

How COVID Vaccination Hesitancy, Social Class, and Economic Inequality Reveal a New Dimension of Public Trust

Liberty Kohn, Winona State University

Abstract

COVID vaccination data on United States' citizens reveals that working-class citizens across multicultural domains and political identities are vaccinating at lower rates because working-class citizens do not feel that public institutions have met obligations to improve their life. This belief in unmet obligations illustrates a new facet of institutional trust: a general indifference to institutional requests. This *indifference* to institutional request, with indifference as a new dimension of trust, differs from past working-class scholarship on institutional trust, which often finds anger, submission, or scapegoating other groups as common responses to institutional request or rhetoric. This article also recapitulates the strong relationship between the U.S.'s high economic inequality and working-class lack of trust and indifference toward public institutions.

Keywords

Institutional trust, working class, public rhetoric, economic inequality, COVID 19

Since the theorization of ethos dating to ancient Greece, the field of rhetoric, my own field, as well as other modern fields, has a long interest in the study of trust. This interest in trust, often grounded in public and political settings, extends in the modern day to *institutional trust*, trust in the institutions that govern citizens' lives and that shape and deliver ideas of the public good. Importantly, recent annual surveys and metrics show that trust in institutions has declined over the last several decades—this is true in the U.S. of both private and public institutions (Botsman, 2018, p. 41). Concerning public institutions, Gallop Polls of the 1970s show that 70% of Americans trusted their government to do the right thing, but by 2017 the number has decreased to 35% (Botsman, 2018, p. 41). Since 1972, trust in government institutions' handling of domestic issues has declined from 70% to 54% and from 75% to 52% on international issues, while in this period trust in Congress has declined from 42% to a meagre 9% (Botsman, 2018, p. 41).

While the reasons for this decline in trust can be many, recent common political analyses in our post-fact age typically offer up two avenues of thought for a distrust in public institutions. One view involves the political, symbolized by the high-profile anti-institutional rhetoric of Donald Trump, including his and other elites' use of anti-government conspiracy theory, such as a Deep State controlling governmental decisions (Muirhead and Rosenblum, 2019, p. 7); in this view, governmental institutions are corrupt and controlled by either elite or secretive forces beyond the reach of ordinary voters. Thus, Trump's rhetoric and success as a politician stands as testimony to a working-class belief that institutions do not serve the working class, but only other groups. This

anti-institutional sentiment in Trump's rhetoric is one reason for his popularity with America's white working class (Gest, 2016; Kohn, 2018). Alternatively, a less conspiratorial, yet anti-governmental conservative small government movement dating to the Reagan years (Aune, 2001, p. 129) also explains the decline in trust because, in Reagan's words, 'government is the problem.' Other potential reasons for decreases in institutional trust are based not in anti-institutional conservative political rhetoric, but in unequal justice, where public opinion polls demonstrate that a consistent lack of punishment over the first decades of the twenty-first century in high-profile abuses by the political or financial elite has made ordinary citizens feel that institutions do not hold elites accountable for violations of institutional norms and laws for which ordinary citizens are held accountable (Botsman, 2018, p. 42).

While these current political trends and ethical reasons for decreases in institutional trust are certainly true, I will argue that an under-identified informant of institutional trust is a citizen's class-based experiences with and beliefs toward public institutions—particularly, institutions' fulfillment of obligations based not in the present, but in the individual's beliefs about institutions' previously positive or negative impact on their life. That is, I'm not analyzing for the degree to which working-class citizens *understand* the impact of institutions; nor am I focusing on the degree to which institutions *understand* working class needs and identity. My interest is not gauging or measuring *understanding*, but analyzing for working-class *beliefs* and *attitudes* about institutions' impact on their life.

In support, I'll be using published interview data and trends from public health researchers Sreedhar and Gopal (2021) on U.S. working-class and low SES (socioeconomic standing) citizens' reasons for not complying with the American government's (from the CDC to state-level public health to President Biden's) highly public request to receive vaccination for the protection of oneself and the public good. In short, I argue that one feature of institutional trust relies on individuals' and demographics' belief, or lack of belief, that public institutions have been helpful and impacted their lives—a positive impact begets reciprocity from citizens toward the institution. Herein, COVID data on what is often termed vaccine hesitancy, which I'll term *lack of reciprocity*, demonstrates a clear social class divide. In short, the COVID vaccine non-compliance data opens a window onto a new facet of institutional trust: many working-class members engage in vaccine 'hesitancy' (i.e., non-compliance) due to *lack of reciprocity*, a belief that public (and potentially, private) institutions of varied sorts (from education, health, pharmaceuticals, labor and wages, etc.) haven't helped the working class much in the past. Thus, they, working-class citizens, do not owe institutions enough to reciprocate in the present: that is, the failings of any area of institutional expertise or authority is enough to feel that institutions and authority in general don't serve the working class. In the case of COVID, this means that a public vaccination request from local, state, or national government may go unfulfilled because of a feeling that institutions haven't helped in the past, so one owes them little now, in the present.

Naturally, not complying with vaccination is not based in only one factor or reason, whether for individuals or across demographics. Multiple factors matter in decisions to get vaccinated or not. Thus, a lack of reciprocity toward institutions, the theory I forward here, will be contextualized alongside other possible reasons in the closing Discussion section of this article. Other potential reasons to not vaccinate include other identities, political affiliation, conspiracy theory or misinformation, a media environment that politicizes all issues, including COVID, and the

challenge and expense of a largely privatized healthcare institution in the U.S., with this final issue connected to distrust of institutions (public and private) in general. However, I'll reserve further discussion of these factors for the close of the article and begin with an exploration of trust, social class, and public institutions.

What is Trust?

Trust is often grounded in safety and security, where trust can be defined as 'a confident relationship with the unknown' (Botsman, 2018, p. vii), or 'an attitude of positive social expectations—expectations that are not well-defined, but of a more 'open-ended' character' (Hoff-Clausen, 2013, p. 427). Trust may operate from the assumption that others will not harm us or take one's interests into account (Govier qtd in Hoff-Clausen, 2013, p. 427). Yet trust, even as security or safety, implies opposites. Thus, trust likely requires distrust (Allen, 2004, p. 143), or at the least a dialectical relationship with distrust, particularly when moving beyond physical or material domains of safety and security to domains of debate, democracy, policy, and ideological preferences toward public problem solving.

Concerning the parameters of trust and distrust, Christopher Gilbert argues that distrust is not for 'securing truth' (2012, p.21) and falsity, but for 'testing the fitness of social life through rhetorical performance and promoting durable, human civic actions' (p.21). That is, distrust allows citizens to examine, to test, the usefulness and limits of ideas—and, I would add, because of institutions' role in public life, this 'fitness test' includes public institutions charged with solving public problems. Gilbert argues that, in trust as a fitness test, one then sees in *distrust*, 'rejection as a means for developing doubt into a critical lifestyle' (p.21), with doubt benefitting the common good due a dialectical process that tests ideas' validity.

Certainly Gilbert's theory of distrust offers benefit, yet one must also recognize that distrust and rejection are clearly not always a pathway to trust, truth, or durable civic action. Rather, distrust can also foment resentment; therein, distrust lives at the core of political partisan *resentment* that divides a populace, making neighbor distrustful of neighbor (Engels, 2015, p. 72). Engels claims such is true in the U.S. of our current Trump/post-Trump era. Public sphere scholar Patricia Roberts-Miller (2017) similarly suggests that our age of demagoguery builds such resentment, as media and political discourse in the public sphere is often based around an 'Us versus Them' rhetorical strategy from left-leaning and right-leaning politicians and media who forego discussion of issues (p.32) and reduce competing views to personal actors that are 'evil' or 'bad' (p.34). And in our current era of resentment by ideological tribalism, resentment and distrust toward public institutions grows, particularly in the Trump era, as evidenced by physical or verbal attacks by Trump and supporters on institutions ranging from the CDC (protests against masks, the villainization of CDC Director Anthony Fauci) to threats against local politicians and school board members, to threats toward democratic election officials and elections (i.e., election denial/Stop the Steal, support for January 6, etc.). Thus, in our era of resentment, forms of distrust may not work in dialectical process to produce trust. Instead, distrust remains lodged, operating only to foment resentment, as opposed to distrust functioning more like 'doubt' as part of a civic-minded dialectic.

