea has been commended for its "effective communication system" and approach (Bhalla, 2021, pp. 23–24).

Ireland

The Irish Prime Minister, Leo Varadkar, was also respected by his citizens in Ireland (Martin, 2020). Varadkar was seen as approachable and relatable, which "went over very well with the Irish public." Prior to the pandemic, he had a reputation that he "didn't have a feel for how people really lived." The big change came when he gave a St. Patrick's Day speech and made an effort to connect to the Irish. Prior to becoming a politician, he was a medical doctor. He announced he was going to start medical phone consultations to aid in the health care response. Also, he shared that his "partner, two sisters and

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both their husbands are working in the health service" in Ireland and the United Kingdom. His attitude change and altering his communication style made him human and helped the country pull together under his leadership (Martin, 2020).

New Zealand

The Prime Minister of New Zealand, Jacinda Arden, recognized upfront that she could protect her remote country of five million inhabitants. She has been credited with saving lives while also being respected. Early on, on March 14, 2020, Arden said, "Go hard and go early, and do everything you can to protect New Zealanders' health." While she was "young and relatively inexperienced," she "mobilized people and communities" by acting quickly and accepting expert advice. Experts opined that their low COVID-19 mortality rate was due to "full cooperation between leaders" and citizens (Bhalla, 2021, p. 20). Prime Minister Arden focused on "containment and flattening the curve," but instead of "taking credit" for herself, she attributed the success to her "team of five million." (Bhalla, 2021, p. 20). Her country appreciated her "empathy," which seemed "to naturally flow from her." In April 2020, she "cut her pay by 20% in solidarity" with those struggling from COVID-19 (Martin, 2020, p. 2).

Japan

Japan was seen as a leader in empathy and garnering full compliance without strict lockdowns. Prime Minister Shinzo Abe, on February 29, 2020, "Frankly, it isn't possible to conquer this fight with only the Government's power. We are aware that we are causing trouble for the Japanese people but we also humbly ask for cooperation from each and every person." Japan had the lowest mortality rate in the G7 (Bhalla, 2021, pp. 16–17). Experts have assessed Japan as having "partial success" due to initial "denial" and delay in issuing "necessary public health measures." Prime Minister Abe desired to continue to host the 2020 Olympic Games and then had to declare a national emergency in February 2020 (Bhalla, 2021, pp. 16–17).

Japan was in part successful in containing the virus due to strong leadership exemplified by the "governors of Osaka and Tokyo," who became "more popular" due to their communication methods via "regular T.V. appearances to urge citizens to take precautions." Another contributing factor aided in Japan's lower rates: "the country's efficient and well-funded healthcare and services, its scientists, virologists, and its public." The Japanese were compliant and cooperative, and, despite its "disproportionately large elderly population," Japan succeeded (Bhalla, 2021, p. 18).

Reckless Propagation of Medical Disinformation

The communications and actions of three global leaders provide examples of reckless propagation of medical disinformation: Brazil, Belarus, and Mexico.

Brazil

Brazil's President Jair Bolsonaro talked down the risks of COVID-19, describing it as a "little flu" on March 23, 2020 (Power, 2020, p. 2). He was vocally dismissive of the virus and even suggested that Brazilians had a natural immunity to the virus. When asked how Brazil would compare to the high numbers

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in the U.S., he said, "I don't think it will reach that point. Especially because Brazilians must be studied. They do not get anything. You see the guy jumping into the sewer there, going out, diving, right? And nothing happens to him." He added, without any basis, "I think a lot of people have already been infected in Brazil, a few weeks or months ago, and already have the antibodies that help not to proliferate it." He was dismissive until he contracted the virus and had a high temperature, and his country's numbers of COVID-19 cases rose exponentially. As the president of a country, he was recklessly dismissive, and by downplaying its seriousness, more people died (Power, 2020, pp. 2–4). As of May 2021, Brazil reported 448,291 deaths from COVID-19.

