

When Science Finds a Way

Trust in science Miniseries, Episode 3

Why does trust in science matter?

Show notes

Episode description:

Trust is shaped by people's experiences of science: the histories they remember, whether they were listened to, and whose voices shaped what happened next. So, what does it take for science to earn trust?

In this special episode of our mini-series on trust in science, recorded live in front of an audience at the Wellcome Collection, Julia Gillard, Chair of Wellcome and former Prime Minister of Australia, is joined by Dr Annabel Sowemimo, consultant in sexual and reproductive health; Professor Sophie Harman, Professor of International Politics at Queen Mary University of London; and Elhadj As Sy, global health leader, humanitarian and Wellcome board member.

Together, they explore how history, power, politics and participation shape people's trust in science today, and why acknowledging those experiences matters when it comes to earning trust. Stay until the end to find out what kind of science our panel wants to see in 2040.

Mentioned in this episode and further resources:

- Earning public trust in science – To learn more about the work that Wellcome is doing on trust, go to: <https://wellcome.org/engagement-and-advocacy/engaging-people/trust-in-science>
- The Wellcome Global Monitor – To access the key findings from the report, the full publication, an interactive data dashboard, and access to the data set, go to: wellcome.org/podcast/globalmonitor
- Wellcome and More in Common research on trust in science in the UK – <https://wellcome.org/insights/reports/britain-talks-trust-science>
- Divided: Racism, Medicine and Why We Need to Decolonise Healthcare by Dr Annabel Sowemimo – <https://wellcomecollection.org/books/divided>
- Wellcome Collection – <https://wellcomecollection.org>

Transcript

Music starts 00:00

[00:00:00] **Alisha Wainwright:** The colour of a body bag, listening to communities in crisis, and being honest about the failures of the past. What do these all have in common? Well, they all reveal something important about how trust in science is earned. So why does trust in science matter? And what happens when that trust is lost? I'm Alisha Wainwright, and welcome to When Science Finds A Way, a podcast about the science changing the world.

In this, the third episode of our mini-series on trust, we're doing something a little different. In this special episode, recorded live in front of an audience at the

Wellcome Collection in London, we're going to be exploring why trust in science matters, and the ways that power, politics, and participation are important in shaping that trust. Your host is the Chair of Wellcome and former Prime Minister of Australia, Julia Gillard.

[00:01:03] **Julia Gillard:** To help unpack this topic, I'm delighted to be joined by three esteemed expert guests. First is Annabel Sowemimo, a consultant in sexual and reproductive health, tackling gender-based violence and improving access to healthcare for marginalised groups. Annabel, it's great to have you here.

[00:01:23] **Annabel Sowemimo:** Thank you very much for having me for what I hope is going to be a very timely discussion.

[00:01:29] **Julia Gillard:** Thanks, Annabel. Next is Professor Sophie Harman, Professor of International Politics at Queen Mary University of London. Welcome, Sophie.

[00:01:39] **Sophie Harman:** Thank you. It's a joy to be here today.

[00:01:41] **Julia Gillard:** And finally, Elhadj As Sy, a global health leader and humanitarian aid expert. But of course, we know him best in his role as a board member for Wellcome.

[00:01:54] **Elhadj As Sy:** Always a pleasure.

[00:01:56] **Julia Gillard:** A big welcome for our esteemed panel, please. To get the conversation started, I'm going to really go to you with what might seem like a basic question, but if we don't answer it, we won't be able to keep building. We all know that trust can be earned, but what we probably need to ask as a foundation is does it really matter if people have trust in science? Annabel, can we do science and have science make a difference in the world without trust?

[00:02:30] **Annabel Sowemimo:** Absolutely not. I think very much my work is very much centred on looking historically at how science has been weaponised and trust has not been at the centre and how groups have been marginalised and sometimes abused. And unless we confront some of where that distrust has come from historically, it's very difficult to repair and move forward. And often what we find and what I've tried to explore is that it's not always very concrete where the distrust comes from.

And there's a lot of myth making behind a lot of our medicine and science. And unless we directly confront some of these issues and we talk about it, rather than the actual histories, we get these myths in place, which further damage the relationships and the trust.