Concerning institutional trust, with institutions defined as ‘social structures [with] a history of practices, values, and laws that are accepted and used by many people’ (Botsman, 2018, p. 40), and with institutional trust, particularly governmental public institutions, being the focus on this article, it is worth pointing out that a socially ‘fit’ idea can still produce backlash and resentment, building into institutional distrust from some demographics, but not others. For example, Danielle Allen’s exploration of trust since the 1960s civil rights era, *Talking to Strangers*, argues that interracial distrust is one identifiable factor at the root of political problems (Allen, 2004, p. xiv), with studies since the 1960s civil rights-era showing declines in trust in ‘government and other institutions of authority’ (Allen, 2004, p. xv) as race relations and social status were reformulated across American society. Allen, for her part, largely traces the effect of race and the civil rights gains of the 1960s on social trust and institutional distrust, finding that movement toward equality damaged institutional trust among white demographics whose status was threatened. Thus, Allen’s historical work proves that public ideas and political movements, even those seen as the natural progress in a democratic society, such as racial equality, are not accepted to all citizens or demographics, and a single idea spurs or spurns trust, depending on the demographic. Allen’s work on race ultimately argues that while distrust is a necessary component of conceptual democracy, social and institutional trust are necessary for social stability, yet social status differences and insecurities easily upset social stability and trust in institutions. Such is true in the Trump/Post-Trump era as well, I would suggest.

Trust theorist Hoff-Clausen, not in the context of Allen’s reconfigured racial social statuses, but in the context of trusting institutions after the 2008 market crash, analyzed campaigns to rebuild trust in banks. Hoff-Clausen’s study found trust is based in the institution’s ability to make the public feel entrusted themselves to ‘partake in the organizational development of the banks’ character and conduct’ (2013, p.442). Hoff-Clausen sees the ability to participate or help construct the institution, and be trusted by the institution to partake, as major factors in citizens’ institutional trust. Taken together, Allen and Hoff-Clausen demonstrate that core identity differences in demographics (Allen) as well as beliefs in ability to participate in or construct institutions (Hoff-Clausen) inform citizens’ levels of institutional trust. In short, identity and ability to participate are two key elements in institutional trust.

Ideas of Institutional Engagement: Met Obligations vs. Participation and Construction

I argue that COVID vaccination interview data by public health specialists and researchers Sreedhar and Gopal suggests that a related, yet novel, feature of institutional trust can be identified. This new feature of institutional trust is based in varying social class demographics’ feelings and beliefs that the institutions have fulfilled their obligations (or not) to the citizen. That is, as Allen suggests, identity matters in institutional trust. However, unlike Allen, I focus on social class, not race, as an important factor in institutional trust. And while I agree with Hoff-Clausen that feeling trusted to participate is important in institutional trust, unlike Hoff-Clausen, I argue that COVID vaccination data suggests working-class citizens, or at least elements of the working-class identity, do not feel served by public institutions. Therein, many working-class members may *withhold not only participation, but simple institutional requests such as vaccination because of a belief that institutions have not positively impacted their life*. In short, many U.S. working-class citizens not only feel alienated and unable to participate in institutions, which is a denial of the two-way participatory, constructive relationship between citizen and institution often imagined of public

citizenship, but the working-class demographic's perception may be that institutions in general have not met institutional obligations and have failed to positively impact their lives: therefore, these citizens not only forego two-way participation, but forego one-way requests for action, such as COVID vaccination. Although many factors are operative, as I'll outline in my Discussion section, I argue that the feeling of being underserved by institutions may be one operative factor when deciding to fulfill a public institutional request, such as COVID vaccination.

Therein, I argue that COVID vaccination data I'll present shortly has larger theoretical implications: certain demographics may not wish to reciprocate or comply with institutional requests for the public good, and this lack of compliance with institutional requests is a discernable new feature linked to an increase in anti-institutional actions based in institutional distrust. However, unlike resentment or anti-government movements, COVID vaccination data shows that the sentiment behind inaction is not aggressively anti-institutional. Rather, the sentiment is one of indifference toward institutional requests for public good. And unlike dialectical assertions of the necessity of distrust to produce trust, institutional distrust in the form of lack of reciprocity to institutional request does not inform a dialectic leading to trust in public institutions. The distrust remains distrust and indifference—distrust does not become a tool to test democratic ideas. Distrust and indifference remain lodged in the identity and demographic (not in the democratic process), proving identity-based willingness to reciprocate, or not to reciprocate, a new facet of institutional trust.

COVID Vaccination Data: How Social Class and Economic Inequality Predict Institutional Trust

This article will analyze and theorize from a variety of data, including data and interviews performed over five years on vaccination attitudes in the working class, including a final two years that were the COVID-19 era, by U.S. medical doctor and public health specialist Dr. Anita Sreedhar and Arizona State Professor of Sociology Dr. Anand Gopal. The pair of public health researchers investigated vaccine non-compliance just before and during the COVID era. The researchers' preliminary 2021 public presentation of their findings in the *New York Times* reported that their interviews reveal two trends: that attitudes toward non-vaccination are influenced by 1) how much people believe institutions help them and 2) a greater or lesser sense of a collective democratic endeavor (para. 6) .

I am interested mainly in their former finding, that, to quote the authors insight into why so many working-class people didn't get vaccinated, 'people are unlikely to trust institutions that do little for them' (para. 6). Sreedhar and Gopal's interview excerpts and analysis identify what I will term the *(un)willingness to reciprocate to institutional request*, which I define as a feature of institutional trust; this article will gather Sreedhar and Gopal's interview data and examples as well as other statistical research and scholarship to support my claim that the working class doesn't see institutions as serving them well, and therefore may be less willing to reciprocate to institutional requests. However, this willingness to reciprocate is, from a theoretical standpoint, not beholden to only public institutional requests for COVID vaccination. Rather, I will argue that the degree of belief that institutions positively impact one's life can potentially shape trust and ethos in public institutions in general.

The Why and What of Working-Class COVID Vaccination Resistance

Sreedhar and Gopal's trends from five years of interview and focus group-based research, the last two years overlapping with the COVID era, suggest that social class and differing experiences with institutions are a major predictor of a willingness to comply with institutions (on COVID and non-COVID vaccination), regardless of racial or ethnic background. The pair say of their five years of interviews that:

(vaccine) hesitancy reflects a transformation of our core beliefs about what we owe one another. Over the past four decades, governments have slashed budgets and privatized basic services. This has two important consequences for public health. First, people are unlikely to trust institutions that do little for them. And second, public health is no longer viewed as a collective endeavor [...]. People are conditioned to believe they're on their own and responsible only for themselves. (para. 6)

Sreedhar and Gopal's interview trends point to working-class beliefs that institutions do not impact their lives, and individuals are solely responsible for their fate, which further distances individuals from beliefs or reflection that public institutions can (and do) impact their life.