Belarus

Many argued that Alexander Lukashenko, the Belarusian leader, was reckless when he suggested that businesses must stay open. Lukashenko, 65 years old at the time, encouraged workers to stay on their tractors. A former Soviet collective farm leader, he was a persuasive leader. Lukashenko opined, "There shouldn't be any panic. You just have to work, especially now, in a village. Tractors will cure everyone! The field heals everyone!" (Power, 2020, pp. 1–4). His admonition was fear-reaching in Belarus, a highly agricultural country. But Lukashenko did not stop there, as he went on to encourage drinking vodka and visiting public saunas. "I don't drink but recently I've been saying that people should not only wash their hands with vodka but also poison the virus with it," Lukashenko said. "You should drink the equivalent of 40–50 millilitres of rectified spirit daily." Prudently, he added, "but not at work" (Power, 2020, pp. 1–4). He combined vodka drinking as a defensive mechanism with visiting public saunas, referred to as *banyas*: "Go to the banya. Two or three times a week will do you good . . . When you come out of the sauna, not only wash your hands, but also your insides with 100 millilitres [of vodka]." (Power, 2020, p. 4). It is unknown how many people followed this advice. It has been reported that Belarus had 386,025 COVID-19 infection cases and 2,771 deaths from COVID-19.

Mexico

Mexico's President Andres Manuel Lopez Obrador downplayed the virus from the very beginning in early 2020. He supported continued touching and hugging at rallies and said, "This idea that you can't hug. You have to hug. Nothing happens." He encouraged people to continue to go out to eat, as he did. "I'll tell you when not to go out any longer. If you're able and have the means to do so, continue taking your family out to eat . . . because that strengthens the economy." Lopez Obrador encouraged life to continue as normal and did not encourage social distancing (Power, 2020, p. 3). As of May 2021, Mexico reported 221,256 deaths from COVID-19.

Overreach: Lockdowns Lead to Protests and Civil Unrest

In addition to the reckless propagation of misinformation, public officials were distrusted because of their actions being perceived as exceeding their authority. By April 2020, many countries around the world had initiated lockdowns and curfews. Each country, and in many cases a country's subdivisions, approached its obligation to promote public safety and the public good differently, and in some instances, almost in opposite ways and rules. The inconsistency combined with the rigidity of the lockdowns caused dissent and, in many cases, protests and riots.

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For example, in the United States of America, each of the 50 state governors assessed the risk and announced what they believed were appropriate restrictions and mandates. Such a decentralized approach caused neighboring states to have different privileges and liberties. This dichotomy did not sit well with the citizenry, especially when the COVID-19 infection rates were fairly similar in geographically close states with varying degrees of restrictions. The same was true in countries with shared borders around the world. Never in modern history has the issue of governing and how one governs been at the forefront of everyone's daily lives. France was doing this, and England was doing this, as were Germany, Australia, New Zealand, Mexico, Finland, China, and others. The very process of governing was under a microscope as citizens around the world began to question the authority under which their governors, presidents, or prime ministers were operating to assert police power in the name of the public good.

By April 2020, in the United States, there were many staged and unplanned protests that arose out of anger and the feeling of government overreach. The stay-at-home orders combined with shuttering businesses raised emotions to unseen levels. By the next month, 25 states had experienced vocal and, in many cases, violent protests. The state of Michigan had imposed extreme measures. In turn, they experienced protests with the most rage. A protest was organized, via Facebook, on April 15, 2020, at the Michigan State Capitol building. Estimates of the number of participants were around 3,000, with 150 protesters on the capitol lawn in Lansing. This behavior of inciting fellow citizens on social media to defy stay-at-home orders was then replicated across dozens of other states.

In Maryland, protesters were also vocal, especially when the governor ordered churches to close. Denial of worship was, to many people, a step too far in the name of the public good. On May 2, 2020, crowds descended on the state capitol in Annapolis. They had previously called for the governor to lift restrictions by May 1 (Ruiz & Gillispie, 2020, pp. 1–2). When their voices were not heard, they took to the streets. Maryland Congressman Andy Harris joined the Re-Open Maryland campaign and chimed in on the overly rigid religious restrictions that shuttered churches across the State: "Unbelievably, in America, I have been told that you can't practice your religion and the state has decided that my religion is essential or nonessential." He added, "I didn't wake up in Communist China and I didn't wake up in North Korea . . . and tomorrow morning, I should be able to go to the church of my choice and worship the way I choose" (Ruiz & Gillispie, 2020, pp. 1–2). The anger was palpable. In that week alone, 37,255 new applications for unemployment were filed in Maryland: People wanted to go to work, not to a food bank. Surprisingly, the church and business closures continued for some time until the governor partially lifted restrictions (Ruiz & Gillispie, 2020, pp. 1–2).