[00:03:25] **Sophie Harman:** For me, trust is fundamental to the social contract between science and society. So we as citizens trust that science is important, we value it, that scientists will uphold standards within science and will deliver science to improve our lives. And in turn, scientists believe that as citizens, we trust them to do this work and that we value it and we see it's a core function or a public good. I think

the problem you see, and I think Annabel spoke to this really well, is when that trust falls apart.

And you can see it most recently with the Ebola outbreak in the DRC. Again, we see attacks on Ebola treatment units. That happened again, you know, in 2018, 2020.

So it's a repeat of history. The reason? We don't trust what's happening there. Similarly, I think we're seeing a big problem now at politicians exploiting that lack of trust.

So it's not that people don't trust science, it's that politicians think, hang on, we can use this as a wedge issue to advance our agendas. And I think that is a real key concern and is what is fragmenting this relationship or social contract between science and society.

[00:04:35] **Julia Gillard:** I promise you we're going to come on to the politicians just a little bit later.

As, What would your answer be on trust in science? Is it fundamental or can we function when it's even fragile?

[00:04:48] **Elhadj As Sy:** It's really fundamental. And we have to always remember that science does not happen in a vacuum. It happens in a context, it happens in communities, also in societies where there are norms, values, and also the language.

And I'm not sure that, you know, science always speaks the language of people. Many times you have to understand a bit of Latin to, you know, understand it. I'm not sure they listen also what the perceptions of people are.

And then if the trust is not there, there won't be a participation in many parts, you know, that are quite relevant for science. It will not also impact on the attitudes and behaviours that can contribute to healthier lives. So it is quite fundamental.

[00:05:41] **Julia Gillard:** Annabel, you referred to the history and the way that it shaped perceptions of science. Can you perhaps just take us a layer deeper into that and give us some examples that have really struck you as telling the story about how science can lose trust?

[00:06:01] **Annabel Sowemimo:** Yeah, absolutely. At the centre, science and medicine has engaged in a lot of exploitation. And at its core is who matters and who has been humanised, essentially, and who's had access to care. And historically, everybody hasn't been treated as equal and even. We've engaged in exploitation on some populations so that we can obtain some of our scientific information.

And this is an ongoing process. So I think in terms of examples, reproductive health has probably had some of the worst kind of atrocities and exploitation because of the populations throughout its centre. Obviously, there's been quite a lot of sexism and misogyny in medical sciences generally.

When we look at something like the legacies of contraception, we developed a lot of our knowledge through just unethical experimentation. For example, the first

contraceptive pill was developed through experiments by Harvard scientists on poor Puerto Rican women. There wasn't a process of informed consent.

They were quite desperate to have access to contraceptives because of their situation, but didn't necessarily know what they were getting themselves involved in. And from historical records, they had side effects. They were given quite high dosages of oestrogen.

It's thought that some of them did actually die as a result. And this history isn't really widely known or discussed. We talk about the pill now as quite a liberatory thing.

But a lot of these tools of, quote unquote, liberation were developed through quite oppressive practices, which were allowed to happen because of the relationships of colonialism between certain countries like the US and Puerto Rico and being able to go there and engage with the population in that way. Sophie referred to Ebola. So I just so happened to be at a reproductive justice conference recently in Nairobi.

And at the same time, there were massive protests going on about an Ebola centre being set up there for American military personnel. And one of the reasons people were very angry about that is because of that historical legacy of power imbalance, right? We see how this plays out within modern discourse. And if we don't address these histories head on, we run the risk of things just kind of repeating themselves.

[00:08:29] **Elhadj As Sy:** We have to remember also that communities, they have a memory. So many times, you know, science and scientists and us, you know, working in that field have made many promises that we have not delivered on. We had COVID and we said none of us is safe until we all are.

But then when it comes to access, you know, to therapeutics and vaccines, some have enough up to 150% of their needs and others have nothing. Then we have a crisis, you know, like Ebola that looks like a threat for the world, which means that quite often we're in this vicious cycle of panic and neglect when something happens where we think that it is a global threat. So we come in and it subsides, you know, we disappear until next time again. That's the first thing.

