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Practices of Solidarity in the COVID-19 Pandemic

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Practices of solidarity in the COVID-19 pandemic

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Insights from research on previous crises and studies that compare different crises suggest that each crisis creates its own version of solidarity or de-solidarization (Agustín & Jørgensen, 2016; della Porta, 2018; Lahusen & Grasso, 2018). Viewed together, the papers of this special issue provide examples of the manifold facets of solidarity and offer an initial overview of how COVID-19 has altered the existing solidarity landscape in Europe during the first half of 2020 when the first wave reached most European states. They contribute to a broad understanding of solidarity as a continuum of practices that take place between the private and the public sphere, with individual volunteers (as well as civil-society organizations) and different public actors constituting the two poles of this continuum. This introductory paper discusses the various support efforts that suggest an augmented sense of solidarity. First, the topic of this special issue is embedded in the research on solidarity and crisis, before the key results of the individual contributions are summarized and discussed. Organized along the analytical distinction between civic (2.1) and public solidarity (2.2), the overview then provides an explanation of the observed pandemic-related solidarities (2.3). In discussing the future implications and long-term perspective of the surge in solidarity that we are witnessing right now the final section also raises the question as to whether there will be signs of de-solidarization in the long term.

Keywords: Civil society, crisis, disaster, solidarity, welfare state

1. Solidarity in times of crisis

Crises are "both a threat to and an opportunity for solidarity" (Koos, 2019, 629). The COVID-19 pandemic, which has been framed as a major crisis and often even a disaster in the media and by governments all over the world, made this more than clear. While the pandemic abruptly disrupted existing patterns of solidarity, it spawned an impressive spectrum of new practices of solidarity, both from below, by individual volunteers and civil-society organizations, and from above, in the form of policies directed towards supporting specific groups. If we probe deeper into these empirical observations, the processes to which they point raise more fundamental questions with respect to the relationship between solidarity and crises. Questions such as, what is the relationship between state and private or civil-society solidarity and how do the new practices relate to the ones we consider as traditional—or taken-for-granted—practices of solidarity? How can we explain these emerging practices? Do pandemic-related practices of solidarity differ from the solidarity practices of other crises? And last but not least, what remains once the crisis is over? Are the crisis-induced practices and policies likely to alter the previously existing solidarities? These are some of the questions the papers in this special issue tackle.

Triggered by a succession of crises in Europe, research on crises-induced solidarity has flourished during the last two decades (Lahusen & Grasso, 2018; Gerhards et al., 2019). Crises, Koos (2019, 631) argues, are "a necessary, but no sufficient conditions for solidarity". Between 2009 and 2012, the European debt crisis was said to have triggered a process of de-solidarization in Europe, particularly in terms of transnational solidarity, because the crisis harmed trust and the transnational processes that connect people (Polyakova & Neil Fligstein, 2016).

> *"[T]hose countries particularly affected by the crisis (e.g., Greece) perceive the intra-European wealth distribution as unjust, and less affected countries such as Germany as "arrogant" and "lacking compassion". In turn, many Germans perceive Greece or Italy as the least trustworthy and hardworking EU countries." (Reese & Lauenstein, 2014, 161)*

Starting in the summer of 2015, the EU's refugee reception crisis, by contrast, turned into a crisis of international solidarity in Europe since it revealed the reluctance of individual member states to take responsibility and their lack of commitment to a common EU migration and asylum policy (Wallaschek, 2020). At the same time, the experiences and the virtual collapse of the members states' public infrastructure to receive and integrate refugees unleashed a wave of civic solidarity. According to a study by Lahusen and Grasso (2018, 262), "almost every third respondent had been engaged in practices of support for migrants". This massive mobilization contributed to the development "of new forms of everyday politics and acts of solidarity" (Agustín & Jørgensen, 2016, 3):

> *"In Austria 2,200 drivers joined a campaign to pick up refugees stranded in Budapest. In Germany, Denmark and Sweden, locals have organized support for arriving refugees, donating food, water, clothes and other supplies to those in need, sometimes using civil disobedience by smuggling refugees to neighbouring countries or sheltering refugees privately. In Iceland, more than 11,000 Icelanders (out of a total population of approximately 323,000 people) offered to accommodate Syrian refuges in their private homes and pay their costs as a response to the government suggesting that it would accept 50 Syrian refugees." (ibid., 3)*

In contrast to these disruptive "acts of resistance" (della Porta, 2018, 4), the practices observed in the context of the pandemic are more fundamental in nature. They seek to compensate for a partially failing public infrastructure and provide for the recipients' most basic needs in a situation marked by a general shutdown or even paralysis in many areas of social life.