As in the United States, there were inconsistencies in European countries, where some businesses were deemed essential and others nonessential. A study of the differences in lockdown rules between Jordan and the United Arab Emirates (UAE) was done by the University of Jordan. While they do not have a shared or common border, both the UAE and Jordan are neighbors of Saudi Arabia. According to the Ministry of Health in Jordan, the first COVID-19 case was detected on March 2, 2020, and by April 12, there were "clusters" of cases (AlQutob et al., 2020, p. 2). Jordan swiftly called for social distancing, halted all forms of inbound and outbound movement and travel, and enacted the "Defence Law" to order and enforce by governmental bodies. Immediately, a national curfew was ordered to complete country isolation. Caregivers for either children or adults over sixty were not permitted to leave home except in an emergency (AlQutob et al., 2020, pp. 2–3). In Jordan, only "essential employees" were permitted to move during working hours; the next phase then permitted all citizens to leave their home between 10:00 a.m. and 6:00 p.m. to collect medicines or visit essential government offices for services (AlQutob et al., 2020, p. 3).

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The UAE was less restrictive and had shorter curfew hours. It allowed its citizens to leave their homes without a permit from 6:00 a.m. to 10:00 p.m., eight hours longer than Jordan. UAE was more descriptive in permissible activities, which included "justice, foreign affairs, education, health, residency, infrastructures, municipalities, and judiciary." (AlQutob et al., 2020, p. 3). The researchers discovered that it "may not be necessary to wait for all of the ideal requirements for lifting the lockdown." Several sectors in UAE "remained almost completely inaccessible" and caused "much economic and social suffering," especially in the areas of higher education, vocational training, and transport remaining closed or limited (AlQutob et al., 2020, p. 3).

These two countries, in relatively close global proximity, approached mandatory lockdowns quite differently, and their rationales did not, in essence, seem rational. Many people around the world lost faith or trust in their respective government's decision-making processes. Similar observations were made of Sweden and other Scandinavian countries. Sweden's initial approach "to pursue 'herd immunity'" was quite different from Finland, which asserted emergency powers through its national parliament (Colfer, 2020, p. 133).

Likewise, confidence in American public officials fell. Many workers were deemed nonessential, unemployment rose significantly, and people found it hard to sustain daily living needs of food and shelter. These hardships, combining with COVID-19 health risks, caused rates of anxiety and depression to rise daily, all with the same question for legislators and other government officials: Why does the government have the ability to legislate the infinite details of someone's life all in the name of public safety? Why not look to personal responsibility and accountability?

News reports of arrests of hairdressers and salon owners trying to work made the newspaper front pages, and everyone asked why and how it had come to this. At one point in Mississippi, nail salons and massage parlors could open, but tattoo parlors stayed closed (Thompson, 2020, pp. 1–2). These services were all under the category of close-contact services, and consequently, anger erupted over who decides and how. What is their motivation? Why so many inconsistencies?

Self-Direction

History has demonstrated that as mistrust occurs, citizens seek reliance on non-governmental sources of information. In the past, self-research was encouraged. In 1969, the late Dr. John Knowles, president of the Rockefeller Foundation and former director of Massachusetts General Hospital, appeared on the Today show promoting his book, Doing Better and Feeling Worse. The interviewer asked what the public could do about the then-crisis in the health care system. Knowles replied that the public should take more individual responsibility for health: "The first step is for the citizen to find his local health department and get some pamphlets on healthy living" (Beauchamp, 1983, p. 77). This tip was given prior to the Internet, but reveals that 50 years ago, there was a theme evolving back then that one must take one's own actions for health and safety.