The second is that when we intervene in those places, we come in big time, you know, with all the arsenals, you know, of clinical trials and treatment centres and vaccines, and then we disappear again. So communities remember that and that caused a lot of mistrust.

You know, being on the ground, it is not a theoretical thing. I was on the ground during the Ebola outbreak in West Africa. I'm sad to say that, you know, some of our people were attacked and then we lost two of them.

And recently in DRC, we lost two others. You have sometimes to do things that are extremely difficult. One example is what we call safe and dignified burials.

Before we call it that, it was called dead body management. Well, communities don't manage their bodies. You know, they respectfully and in a dignified way accompany their loved one in their last place of rest.

Unless you understand that and espouse, you know, that culture, you will not earn the trust to do that on their behalf. Changing the terms already to calling it safe and dignified burials was essential. Engaging with the communities and then so that they understand that you will do that in respect of their religion, in respect of their culture.

And also you use the materials that are also culturally appropriate. Until some time ago, all so-called body bags were in black. So you have to change the colour in white, you know, for people to maybe identify with it.

We learned in DRC, the face of the deceased person would not be covered fully by the bag, but it would be transparent in plastic. So that people understand, well, you are not stealing the people, you know, for some kind of organ, whatever, analysis or for some trials, but it is really the real person in this real bag. And I think all of that, you know, you learn through what we call nowadays, you know, community engagement.

But really, we have to understand who's engaging whom. So at least, you know, coming in there and listening, respecting, you know, understanding and be there eventually before that crisis is at its peak. Stay a little bit longer and then make sure that also you leave something behind so that they do not find themselves in the same level of vulnerability when the next shock, you know, comes around.

But crisis in, crisis out, we come in and we come out and then we leave those communities in the same level of vulnerability that erodes trust.

[00:12:15] **Julia Gillard:** Sophie, we've just heard two powerful contributions about the ways in which science has lost trust in the past and As in his answer referred to who is engaging who as we look forward. I want to ask you, are we getting better on this community engagement? Are we balancing better whose voices are heard in science?

[00:12:39] **Sophie Harman:** I'd love to say we're getting better, but I think we are still missing important voices.

And I think you can see this with every health emergency or crisis, where, you know, the international community comes in and lands. There have been tweaks. And I think your points, I could listen to you all day because I'm so fascinated by this, because you can make those changes.

And I think the Ebola outbreak in 2014 and 16 in those three countries in West Africa was a turning point to say, OK, you need to talk to people who are affected by this outbreak. But it's still an add on and it's still not at the forefront. It comes back to how science is funded with the priorities.

I think this is fundamental to the voices that get missed out. I do think that COVID-19 was a turning point. I think off the back of the 2014-16 Ebola outbreak, you see the creation of Africa CDC.

After COVID-19, with all the inequities that we saw around access to medical countermeasures and vaccines, you see a real vocal movement, particularly being led by Africa CDC, saying we need a new partnership for Africa. You have this huge

ambition for African vaccine manufacturing by 2040. I think it's 60% of all vaccines by 2040, which is incredible, right? So you've got the ambition there.

You've got the political will there. So you're starting to see a sort of a peak of this. But this happens throughout the history of global health.

I feel like every 15 years, someone's like, this isn't right. And then it so for every sort of two steps forward, we're always taking one step back. And I think that's really important.

Final point, and obviously, I have to say this with you here, Julia, the voices that are left out, it's still dominated by men, right? The men's voices, they are the decision makers. And it's men throughout the world. So it's when you saw the Ebola crisis in DRC over the last few months, the group that are assembled, all men, right? It's very rare that you see women.

Similarly, you see greater representation of women on panels such as this, which is fantastic. But if I go to any conference, you know, they're like the backroom deals where everyone's down the corridor having the real meetings, still all men. So I'd really like to see that change as well.

And finally, because I know I'm wittering on, community health workers, they're the ones that have all the knowledge. They're predominantly women, they could, I think, solve the whole of the world's problems, but also should be given a rest and paid, pay them people.