I'd like to immediately validate this basic claim connecting vaccination with trust institutions through statistics. Kaiser Polls COVID vaccination demographics reported by the *New York Times* in May 2021 also support a class-based divide. When looking at vaccination compliance/non-compliance by race, political affiliation, and other factors, statistician Molly Anne Brodie of Kaiser Polls reports that '[n]o matter which of these groups we looked at, we see an education divide' (qtd. in Leonhardt, 2021, para.6).-As the data shows, concerning non-college educated Americans, particularly in rural areas, are comprised of non-college-educated working-class whites—a group and geography typically associated with support for the Republican Party. However, the Kaiser data includes many racial and ethnic marginalized communities across the U.S. not typically associated with the Republican party. Despite these two working-class groups apparent differences (rural/urban, white/minority), it is the education divide, a major feature of class-based identity, that can strongly predict who will get vaccinated and who will not, even as COVID vaccinations were free in the U.S. for the duration of the pandemic.

This education-based finding suggests social class, here defined through educational level, is a major factor in vaccination rates. Similarly, a study led by Harvard Public Health officials in 2021 found that vaccine hesitant citizens fell into three major groups: people who relied on conservative news media for information, people who voted Republican, and, equally telling, those with lower educational levels (Viswanath et al., 2021). Although political affiliation appears in this study as well, the working-class identity defined by educational level again appears as a major factor in complying with institutional requests, leaving one to ask why this might be.

Social Class and Institutional Trust as Illuminated by COVID Vaccination Trends

Public health specialist and primary care physician Dr. Anita Sreedhar and sociologist Anand Gopal interviewed non-vaccinated citizens in New York City's South Bronx to distill reasons for vaccine hesitancy/non-compliance. The pair report that:

commentators have chalked up vaccine distrust to everything from online misinformation campaigns, to our tribal political culture, to a fear of needles. Race has been highlighted in particular. [...] Dr. Anthony Fauci pointed to the long shadow of racism on our country's medical institutions, like the notorious Tuskegee syphilis trials, while others emphasized the negative experiences of African Americans and Latinos in the examination room. (2021, para. 7)

Although I will take up these larger issues in the Discussion section of this article, Sreedhar and Gopal contextualize the influence of race, saying '[t]hese views are not wrong,' but there is 'a more complicated picture' (para. 7) as, by December 2021, vaccination rates between black and white Americans 'were almost identical' (para 8.). Sreedhar and Gopal's COVID vaccination compliance data reveal that, similar to the findings of Kaiser Polls, it is college education, one determinant of social class identity, that is a reliable predictor of which Americans will get vaccinated for COVID. Sreedhar and Gopal further point beyond their own interviews, data, and trends to statistical comparisons of working-class neighborhoods from varying regions of the U.S. in both predominantly white and predominantly Black working-class neighborhoods, with little difference in vaccination rates in these working-class neighborhoods, despite large differences in racial make-up. Once again, social class seems to matter greatly in deciding to comply with the institutional request to get vaccinated. The researchers also point out that political party affiliation is often a large predictor of vaccination, with Republicans getting vaccinated at lower rates. However, when looking at the statistics across multiple demographic possibilities, Sreedhar and Gopal state that 'this gap also disappears when accounting for income and education. It turns out that the real vaccination divide is class' (para. 9)—i.e., college-educated Republicans are getting vaccinated at a rate relative to college-educated Democrats. Therein, political identity or affiliation is not as significant as assumed. If political identity mattered, one would expect to see a large difference in vaccination rates between Republicans and Democrats, regardless of educational level. Instead, education level was a decisive factor: in Sreedhar and Gopal's findings, working-class members are going unvaccinated at similar rates regardless political affiliation.

However, statistics here can only explain what is happening, not why a phenomenon is happening. Sreedhar and Gopal report that, after multiple interviews with citizens in working-class and poverty-stricken South Bronx neighborhoods, an explanatory pattern emerged. What follows are representative interview statements Sreedhar and Gopal offer from multiracial working-class New Yorkers who refused COVID vaccination. Note the major trend in the statements: a distrust or unwillingness to get vaccinated due to a sense that institutions are not helpful and have not positively impacted interviewees' fortunes. Also note in some comments the sense that institutions do serve some demographics (i.e., the middle-class and above), but not working-class and low SES interviewees' own demographic(s):

- 'When you're in a high tax bracket, the government protects you. So why wouldn't you trust a government that protects you?' –Amazon worker who refused vaccination. (para. 20)
- 'People are thinking, 'if the government isn't going to do anything for us, then why should we participate in vaccines?'' –tenant association president in South Bronx. (para. 11)

- ‘They are over here shoving money at us [to get vaccinated], and I’m asking, why are you so eager, when you don’t give us money for anything else?’ –woman defined only as suspicious. (para. 20)
- ‘I’m not going to listen to what the government says.’ --Robert Steed, Waffle House Employee who later died of COVID. (para. 2)

Sreedhar and Gopal, who began studying anti-vaccination attitudes pre-COVID, but above capture COVID-era vaccination beliefs, report that ‘for the past five years, we’ve conducted surveys and focus groups [...] to better understand vaccine avoidance. We’ve found that people who reject vaccines are not necessarily less scientifically literate or less well informed than those who don’t’ (para. 5). Rather, the issue is feelings of abandonment by institutions: ‘[m]ost of the people we interviewed in the Bronx say they are skeptical of the institutions that claim to serve the poor but in fact have abandoned them’ (Sreedhar and Gopal, 2021, para. 20). This feeling of abandonment by institutions, or suspicion and skepticism of institutions, by working class and low SES demographics is underscored by other vaccine research as well.

Sociologist Jennifer A. Reich’s *Calling the Shots* reports of not adult COVID vaccination hesitancy, but parent-to-child anti-vaxx movements, that there are two unvaccinated groups, which, I’ll underscore of Reich’s research, are defined by social class. Reich’s findings on anti-vaxxers and social class reinforces working-class and low SES demographics’ abandonment by institutions versus middle-class privilege. Reich finds of working-class families, ‘On one side, there are the children who are undervaccinated because they lack consistent access to medical care’ (2018, p.14). This first phenomenon demonstrates that working-class children can be unintentionally under-vaxxed due to institutional failure toward working-class and low SES families, and I would argue that this unintentional under-vaxxing of children from working-class families also empirically reinforces the skeptical beliefs of the working class and poor toward institutions.

Yet, as Reich points out, when pockets of middle-class and upper-middle parents chose not to vaccinate their children (i.e., anti-vaxxers), it is for reasons of privilege, not lack of access. Reich explains that the average intentional anti-vaxx parent has a college education and a household income of over \$75,000 a year. ‘What this means is that the choice to opt out of vaccines is almost exclusively made by families with the most resources and represents a fairly privileged parenting practice’ (p.15). Despite anti-vaxx parents’ slightly different scenario for not vaccinating their children compared to working-class families, or when comparing middle-class, anti-vaxxer privilege to working-class adult COVID non-vaxxers who are not the recipients of privilege, we see that middle-class *privilege* plays a large role for middle-class intentional anti-vaxxers, while unintentional lack of access to medical care, i.e., *institutional failure*, is the main reason why working-class and low SES children go under-vaccinated, and, as the interview statements above attest to, institutional failure (i.e., feelings of abandonment) is the main reason working-class adults did not vaccinate in the Bronx.

Thus, the previously presented COVID vaccination data and interview statements underscore working-class beliefs that institutions do not benefit the working class, but may benefit the middle class. This belief and reality in the COVID data are echoed in sociologist Reich’s anti-vaxx research, where working-class kids go unvaccinated due to lack of resources and working-class

adults learn not to trust institutions who have failed the simple task of providing access to medical services for them or their family. Moreover, when middle-class children go unvaccinated, it is due to privilege, not lack of access or resources, with the privileged middle-class foregoing available resources for reasons of personal conviction and agency. This middle-class access to resources, as well as the privilege of foregoing of available resources, likely reifies the working-class sentiment that the middle-class benefits more from institutions than the working-class do.