Can taking action to research one's health concerns and fear get carried away? Yes. Cyberchondria is a potential outcome of extreme levels of researching one's health and safety, almost to levels of paranoia. How does this happen? More information increases health fears rather than allaying fears. It results in a heightened sense of lack of control. Cyberchondria is officially defined by cyber psychologists "as 'anxiety induced by escalation during health-related search online'" (Aiken, 2016, p. 242).

During the COVID-19 pandemic, so many health-related factors were out of one's control, and anxieties increased. Deciding to go to the grocery store, while inherently risky, was predicated on expecting

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the grocery store workers to take the necessary precautions to sanitize all surfaces and relying upon the other customers, albeit strangers, to not be sick or unknowingly infected by the COVID-19 virus, as well as maintain social distancing. Despite these expectations, knowing that the risk exists requires acknowledging that there are factors outside one's control, which in some people, caused increased anxiety and anguish.

SOLUTIONS AND RECOMMENDATIONS

Experts agree that the inconsistencies in governing during the pandemic raised novel issues of authority and police power. Dr. Raeda AlQutob opines that it is "critical to learn from first-wave experiences" and that as the pandemic situation "continues to evolve, public policies will similarly have to adapt to accommodate and mitigate this change and better serve their purpose of protecting the well-being of the population" (AlQutob et al. 2020, p. 5). Also, it has been found that public engagement is "paramount;" for success in community support and buy-in, there must be "effective involvement of the communities, stakeholders, and individuals in the opening-up strategies" (AlQutob et al. 2020, p. 4).

As the world moves forward beyond the COVID-19 pandemic, it has been learned that it is wise for countries to increase public awareness and related public health measures with a "focus on physical distance and personal protective health measures" (AlQutob et al. 2020, p. 5). With collaborative communication and priority setting, there will be stronger support and adoption of safety protocols. At the end of the day, both trust and authenticity are needed, while also considering individual empowerment and decision-making. The ideal end state is the broad recognition that society requires all people, including the citizens and those who serve in government at the pleasure of the citizens, to live together and to respect each other.

FUTURE RESEARCH DIRECTIONS

Recommendations for future research direction include retrospective reviews when COVID-19 is clearly in the rear-view mirror. This research could assess effective approaches to asserting police power balanced with individual rights during the pandemic, with one metric of the total fatalities in countries with rigorous or the strictest controls on movement and activities. Expanded future research directions could review specific expansions of police power in the name of public good in a pandemic, which could also include both poor and best practices in ethical public leadership (Patrick, 2020, pp. 48–50).

Generally, in an emergency, the aperture on permissible government action is widened, but after the situation resolves, the pendulum does and will swing back. Future research could assess the closing of the aperture that widened and the growing pains associated with this dynamic. Lastly, another area of future research could include the perspectives of citizens around the world on successful resiliency in lockdowns and best practices of partnerships with local government officials and health professionals when lockdown measures were deemed effective.

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CONCLUSION

The COVID-19 pandemic presented many challenges and opportunities, as well as a plethora of lessons learned in the event of future reoccurrences. One such lesson is that public officials need to be tuned to their influence on their respective populations and their heightened responsibility to be accurate in communications on all platforms. The actions of the public officials are always on display, and others will emulate both the good and the bad behaviors. Accordingly, leadership characteristics and traits need to be explored, adopted, and displayed by public officials, which would include responses "underpinned by responsibility, impartiality, accountability, and integrity" (Dorasamy & Anwana, 2021, pp. 1–2). Any gap in doing so can and will influence dozens, if not thousands, of people to espouse misinformation or to adopt reckless approaches, with disastrous effects such as cyberchondria and death.

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KEY TERMS AND DEFINITIONS

Common Good: Providing services to facilitate life and the pursuit of happiness and to maintain law and order, security, and protection.

Dissemination: Distributing or providing information through media platforms and mechanisms.

Government: Institutions and organization formed by the population to provide for the common good.

Lockdowns: Government-imposed shuttering of businesses and workplaces except for those providing essential goods or services to minimize the spread of infectious diseases.

Protests: Individual or collective expression of disagreement with government policy or actions.

Public Safety: All actions taken and facilities set in place to protect the population from harm.

Societal Unrest: If not an expressed protest, societal unrest is a belief or feeling among a section of the population of dissatisfaction with government policies and resulting societal trends.