[00:15:03] **Julia Gillard:** Thanks, Sophie. You've given us some good ideas for the future, some sources of hope. Annabel?

[00:15:09] **Annabel Sowemimo:** Something that is really, really critical is us being able to give and provide people with scientific literacy. And I think we're on the back foot.

What I encountered a lot in my role as a clinician is people engaging on many social media platforms with information and not being able to decipher the kind of level of evidence who it's coming from, their role. And that is further fuelling distrust. And also, I think, widening some of the health gaps that people experience in because if people are taking on board poor health information, then they are less likely to engage with healthy practices that might benefit them.

I also think we need to do a lot more to get the dissemination of results. And we really need to focus a lot more on scientific literacy.

[00:16:03] **Julia Gillard:** You're listening to a special episode of When Science Finds A Way, where we're asking, how does science earn trust in a world where not everyone has equal reason to trust it? A reminder that you can hear more from the people behind the science transforming the future of health by following When Science Finds A Way, wherever you get your podcasts and on YouTube.

It's important to recognise that we can't just demand that people trust science. Science in itself must be trustworthy. What do you think can be done to earn that trust? Annabel?

[00:16:39] **Annabel Sowemimo:** So I think one area that's very key is transparency.

And I think we have to be very honest when we're doing research. That is very difficult to do research and not have entanglements and other conflicts of interest. Even if you try very hard, the institution that you work with will come with potential baggage.

You have to be very honest about mapping all of your interests. I wear so many different hats. I work with charities.

I'm a trustee. I'm a clinician at a particular trust. And you have to bring that all to the table and be very, very honest with when you engage, what might be influencing your practice.

And people appreciate that level of honesty. And I don't think we look and do kind of mapping of ourselves enough, because things influence on a subconscious, sometimes level as well. You may not think you have a vested interest in, I don't know, certain results or certain people engaging, but you possibly do.

And I think we should then table that also to communities at the start, that these are the various hats that I wear and how my research may be perceived in different places. And we need that level of transparency and clarity from the start.

[00:17:56] **Sophie Harman:** Yeah, I'd strongly agree with everything Annabel's just said on transparency.

I also just think a bit of humility about when we get things wrong, and more importantly, why it's wrong. So the process, because it's the process that helps people understand science. And actually, I think would get people interested in science.

And I think also communicating that there's not just one scientist, but there's a group of people often behind, you know, these discoveries that are equally important. And so I think that's fundamental. I also think there can be a focus on with this humility, some of the boring stuff in science, we always do the big, you know, look how we've changed the world.

But most science is changing the world in very small instrumental ways. And I think communicating that would also be really helpful.

[00:18:39] **Elhadj As Sy:** Yeah, I would add to that respect and equity, the composition of the teams, you know, should also reflect, you know, the communities and the societies where we work in.

And that is really very critical. Respect in a sense that we engage and have sometimes to even respect things we don't understand. And that is part of the humility, you know, that you're talking about.

With that, we can learn, you know, from each other, and also contributing to, you know, advancing, you know, the programmes for healthier lives.

[00:19:18] **Julia Gillard:** As I'm going to come to you on this question, given your role here at Wellcome, I'm going to put that in the context of science costs money, we know that. So what can funders, private organisations or governments do to ensure science is building trust, it's beneficial, and it's in the public interest?

[00:19:40] **Elhadj As Sy:** We can influence a lot of the things that are happening in science.

We can direct, you know, funding and influence positively that we deliver on the promises we make. That is first. We can also make sure that the values that are critical are reflected in the way we design and implement programmes.

One of them is equity that we talk a lot, you know, about. It should be seen and read, you know, throughout, right from the beginning, down to, you know, into the communities and back. We also should make sure that the scientific workforce should also reflect, you know, that equity, you know, so that, you know, communities also see themselves, you know, in the composition, you know, of the teams that are coming to work with them.

We can also make sure that we do not only fund or work in a vertical manner. Whenever we get to communities, you know, there may be many challenges, you know, that they face. And then we single out only one particular issue without taking into account, you know, the other problems that they face.