Social Class, Distrust, and Anti-Institutional Sentiment in Other Public Arenas

This decently circulated working-class belief, reified by COVID, that institutions do not impact working-class citizens lives, or that institutions are only supportive of some social class demographics, such as the middle-class and above, prove to be part of a similar pattern of working-class institutional distrust captured just several years ago in working-class ethnographies published during the rise of Donald Trump. Political scientist Justin Gest, whose 2016 ethnographic work captures working-class distrust in institutions as a reason that the white working class supported Trump, offers a representative sample of institutional distrust. An interviewee of Gest's states, 'The thing I like about Trump is that both sides hate him' (Gest, 2016, p. 193), a statement showing that the (white) working class of Trump may prefer no affiliation with traditional political parties at all, with the statement displaying distrust of the political institution maintained by both political parties.

Joan C. Williams, in *White Working Class: Overcoming Cluelessness in America*, similarly demonstrates that middle-class professionals who run America's various public (and private) institutions are held in low regard or distrusted by the working class, creating a resistant attitude toward institutions. Williams recounts the working-class attitudes toward a great number of institutions from her interviews and research, such as attitudes toward college-educated professionals, where she found that:

[p]rofessionals aren't necessarily admired. Many are seen as suspect. Managers are seen as college kids 'who don't know shit about how to do anything, but are full of ideas about how I have to do my job.' (2017, p.25)

Williams continues with a brief review defining working-class distrust toward institutions, touching on common middle-class professions that run public institutions. Williams continues,

Barbara Ehrenreich recalled in 1990 that her blue-collar dad 'could not say the word *doctor* without the virtual prefix *quack*. Lawyers were *shysters* ... and professors were without exception *phonies*.' Sociologist Annette Lareau also found mistrust of doctors and other health professionals. She also found resentment against teachers by working-class parents, who perceived their children's educators as condescending and unhelpful. (2017, p.25-26)

Williams' argument is parallel to my own argument that working-class citizens believe that institutions do not benefit them as much as the middle class. Williams points out that working-class distrust and animosity are in large part due to the constant contact between the working class and middle class, with the middle class consistently managing institutions, therein having the privilege and power to correct, judge, and manage the working class. For the working class,

feelings of judgement, insecurity, and condescension beget distrust. Thus, across a variety of institutional functions (management, education, law, medicine, etc.), social class in the United States is a major influence on institutional trust, with working-class citizens showing lower levels of institutional trust toward a variety of institutions, be it the two-party political system of U.S. government, the high school educator, those in law, or the doctor or dentist.

This feeling of distance, unhelpfulness, distrust, or condescension from the middle-class and its institutions is echoed in Sreedhar and Gopal's vaccination non-compliance data and my thesis: working-class citizens feel less obligated to reciprocate because of their perception and lived reality that their lives and concerns are not addressed by institutions: institutions' values and ways of knowing align with the middle-class demographic who manage, understand, and are empowered by these very same institutions.

Social Class, Everyday Institutional Authority, and Institutional Trust

Because the working-class social identity and its unique formulation of institutional trust are at the core of my argument, I'd like to delve farther into the literature on working-class relationships with institutions to illustrate that the COVID data insights are well supported by similar past research on working-class institutional beliefs and practices, yet COVID reveals a new wrinkle in working-class trust.

The pioneering ethnographic research of educational sociologist Annette Lareau (2003) captures how social class, regardless of race, is a large factor in citizens' perceptions and interactions with institutions. After Lareau and her graduate students were embedded in numerous homes of parents with K-12 aged children, Lareau found that middle-class parenting strategies focused on what she terms *concerted cultivation*, which is defined by the practice of parents negotiating with institutions on behalf of their children, but also encouraging children to negotiate with themselves (parents) as well as institutional adults (coaches, teachers, doctors, etc.). Lareau points out that middle-class parents, regardless of race and ethnicity, consistently felt empowered or entitled to negotiate with institutions and their figures (teachers, principals, doctors, etc.) on behalf of themselves and their children.

Middle-class mothers were often very interventionist, assertively intervening into situations. Sometimes parents were successful. Sometimes they were not. But in the process, they directly taught their children how to 'not take no for an answer' and put pressure on persons in positions of power in institutions to accommodate their needs. (p.163)

This sense of entitlement illustrates a very different relationship with the institution—one in which the institution is pliable, is viewed as responsive to request, is viewed as a place of negotiation, a place where citizens' requests are heard, often granted, and (middle-class) citizens' therein benefit from the institution. This is, of course, much different than the working-class attitudes captured in the COVID interview data and other ethnographic scholarship.

To wit, Lareau's study also recorded class-based patterns where working-class families held opposite views or practices to the middle-class views and practices above. Working-class parents

felt they could not negotiate with authority figures, but must simply submit to an educational institution's requests or judgements of their children's academic progress, personal behavior, or self-development. Lareau captures attitudes toward educational institutions, saying working-class parents 'experienced a sense of distance and distrust, of exclusion and risk, with schools' (p.227). Lareau also differentiates how social class informed how families approached something as routine as doctor's visits with different levels of trust (p.158). These findings suggest that middle-class relationships with institutions are defined by negotiation, citizen empowerment, and greater levels of trust in the institution (likely through entitlement to shape the institutional situation). Opposedly, working-class attitudes and language are often limited and controlled by middle-class standards (Attfield, 2016, p. 45), producing feelings of distrust, judgement, anger, and, to use Williams's wording from above, 'condescension.'

The middle class's more positive, empowered, negotiation-based relationship with educational institutions helps replicate a basic finding of the COVID compliance and non-compliance differences between middle-class and working-class citizens: that is, the COVID studies on institutional trust similarly underscore a *felt* difference and belief from working-class interviewees that middle-class, upper-middle class, and beyond are the beneficiaries of institutions, and that the working class does not benefit from institutions. My earlier presented public health COVID data as well as Lareau's educational research point toward this same conclusion, therein constructing a more general theory of social class and institutional trust, but with COVID interview data demonstrating a *lack of reciprocity to institutional request*, (getting vaccinated) as the outcome.

Distance and the Changing Function of 'Other Groups' in Working-Class Attitudes and Rhetoric

Working-class scholarship points to a variety of ways in which the working class feels *distant* from public institutions. Lareau's findings on working-class attitudes toward institutions overlap with working class attitudes on COVID vaccination, in that working-class citizens sometimes felt their middle-class peers received the benefits of the institution while they, the working class, did not, such as the Amazon worker, quoted previously, who acknowledged that the government 'protects you' if you are in a 'higher tax bracket.' However, concerning how *distance* from an institution is created, we see a variety of responses to create distance; Lareau captures anger and submission to authority in her research in education-based institutions, while COVID vaccination from working-class citizens demonstrates a different response of *distance*: non-compliance.

This working-class *non-compliance* initially seems the polar opposite of the *submission* to institutional authorities identified in Lareau's educational study. After all, submission to an institution is the exact opposite of not complying. However, there is similarity at the core of these different reactions to institutions: resistance and lack of participation motivate both non-compliance and submission. In educational settings, parents are required to conform to public school's basic requests by law, and the teacher or principal is an intimate, face-to-face (perceived) authority. In short, school is not voluntary and is immediately present through representative human agents—one must show up, and submit, to face-to-face authority, or face punishment—so one submits, but with anger, shame, and distrust.

The COVID vaccine request, however, is voluntary, and distant, a request made simultaneously to millions, with no face-to-face enforcement, therein allowing *non-compliance* as a working-class option, rather than submission. Yet submission that begets anger and non-compliance are similar in kind—both are resistance to or lack of participation in the institution and its requests. Submission begetting anger or shame and non-compliance are two sides of the same coin: both stem from the working-class belief that institutions do not help or serve the working class adequately. Both submission (with attendant anger at institution) and non-compliance are responses of *distance* from the institution.