How can research and science contribute to strengthening health systems, contributing to strengthening community systems? It will contribute also to, you know, build the trust. We come in, you know, high malaria season, you know, in a community, you know, to do research. And then we say, no, we don't do malaria.

No, we do, you know, something else. That will not build the trust. It does not mean that one can do everything.

But to make sure, at least, you know, when you respond, you know, to the needs, you know, of the people, that will be building the trust. And it does not cost, you know, really a lot of money. For example, and when we do a focus group, we hear a lot of needs expressed.

And beyond the needs also, we hear some type of solutions and community type of solutions that are being proposed. We take note of all of that. But what we do does not match, you know, what we hear.

So how can we change also our own behaviours and our own attitudes, you know, to make sure that also we engage, you know, in a manner that is reciprocal in a certain way, that is respectful, you know, in a certain way, that is humble in terms of being open to learn and not only to teach and then to impose. And I think this is something very, very critical. So a concrete example, I remember when we were leading some operations in the Red Cross, you know, in the heat, you know, of commitment, some of my colleagues say, oh, we are there first and then we come last, which is not true.

You come to a community, you find people there, and then you are there first. How come, you know, the people you found there and that are waking up every day, they're developing their own coping mechanisms, developing their own strategies for survival, having their own itineraries, you know, for therapeutics, you know, from herbal use to traditional healers to health post, and then all of that is ignored. And just, you know, one single aspect, you know, coming in and called science, that will not be building the trust.

[00:23:17] **Julia Gillard:** At Wellcome, we have worked with a polling organisation More in Common to look at trust in science, particularly in the UK. But around the world, I think we can see that in communities, there has been a reduction in trust in science, and that is being played on politically. Now, the news here from the UK is trust in science is still strong.

But we've also seen reduction over time in the number of people who say they've got a strong trust in science. And we see that it's skewed and particularly skewed on political leanings. So, people who are more in the populist politics vein, are less likely to trust science.

Why do you think that is? And what implications does it have for the issues we've been talking about so far, and the way that we build global trust in science? Annabel?

[00:24:25] **Annabel Sowemimo:** Yeah, so first and foremost, healthcare, in particular, medical sciences are fundamentally political. They have been always, because they deal with humanity and who's humanised, who isn't, who matters, who has access to healthcare. And I think we do a great disservice to kind of depoliticise it and say that it's not historically embedded in this way.

Because otherwise, we can't make sense of what we see, why people have access to drugs, as you mentioned, and why some disciplines don't have access to drugs. I think HIV has been one of the most powerful examples in terms of illustrating who matters, and who got forgotten, and how people have to advocate for themselves through healthcare activism. So I think what we're seeing now, is rather than healthcare is being politicised, it's always been a political space.

And it's how it then becomes weaponised in certain areas. And particularly, we've seen it historically, as we have a swing to the far right, that it does get weaponised in this particular vein. And one of the things that happens is that because of the power that scientists have, and truth, and trying to prove things factually, there has to be an undermining of intellectualism and that power in order for it to be concentrated politically in the hands of a few.

And that's what we see currently. What I will just say, though, is that as bleak as it is, it's almost refreshing for a lot of the things that some of us on the panel here talk about to be out in the open. So when you now look at the US foreign policy on like aid, it's very overtly directed towards financial investments and tying investment in healthcare into contracts on minerals and mining and things like that.

It's far less insidious. So at least now we can see what we always knew to be true, but it's a bit more frank, and therefore we can challenge it slightly more head on.

[00:26:33] **Julia Gillard:** Sophie, I'm going to come to you on this. What we're seeing about trust in science also comes wrapped in often a view that overseas development assistance is not impactful, shouldn't be invested in. And we should remind ourselves we've seen big ODA cutbacks, not just in the US, but in the UK, France, Germany, Japan, and others. So on these more local UK trust in science questions, but also what we're seeing play out in other democracies, what would you say?

[00:27:09] **Sophie Harman:** Yeah, I loved what Annabel said that is really bringing to light what we've known for several years about the political interests in health and science that have always been there.

But this is not new. What is new is we're seeing a political movement that has a clear ideology, is very well funded, has been building since the 1970s globally, which is the global far right. What you see is it cresting at the moment because of austerity in Europe, austerity in the US, an idea that the public sector or politicians have not delivered on their promises to the people.

I think there is also a collapse of the progressive left not being able to have a real good explanation or a vision of the future to say, okay, well, you feel like your quality of life is getting worse, even though there's other metrics to say otherwise. There isn't a story there. The global far right comes in and they say, well, we've got a story for you.

It's all this, it's the elites in Geneva. It's the scientists during COVID telling you what to do. This is the problem.

And how that lands on science, I think key politicians know it's a wedge issue, and that they can push that issue. But the reason why it's so effective, it comes back to the point that Annabel made, is that the element of truth to it. We know that sometimes ODA doesn't fund what people want it to fund.

We know that that foreign aid is tied to other interests. We know from the start of this conversation, that there has been abuse around women's health, particularly around reproductive health, that has been extractive in the past. We haven't grasped that.

We haven't dealt with it. We haven't tackled it head on. And the people who are tackling it head on are the global far right, people I don't like, people I don't want to be associated with.

But they're actually saying these taboos that we've had in science for so long. And Annabel has spoken out about it, and her book is brilliant on this stuff. We know it, but it's always been, oh, just don't talk about that stuff.

They're talking about it, and that's why they're effective, because we have left the gap open for them to fill.

[00:29:13] **Elhadj As Sy:** Well, health in general is often on the three pillars of science, politics, and activism. And we can turn the activism into some kind of form of active citizenship.

What we are seeing now more and more often is the move away from this global funding of science and research and health to more of a kind of a reaction of citizens, particularly in these times where fundings are being cut, to challenge their own leaders and to hold them accountable. Now, we are seeing now more and more in the so-called global South that a call for a reset, because we've seen in the heat of the AIDS epidemic back in 2000 that commitments were made in the so-called Abuja Declaration that 15% of national budget will be going to health. Now, you can count with the fingers of maybe two hands the number of countries that have achieved that.

Citizens are monitoring that and challenging politicians. After COVID, I don't think we still realise how profound the disillusion in global solidarity is, and still is. And in the recent development, I also reinforce that further, that it is no longer looking up to maybe a global programme.

It is now citizens really rebelling and holding their leaders accountable. And that's the reason why what you saw in Nairobi, when this so-called quarantine centre was going to be built, the deal was already made. It was already signed between Kenya and the US.

It is the community where that was happening that rebelled against it and attacked it all the way up to the Supreme Court. We are seeing now more and more those kinds of initiatives, which means then the defunding should not only be looking up to the global North, it is also holding every country, every country, be they poor, be they rich, also to care about the health of their own citizens and not delegate it to any other.

[00:31:39] **Julia Gillard:** We've unpacked there, I think, a whole series of things. There's been the reference in Annabel, particularly by you and by Sophie, that if we are to confront trust in science problems all around the world, we have to be very honest about the past and what has gone wrong in the past and make a change for the future. I think we've also had a good discussion about how science can be weaponised in the context of domestic politics and that can undermine community trust. I just briefly want to open up one other angle, which is research does show that if you look, for example, at the scientific community in the UK and their political preferences, they tend to be further to the left than the community overall.

Now, we shouldn't conclude from that that studying science somehow makes people into left-wing people. Obviously, there are correlations here with people tend to be more progressive, the higher their level of education, the higher their level of income, so we're seeing some of things play out. But is a dimension here that we've also got to be careful as a scientific community when we're conveying known scientific facts, evidence, versus when we're expressing opinions? Because there is a risk, obviously, that people conclude if those things are too wrapped up together that the science isn't really science, it's a political advocacy.

[00:33:25] **Annabel Sowemimo:** So, I think you're absolutely right that we run the risk of sometimes the scientific community, medical community is coming across as condescending. There can be quite a chasm between sometimes scientists and what we're interested in and the communities we serve and sometimes not realising the

realities of people's lives. People have day-to-day concerns that are very different to our own.

I work in a particularly deprived community, and the community I serve, often when they come and they speak to me and they speak about their lives, it's something that I can't necessarily relate to. They have mould, they have immigration issues, and you have sometimes different agendas and issues. And I think the right has been really good at exploiting this.