Even when vaccine compliance is mandated through employers of the working class, resistance is an option: one poll cited in October 2021 by the University of Minnesota's *Center for Infectious Disease Research and Policy (CIDRAP)* demonstrates that, at the time, 30% of the unvaccinated in the trucking industry would quit if forced to vaccinate (Soucheray, 2021, para. 9). Also, New York police unions were strongly supportive of officers who wished to forego vaccination and test weekly instead (Soucheray para. 3), and organizations such as the National Retail Federation and American Trucking Association were wary to implement President Biden's mandate of mandatory vaccination for businesses of 100 employees or more. These organizations warned President Biden that employees may protest or refuse vaccination, endangering the supply chain (Soucheray, 2021, para. 7). Overall, *CIDRAP* notes that employee mandates do seem to increase vaccination (Soucheray, 2021, para. 9) in the working-class groups the article covers, even as the article's examples above outline resistance or union and organizational knowledge of working-class resistance.

Returning to the concept of distance from institutions, *distance* is certainly not the only feature of institutional distrust in working class rhetorical scholarship. Other scholarship parallels my claims that a belief in the level of institutional aid compared to other social groups is crucial in defining institutional trust. In my 2018 analysis of Donald Trump's rhetoric, I argue that a working-class ethos is often based in anti-institutional rhetoric that frames institutions as helping other groups, but not the working class (127). I argue that the Trump era revealed this facet of a working-class ethos, wherein anti-institutional rhetoric in general becomes a rhetorical commonplace for Trump, but also that Trump's rhetoric reifies the idea that non-whites, in particular, immigrants, benefit from government protections that Trump's white working-class did not receive (Kohn, 2018, p.126). Thus, the shadow syllogism behind much working-class distrust in institutions is based in the working class not receiving benefits from institutions that other groups receive (regardless of who the 'other' groups are). Sometimes the 'other' benefitting from institutions is the middle class, as with the COVID data. Or sometimes the 'other' are immigrants, as in Trump's rhetoric (Kohn, 2018, p. 126).

Thus, a subtheme in working-class institutional distrust is that other groups benefit from public institutions, but the working class does not. This theme may be a rhetorical commonplace, used to gin up anger, as with Trump's rhetoric. However, as I've argued, 'others benefiting' is not simply a convenient (Trumpian) commonplace, but is an often held working-class belief about institutions, as evidenced in the COVID non-compliance interviews, as well as multiple working-class ethnographies from Gest (2016), Lareau (2003), and my rhetorical scholarship (Kohn, 2018).

While my work on Trump reveals how non-white identity is scapegoated in anti-institutional rhetoric for Trump's white working-class audiences in the U.S., the COVID data, especially Sreedhar and Gopal's data from multiracial working-class residents of the Bronx, does not suggest this racial component at all. Rather, Sreedhar and Gopal's COVID data illustrates that economic inequality and a sense that institutions haven't helped one personally are the major factors in vaccine non-compliance for the working class, regardless of race or ethnicity. Consequently, we see that strong blame is not cast outward, toward other groups, in the COVID data: rather, there is only a recognition, but not high resentment, that some class-based groups (the middle class and above) seem to benefit more from institutions. Moreover, the strongest reasons for not complying with vaccine requests are not due to blame or anger toward other demographics or sub-groups (i.e., immigrants) that I identified in Trump's working-class appeals (Kohn, 2018); rather, reasons for non-compliance in the COVID interviews are centered by a basic feeling of 'Why should I comply? What has the institution or government ever done for me?'

To conclude this subtheme, COVID non-compliance reveals that blaming out-groups is not always a major factor in anti-institutional rhetoric or institutional trust, even as COVID interviews of working-class citizens confirm the working class's recognition or belief that some out-groups benefit more than others from institutions. In general, we can opine that working-class attitudes toward institutions are formed by an awareness of other groups benefiting from institutions more, but both the out-group chosen, as well as the amount of blame, will differ depending on the issue (COVID v. immigration, for example) as well as the rhetorical purpose (non-compliance with public health request v. Trumpian political rhetoric). Yet it is worth noting that, despite differences in situation, *an awareness of other groups benefiting more than the working class from institutions* is a consistent factor in institutional trust, with these beliefs materially validated by various areas of working-class scholarship.

Economic Inequality, Decreasing Institutional Trust, and How They Affect the Public Imaginary

In the COVID study, Sreedhar and Gopal argue that one prominent reason for the working-class belief that institutions do not benefit the working-class and those of low SES is because of the more challenging life circumstances produced by the U.S.'s large economic inequality (poverty, health problems, poorer education, declining neighborhoods, less opportunity, etc.) found in working-class neighborhoods that, in the eyes of working-class citizens (and those below working class), go unaddressed by institutions. As Sreedhar and Gopal's research found, working class life has much larger worries or concerns than vaccination. Unsafe neighborhoods, lack of permanent employment, low wages, and other basic social and economic risks took larger precedent than COVID. Sreedhar and Gopal summarize their findings thus:

For poorer and working-class people, though, the calculus is different: COVID-19 is only one of multiple grave threats. In the South Bronx, one man who works two jobs shared that he navigates around drug dealers, hostile police, and shootings: 'I don't want my kids to see what I've seen,' he said. Another man lost his job during the pandemic and slipped back into addiction. 'Most of my friends are dead or in jail,' he said. Neither man plans to get vaccinated. Their hesitancy is not irrational: When viewed in the context of the other threats they face, Covid no longer seems uniquely scary. (para. 19)

In short, COVID appears less risky compared to other social and economic risks in the daily lives of the working class and low SES demographic in this urban area. And, as the previous representative quotes from unvaccinated working-class citizens suggest, there is not belligerent anger directed at other groups, or even the institutions. Rather, there is indifference to the institutions, their visions and issues, and their definitions of what constitutes risk (i.e., COVID). For working-class citizens and below, the daily challenges of economic inequality are darker and more dangerous than being unvaccinated.

Sreedhar and Gopal connect COVID non-compliance in the working class and low SES groups to the U.S.'s high economic inequality. As both they and I argue, and as statistical and social epidemiological analyses consistently show, economic inequality correlates strongly with a lack of social trust (Rothstein and Uslaner, 2005, p. 41; Wilkinson and Pickett, 2019, p. 94), making economic inequality a prominent factor in social-class-based citizen assessments of trust in general, and, by extension, of finding institutions unhelpful or unbeneficial. As renowned social epidemiologists Richard Wilkinson and Kate Pickett report, 'The effects of [economic] inequality on social cohesion, segregation, and trust are well known; many separate studies have shown that increased inequality erodes trust' (2019, p.94). This erosion happens through a variety of factors, including the distressing psychological effects of persistent status insecurity and increased capitalistic competition, but also through the great number of obstacles that economic inequality creates, hampering well-being and social mobility (Wilkinson and Pickett, 2019, p. 64-65).

Political scientist and ethnographer Gest summarizes his similar findings, but with a more direct connection between economic inequality and working-class trust in institutions. Gest reports on the

drastic economic transformation and demographic change, which has left many people consumed by their collective and individual falls from grace. Unable to cope with the trauma from the twin collapses of commercial and social life, the [working class] are also subject to governments disconnected from their preferences, and their own incapacity to do much about this. (2016, p.116)

Here, again, in Gest's ethnography, much as we saw in Wilkinson and Pickett's statistic-driven findings, we see how economic inequality erodes social trust in general and fuels the working-class belief that governments and institutions do not represent or understand working-class needs, nor do institutions greatly benefit the working class.

To sum, the great economic inequality in the U.S. creates hard lives for those in the working class and below, and they feel that institutions are not benefitting them by lessening the burdens of inequality. Based in the current setting of the U.S.'s broad economic inequality compared to other market democracies (Wilkinson and Pickett, 2019, p. 3), we might reasonably deduce that any issue involving institutional trust can, in theory, be influenced by working-class or low SES citizens' very real economic inequality. Thus, perpetually high economic inequality will make working-class and other low SES citizens lowly motivated to reciprocate or comply with institutional requests in general.