One of the areas we've seen this on one of the social media platforms like X has been talking about birth control a lot, and there's been lots of issues with birth control. I'm very honest as a provider and a specialist that it's an under-researched area. We don't have huge amounts of investment, but that hasn't been addressed in a way that people feel listened to and heard, and it's ripe for exploitation, and that's exactly what's been done.

We need to bridge a communication gap, we really need to be more direct and honest when we don't know, and not come from a place of condescension.

[00:34:49] **Julia Gillard:** Sophie? So, should scientists stay in their lane?

[00:34:53] **Sophie Harman:** Yes, and I think this for a number of reasons. Firstly, I'm not a scientist, I'm a professor of international politics, I know nothing about science, but I think the issue comes is this issue of trust, right? And I think sometimes when scientists speak out on political issues, it then can affect trust.

If you don't understand the politics, don't do it. Just because you're interested in politics, I'm interested in science, it doesn't necessarily mean that that is an effective space, and it can undermine. Especially when you think if you're in a humanitarian sector, if you're trying to maintain some neutrality, I know that's a big issue in the humanitarian sector.

My caveat to all this, even though I've come up and said no, stay in your lane, is also because scientists are respected, sometimes they are heard in ways that say an international politics professor is not heard. When the Lancet publishes on issues in Yemen or Gaza, people listen in ways they don't listen to the political studies journals that I write in. So I think really it's a fine balance, I think we do have to stay in our lane, but sometimes there are those exceptions with scientists that do have experience of political context that they should speak out.

[00:36:03] **Julia Gillard:** Finally, as we sit here in 2026, let's look forward to 2040 and beyond. What kind of science would each of you want for the future?

[00:36:15] **Sophie Harman:** I'd really love to see a science that is deeply rooted in social justice and funds and advances cause for social justice. I'd also really like to see a science that reaches out to other disciplines that sees the benefits of humanities and social sciences and what we can do when we work together.

[00:36:33] **Annabel Sowemimo:** So you stole the words out of my mouth, I was going to go right to justice and that's at the heart of really my science utopia. I really want a world where funders are flexible, you know, and they allow us to address

some of these material needs that crop up in our projects as well. And it's not painful to justify why you need the money for such things.

And that creates a holistic project. So yeah, one that's justice centred and can be holistic. And yeah, it still needs to be deeply different from where we are.

[00:37:09] **Elhadj As Sy:** Ditto, ditto. But science that at the end of the contributing to saving lives, alleviating human suffering and also reinforcing human dignity.

[00:37:22] **Julia Gillard:** They're all great answers. If I could add one from my world, from the world of politics, I'd like to see science and governments working together in trust so that what science discovers and the way that it points forward can actually become real in people's lives through government policy. I think this is a great place to end this fascinating conversation. We've gone from history to hope, I think, that we can learn and do better in the future.

And in that transition from history to hope, we've recognised that we need to explore and better understand the role of power, participation and politics in shaping trust in science. In the room, we get to thank Annabel, Sophie and As in a different way. Could you thank our panellists, please?

[00:38:24] **Alisha Wainwright:** Wow. What an insightful discussion there from Dr. Annabel Sowemimo, Professor Sophie Harman and Elhadj As Sy with Julia Gillard. I think for me, listening to the voices of those with lived experience, especially women, who are often left out of discussions and decision making processes is vital to finding solutions to health issues and building trust. I was also really struck by the example of the redesign of body bags in DR Congo during the Ebola crisis to ensure culturally appropriate burial while keeping others safe.

It's such a simple solution to a major problem which earns trust with communities. The discussion showed that trust is not something that can simply be asked for. It is earned through listening, participation, transparency and people's experiences of the systems and institutions around them.

That brings us to the end of this part of our special mini-series on trust in science with more episodes exploring the topic in the new year. In the first episode, we unpacked the Wellcome Global Monitor, the largest ever study of its type into global attitudes towards science and discovered that while trust in science may be declining, all is not lost. And in the second episode, we explored how trust can be earned in potentially controversial areas of science, in this case, synthetic biology.

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