Economic Inequality, Collective Memory, and Institutional Trust

The COVID data on working-class non-compliance provides a variety of general grievances that working-class citizens remembered when dismissing institutions as helpful or having an impact on their life. If viewed as selective memory, this canny ability of citizens to remember—or personally construct a narrative of—institutional failure is a problem. It goes without saying that institutions cannot improve all aspects of a citizen's life or solve all a citizen's problems—especially when one considers that problems are as much defined by personal perception as by material reality. In short, the dissatisfactions or trials of life do not necessarily make one a victim or a recipient of lackluster institutions. Yet the human mind is one that easily assigns individual and collective victimage and seeks to blame. Also, the human mind, individually and collectively, easily scapegoats to save face, to preserve integrity, to protect identity and belonging, and to justify and rationalize individual and collective feelings. Thus, saving face and a need to blame seem to doom institutions, framing institutions as negative or ineffective forces in many working-class people's lives, especially in the U.S.'s current era of high economic inequality and low social mobility.

However, the COVID data reveals a major cause of the stoking of the collective memory toward victimage: the very real American problem of economic inequality over the last several decades. The causes, effects, and process of economic inequality, as well as the pressure that inequality puts on institutions, is well documented. That is, the hard times of the working class is not all in their imagination. Social epidemiologists Wilkinson and Pickett (2019) have been documenting for twenty years the effects of economic inequality across the spectrum of market democracies. Democracies of greatest inequality (i.e., USA, UK, Singapore) are defined by the wealthiest 20% having 6-8 times as much wealth as the lowest 20%, while more equal market democracies (Denmark, Japan, for example) show the wealthiest 20% having just 3-4 times as much wealth as the lowest 20%. As Wilkinson and Pickett have statistically illustrated over twenty years of research, the effects of high economic inequality (for example, USA) cause a substantial comparative increase in a range of social problems, including poverty, lack of educational opportunity, violence and crime, mental illness, decreased life span, greater infant mortality rate, lower social mobility, and less trust in fellow citizens, to name a few.

Many of these social problems identified by Wilkinson and Pickett aggrieve the working class much more than their middle-class counterparts. Although Wilkinson and Pickett's data consistently demonstrates that the American middle-class or upper-middle class will still suffer a greater amount of these social problems than their middle or upper-middle counterparts in more economically equal countries (ex: Japan, Denmark), the American working class, living in a market democracy with the greatest economic inequality and the highest level of social and medical problems linked to economic inequality, will suffer these problems to a greater extent than their in-nation middle-class peers (Wilkinson and Pickett, 2019, p. 6) as well as their out-of-nation working class counterparts (ex: Japan, Denmark) (Wilkinson and Pickett, 2019, p. 5-6).

Thus, the American working-class belief in institutions not meeting expectations is not simply an issue of seeing inevitable dissatisfactions of working-class status or identity; rather, the American working class indeed materially suffers the litany of social problems identified by Wilkinson and Pickett to a greater extent than any other group in a market democracy on our globe. Herein, what initially seems to be the working-class's too easy application of the 'Why should I comply? What

has the institution ever done for me?’ commonplace becomes more understandable when viewed through the litany and degree of social problems that the American working class in particular faces in their daily existence compared to not only the American middle-class, but working-class citizens in democracies with less economic inequality and less social problems to overcome. With public institutions being the only identifiable face for public good and human well-being across economic, social, and cultural sectors, public institutions receive the individual and collective blame for the economic, social, and cultural fallout of the USA’s great economic inequality.

Discussion: Institutional Distrust Alongside Economics, Misinformation, and Politics

I’d like to close by discussing other reasons working-class citizens may not vaccinate. Clearly my theory of an unwillingness to reciprocate to institutional requests is only one factor to not vaccinate. Many factors or reasons exist external to social class identity. No single reason or factor may be enough to persuade: individuals make decisions based upon a constellation of identities and rationale. For a full closing discussion and to address potential counterarguments, I’d like to now turn to several other reasons or factors suggested by my kind reviewers that help narrow, define, and contextualize my own suggestion of a working-class *lack of reciprocity* toward institutions.

First, I’d like to discuss distrust of private institutions, particularly, for-profit medical institutions. I wholly accept that non-vaccination, because it is medical, may be based in distrust specifically of privatized, for-profit medical institutions that citizens, working-class citizens in particular, feel are overcharging them and underserving them. I previously brought up evidence of this phenomenon when mentioning Reich’s research that poorer neighborhoods struggled to get access to care and vaccination, while middle-class parents refused vaccination for reasons of privilege, not access. A lack of access begets anger and distrust based upon one’s relative economic and social inequality: privilege may perhaps also create these feelings of anger and distrust, but privilege suggests equality, service from institutions, and the power to negotiate with institutions. These phenomena are not common in the working-class scholarship I presented earlier.

In a more targeted analysis of social class (measured as annual income) and medical institutions, Uwe Reinhardt states in 2019’s *Priced Out: The Economic and Ethical Costs of U.S. Health Care*, ‘How affordable is U.S. health care? The high cost of health care in the United States threatens inexorably to price kindness out of the souls of an otherwise kind people’ (p.41). Reinhardt evidences his argument with data and graphs clearly demonstrating that ‘the private health insurance sector has not been able to control the growth of health spending any better than has the public sector’ (p.43). Thus, not only public, but also private institutions, do not guard the working class against unaffordable medical costs. Reinhardt directly connects this phenomenon to distribution of wealth in the U.S. He states that

for a U.S. family of four covered by an employment-based PPO contract, about half of the median income of \$56,000 would be claimed by health care alone if that family had to cover the annual health spending of \$27,000 (2017) from its own budget. (p.43)

Even those with the median U.S. income, \$56,000, would struggle to afford medical care alongside other necessities. To frame this data in working-class terms, Reinhardt presents data showing that

almost a third of U.S. households had an annual income of \$35,000 or less, yet could expect the average of \$27,000 of annual health spending. Clearly the third of U.S. families at or below \$35,000 (working-class and below) could not afford health care and would often go without, and/or simply hold a grudge or distrust against a private health system that maximizes profit over people.

Despite being a separate phenomenon, this distrust or grudge against privatized medical institutions coheres with my general theory of distrust toward public institutions, especially when one considers that the medical system in the U.S. is often an indiscernible mixture of (sometimes behind the scenes) government funding and for-profit enterprise. Moreover, individuals, in their everyday anger, may not discriminate between public and private institutions when assessing blame or feeling left behind. In short, the difference between the local public school and the local private hospital is not so apparent when one simply feels locked out by authority and institutions, by teachers and doctors, alike. There is a motivational difference however, from my own theory based in non-reciprocity: as Reinhardt's data shows, the working class may be priced out of vaccination in general, even if not COVID vaccination, which was free for most of the COVID era. Being priced out is an economic reason, whereas lack of reciprocity based in emotions and identity is a social psychological phenomenon. Despite this motivational difference, feeling unserved by institutions lies at the core of both economic and social psychological motivations.

Next, I'd like to address the role of media and political affiliation. The high-profile media politicization of COVID and vaccination (for viewership dollars), politicians' politicization of COVID (to appeal to voters), and the circulation of misinformation for both political and apolitical reasons are also potential influences in vaccination and trust in institutions. During the COVID era, the circulation of (and combatting of) misinformation or disinformation on COVID and vaccines were industries in themselves, be it through high-profile media companies such as Fox News and other mainly conservative media, or any number of mid-level podcasts or internet websites and ezines of varying ideology.

This misinformation was also distributed from the highest levels of government during the Trump era and, in much of the U.S., was sometimes parroted at state and local government by public officials. Most notable was the spread of scientifically unproven treatments announced from the White House itself during the Trump presidency, including fanciful cures such as Ivermectin and Trump's own confusing April 2020 hypothetical suggestions of injecting disinfectant into oneself or using UV light to cure COVID (BBC News). Moreover, Trump promoted a great amount of distrust toward the CDC and medical community who were promoting safe vaccines, making CDC Director Anthony Fauci his villainous foil for dramatic purpose. Perhaps the overall effect of this misinformation and drama is best evidenced by my earlier inclusion of Viswanath et al., (2021) who found that educational level, a factor of social class, was not the only influence on the unvaccinated. Other influences were overtly political: two other groups—viewers of conservative media and conservative voters—were less likely to be vaccinated. This suggests a politically motivated reason or identity external to social class that must also be included as a factor or reason to not vaccinate.

Concerning the influence of media, results of misinformation are revealed to have several effects in our current hyper-media age: Misinformation and disinformation 1) cause uncertainty; 2) allow citizens and politicians to self-select information from a private or public institutional source that

accords to their viewpoint; 3) create a political and informational environment devoid of agreed upon facts (O'Connor and Weatherall, 2019, pp. 111, 145). For example, misinformation about the horse medicine ivermectin was, at best, based on decontextualized information about ivermectin killing COVID in a clinical setting, but with doses so high that humans would be harmed (Chiu, 2022). Secondly, numerous for-profit companies touted cures for COVID with, for example, hydroxychloroquine, despite no peer review, but with large medical conferences and reports offering to educate medical professionals, especially with an early gap in peer-reviewed knowledge on treating COVID (Krans, 2022).

Each of the above effects of misinformation decreases trust in traditional institutions—while also offering opportunities to self-select information for greater feelings of agency. I would argue that the purveyors of misinformation can be framed as highly motivated alternative institutions that have none of the responsibilities that public institutions do. These alternative institutions, often media conglomerates and other for-profit entities, become benefactors, often with vested financial interests (Oreskes and Conway, 2011, pp. 249-250) counter to notions of the public good traditionally guarded by public institutions. Concerning the relationship of misinformation to working class trust, agency, and reciprocity, I would suggest that media or alternative institutions offering misinformation, sadly, can offer greater feelings of agency compared to public institutions that have ‘top down’ functions, such as the U.S. government’s lockdown and vaccination requests and requirements during COVID. Thus, media, misinformation, and political identity, factors not related to social class, strongly influence decision making.

A third potential reason to not vaccinate is because of vaccination mandates being interpreted as an impingement of personal freedom, as well as the potential hardships of job loss and economic struggles due to lockdown measures. Concerning vaccination as an impingement on personal freedom, we can view this as an apolitical matter manifesting as belief and feeling—and the curtailing of one’s agency. However, considering impingement on freedom from a political perspective, Viswanath et al. (2021) capture that viewers of conservative media and conservative voters were more likely to not vaccinate; this makes sense, as, apart from misinformation or disinformation circulated by conservative media, conservative media often offered conservative listeners/voters a narrative of the government’s mask mandate and vaccination policy impinging on constitutional freedoms. These legitimate concerns about freedom, as well as media narratives, clearly affect decision making in ways different than my own theory of lack of reciprocity to institutions.

Related to protecting one’s democratic freedoms, mainly toward responsibility for one’s own health and economic opportunity, job loss for the working class due to a governmental-mandated lockdown could be perceived of as a bigger threat than COVID itself. This is due to the enduring financial struggles placed upon the individual, regardless of whether they contract COVID or not. This line of thought is similar to the sentiment found in interviews from South Bronx residents, where COVID was not seen as a threat larger than other threats. Recall that interviewees mentioned violence, drugs, and lack of opportunity as their immediate concerns outranking COVID: job loss clearly restricts one’s economic opportunity and threatens one’s survival. Thus, government mandates to close working-class job sites in the COVID era, especially in the service industry (restaurants, hotels, travel, retail, etc.), seem another reason that members of the working class may hold government policy and its public institutions responsible for creating high-level

working-class risks (job loss) simply to prevent lower probability risks (contracting and/or major illness from COVID).

Finally, we need to acknowledge that other identities separate from social class influence the decision to vaccinate, or trust institutions in general. While Sreedhar and Gopal saw little influence of political affiliation in their study, Viswanath et al. (2021) found political affiliation or ideological messaging could also influence the decision to not vaccinate. Concerning other high-profile identities, such as race and ethnicity, these did not appear to be a factor in the Kaiser Polls I cited earlier: Black and white Americans vaccinated at relatively the same rates across social classes. However, the picture is more complicated than the Kaiser Poll data illustrates. Concerning race as a factor, a January 2022 publication found that Black Americans have greater decreases in vaccine hesitancy than White Americans since December 2020, mainly because of a belief to keep their communities safe (Padamsee, Bond, and Dixon 2022), a finding not pointing directly to social class, but race, as an influential identity. And while much is made of the Tuskegee experiment on Black Americans trust in institutions, a 2005 study found specifically that Black Americans' institutional distrust of the medical system did not correlate with knowledge of the Tuskegee experiment, but correlated more with personal and historical experiences (Brandon, Isaac, LaVeist, 2005). These results do point to the equal importance of racial demographics' general history with institutions, a claim not so different than my own, although here the attitude toward institutions is based in racial identity, not class identity.

Closing: On Identity, Distrust, and Dwelling

I have argued for an element of institutional trust that demonstrates that some groups are aware, or believe, or both, that they receive less benefit from institutions. Institutional trust here functions similar to Michael J. Hyde's definition of ethos, of trust, as 'dwelling places' where people can 'know together' (2004, p.1), even if the phenomenon I have identified as working-class *dwelling* reveals a habitus based in potential distrust or dismissal of the public institutions. Why is such distrust toward institutions important to point out? I might turn to Dana L. Cloud's *Reality Bites* here, where Cloud argues that the most sophisticated 'expression of the situation of the oppressed cannot sweep away the material power relations [...] that are the source of the oppression' (2018, p.50). That is, despite many kind words and gestures of institutions, even free vaccination for COVID, the knowledge of oppression and disempowerment on social, cultural, and economic fronts is the bedrock for the working-class identity and reality in the USA, and even institutional 'expressions,' rhetorical or material, may struggle to overcome these gritty realities based in American inequality and working-class life.

And what of non-compliance as a form of working-class agency in response to this oppression? Non-compliance to institutional requests such as vaccination can be viewed as a form of working-class agency alongside, for example, working-class public rhetorics of anger and coarseness as a form of agency (Attfield, 2016, p. 45). A review of working-class scholarship published as recently as 2021 demonstrates that the working class typically have lower levels of trust in general due to having less agency or control over their lives, having less resources to lose, or having less treatment of respect and kindness in their experience (Quiang, Lee, Han, 2021). Keeping in mind the lack of agency and control in working-class life, not fulfilling an institutional request can be viewed as a type of agency, although limited. However, the testimonies recorded by Sreedhar and Gopal do

not seem to be based in a sense that working-class citizens are somehow gaining control, resources, or respect by refusing to get vaccinated. Simply put, working-class citizens who pass up vaccination appear to not wish to reciprocate to institutions they feel haven't helped them, and their daily working-class existence contains larger challenges than COVID. This is not agency, but indifference. To the working-class mindset, what the working class needs is not offered through COVID policies.

In the end, theories of working-class trust, whether my own theory of *lack of reciprocity*—'what has the government done for me lately?' or related theories of working-class institutional relationships, can highlight why the working-class does not always support, or feels distant from, institutions whose purpose it is to help them. Moreover, as briefly touched on at moments in this article, more conventional (and potentially demeaning) explanations for non-vaccination, such as misinformation or lack of scientific literacy, do not fully explain working-class non-vaccination rates. Something else is going on, and my theory of indifference and non-compliance as part of working-class (dis)trust in institutions helps explain how the working class experiences institutions, relates to institutions, recognizes or believes other groups are better served by institutions, and do not greatly value public policies that address only low-level needs or risks of the working class.

Armed with this knowledge of why the working class feels institutions are failing them or are not trustworthy or worth participating in, institutions may better address working class beliefs, feelings, and responses to rebuild the fracturing ties between the working class and public institutions.

Author Bio

Liberty Kohn is an Associate Professor of English at Winona State University in Winona, Minnesota. His research interests are public and technical writing, genre theory, and pedagogy. His scholarship has appeared in the edited collections *Class in the Composition Classroom* and *Technology in the Literature Classroom* as well as journals such as the *Journal of Technical Writing and Communication*, *Composition Forum*, *Journal of Interdisciplinary Humanities*, *Journal of Language Literacy and Education*, *Journal of Working-Class Studies*, *Techno culture*, and more.

He also serves as Writing Center Director, founded Winona State's Writing Across the Curriculum program, and chaired the university's faculty development program. He is currently completing a book project entitled *Mapping Publics* that focuses on sustainability and market rhetorics in the public sphere. Liberty is also a first-generation, working class student from Southern Wisconsin.

Bibliography

- Allen, Danielle S. *Talking to Strangers: Anxieties of Citizenship since Brown v. Board of Education*. U of Chicago Press, 2004.
- Attfield, Sarah. 'Rejecting Respectability: On Being Unapologetically Working Class.' *Journal of Working Class Studies*, vol. 1 no. 1 2016, pp. 45-57.

- Aune, James Arnt. *Selling the Free Market: The Rhetoric of Economic Correctness*. Guilford, 2001.
- BBC News. 'Coronavirus: Outrage After Trump Suggests Injecting Disinfectant as Treatment.' 24 April 2020. <https://www.bbc.com/news/world-us-canada-52407177>. Accessed 12 December 2022.
- Botsman, Rachel. *Who Can You Trust? How Technology Brought Us Together and Why It Might Drive Us Apart*. Public Affairs, 2018.
- Brandon, Dwayne T., Isaac, Lydia A. and Thomas LaVeist. 'The Legacy of Tuskegee and trust in Medical Care: Is Tuskegee Responsible for Differences in Mistrust in Medical Care?' *Journal of the National Medical Association* vol. 97, issue 7, 2005, pp. 951-956.
- Chiu, Allyson. 'Q&A: What is ivermectin and Where Did People Get the Idea It Can Treat COVID?' *Seattle Times* 10 Sept 2021. <https://www.seattletimes.com/nation-world/nation/ga-what-is-ivermectin-and-where-did-people-get-the-idea-it-can-treat-covid/>. Accessed 24 Jan 2022.
- Cloud, Dana. *Reality Bites: Rhetoric and the Circulation of Truth Claims in U.S. Political Culture*. Ohio State UP, 2018.
- Engels, Jeremy. *The Politics of Resentment: A Genealogy*. Penn State UP, 2015.
- Gest, Justin. *The New Minority: White Working Class Politics in an Age of Immigration and Inequality*. Oxford UP, 2016.
- Gilbert, Christopher J. 'In Dubiis Libertas: A Diogenic Attitude for a Politics of Distrust.' *Rhetoric Society Quarterly*, vol. 42, no. 1, 2012, pp. 1-25.
- Hyde, Michael J. 'Introduction: Rhetorically, We Dwell.' *The Ethos of Rhetoric*, edited by Michael J. Hyde. U of South Carolina Press, 2004, 1-12.
- Hoff-Clausen, Elisabeth. 'Attributing Rhetorical Agency in a Crisis of Trust: Danske Bank's Act of Public Listening After the Credit Collapse.' *Rhetoric Society Quarterly*, vol. 43, No. 5, 2013, pp. 425-448.
- Kohn, Liberty. 'Working-Class Culture as Political Participation: Reading Trump as Revolt Against a Middle-Class Public Sphere.' *Journal of Working Class Studies*, vol. 3 no. 1, 2018, pp. 115-131.
- Krans, Brian. 'The Big Business of Medical Misinformation.' Healthline 22 Oct. 2021. <https://www.healthline.com/health-news/the-big-business-of-medical-misinformation#1>. Accessed 24 January 2022.
- Lareau, Annette. *Unequal Childhoods: Class, Race, and Family Life*. U of California Press, 2003.
- Leonhardt, David. 'The Vaccine Class Gap.' *New York Times* 24 May 2021. https://www.nytimes.com/2021/05/24/briefing/vaccination-class-gap-us.html?name=undefined®ion=BELOW_MAIN_CONTENT&block=storyline_reading_list_recirc&action=click&pgtype=Article&variant=1_reading_list. Accessed 22 January 2022.
- Muirhead and Rosenblum. *A Lot of People Are Saying: The New Conspiracism and the Assault on Democracy*. Princeton UP, 2019.
- O'Connor, Cailin and James Weatherall. *The Misinformation Age: How False Beliefs Spread*. Yale UP, 2019.
- Oreskes, Naomi and Erik M. Conway. *Merchants of Doubt: How a Handful of Scientists Obscured the Truth on Issues from Tobacco Smoke to Climate Change*. Bloomsbury, 2011.
- Padamsee, Tasleem J., Bond, Robert M., and Graham N. Dixon. 'Changes in COVID-19 Vaccine Hesitancy Among Black and White Individuals in the US.' *JAMA Network Open* Vol. 5,

- Issue 1, 2022. <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2788286>. Accessed 13 Dec. 2022.
- Quiang, Ruichao, Xiang LI, and Qin Han. 'The Relationship Between Social Class and Generalized Trust: The Mediating Role of Sense of Control.' *Frontiers in Psychology: Personality and Social Psychology*. 27 Sept 2021. <https://www.frontiersin.org/articles/10.3389/fpsyg.2021.729083/full>
- Reich, Jennifer A. *Calling the Shots: Why Parents Reject Vaccines*. NYU Press, 2018.
- Reinhardt, Uwe E. *Priced Out: The Economic and Ethical Costs of U.S. Health Care*. Princeton UP, 2019.
- Roberts-Miller, Patricia. *Demagoguery and Democracy*. The Experiment, 2017.
- Rothstein, Bo and Eric M. Uslaner. 'All for All: Equality, Corruption, and Social Trust.' *World Politics: A Quarterly Journal of International Relations*, vol. 58, no. 1, 2005, pp. 41-72.
- Soucheray, Stephanie. 'Police Unions, Business Groups Protest COVID-19 Vaccine Mandates.' *Center for Infectious Disease Research and Policy*. 26 Oct 2021. <https://www.cidrap.umn.edu/police-unions-business-groups-protest-covid-19-vaccine-mandates>. Accessed 12 Dec. 2022.
- Sreedhar, Anita and Anand Gopal. 'Behind Low Vaccination Rates Lurks a More Profound Social Weakness.' *New York Times* 3 Dec. 2021. <https://www.nytimes.com/2021/12/03/opinion/vaccine-hesitancy-covid.html>. Accessed 15 December 2021.
- Viswanath, K., M. Bekalu, D. Dhawan, R. Pinnamaneni, J. Lang, and R. McLoud. 'Individual and Social Determinants of COVID-19 Vaccine Uptake.' *BMC Public Health*, vol. 21, art. 818, 2021. <https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-021-10862-1#author-information>. Accessed 19 Jan. 2021.
- Wilkinson, Richard and Kate Pickett. *The Inner Level: How More Equal Societies Reduce Stress, Restore Sanity, and Improve Everyone's Well-Being*. Penguin, 2019.
- Williams, Joan C. *White Working Class: Overcoming Class Cluelessness in America*. Harvard Business Review Press, 2017.