With an eye to the particular nature of the COVID-19 crisis, the research compiled in this special issue makes three assumptions. The first assumption is that this crisis differs considerably from other crises that are less universal and do not encompass all areas of life. Civic and political crisis reactions differ strongly depending on the origin of the crisis, the societal effects and the political climate. The current pandemic crisis differs in several respects from the debt crisis and the refugee reception crisis mentioned above. Although all of these crises were global in scope, only COVID-19 has made its effects felt on everyone, albeit to varying degrees. A further unique feature of the pandemic-induced crisis is that it leaves less room to blame others than previous crises and that there thus is—at least at first glance and during this very first wave that this issue addresses—much more room for unconditional solidarity than in other critical situations. For instance, think of the European Stability Mechanism (ESM) introduced in 2012, which made support via bailout loans conditional upon member states implementing austerity programmes to promote their fiscal consolidation. What is more, compared to other crises, COVID-19 created new alignments of in- and outgroups and thus a seemingly broader or even universal basis for solidarity (see below). The lines of conflict that have emerged as a consequence of the political and

social dynamics unleashed by the virus (e.g., between a mainstream complying with the rules and a deviant minority, or between the advocates and the opponents of vaccination) diverge even more from the ones that define the traditional political camps.

The special issue's second assumption is that civil-society solidarity, particularly during a crisis, brings to light pronounced weaknesses within traditional spaces of institutionalized or public solidarity. Thus, COVID-19 solidarity is not only a reaction to decades of cutbacks in public spending in welfare-state retrenchment but also a response to a lack of epidemic knowledge, crisis-management plans and a reliable supply of medical products and protective equipment. Even though Europe had faced previous epidemics such as SARS, swine flu or bird flu, think tanks and international organizations like the WHO and Bertelsmann saw many European states as having been poorly prepared for a pandemic such as the one caused by COVID-19 (Schiller & Hellmann, 2021; WHO, 2020).

The third assumption pertains to the different spatial levels at which the various practices of solidarity play out. When the virus first reached Europe in January 2020 and national lockdown regulations were implemented in most European states, the dominant perspective underpinning such action was one that involved a re-nationalization process (Rachman, 2020). The articles in this volume assume that it is not sufficient to study the crisis and the responses to it as national phenomena. Hence, the special issue aims at studying the manifold versions and practices of solidarity emanating from the pandemic and the political responses to it in Europe. The studies enquire into the local experiences and practices of solidarity across borders, compare different responses to the pandemic in different countries, or study the dynamics of transnational solidarity in Europe in the wake of COVID-19. The scope of solidarity practices studied thus ranges between local, national, transnational and international solidarity. The studies enquire into the local experiences and practices of solidarity, compare different responses to the pandemic in different countries, or study the dynamics of transnational solidarity in Europe in the wake of COVID-19. This implies that solidarity is used in a wide sense here, comprising different facets of solidarity such as humanitarian, mutual, religious, activist or political.

From an analytical perspective, the scholars in this issue study solidarity from three different angles: the meso level of institutionalized solidarity, the macro level of aggregate public sentiment in matters of solidarity, and the political discourse on solidarity. *First*, at the meso level solidarity emerges as collectively organized practices that strive to support others. Depending on the actors, these can either materialize as private or rather civic solidarity 'from below' or as state or EU-level solidarity from above, which is often referred to as institutionalized solidarity (Gelissen, 2000). The latter takes the shape of public institutions that intend to guide citizens' behaviour or as policy measures that intervene in and seek to direct and control the often most private human affairs.

Second, besides directly studying these practices of solidarity, we can also investigate solidarity indirectly at the aggregate macro level in terms of individual preparedness to support others or the acceptance of public solidarity. Although this study of attitudes towards solidarity does not replace information on direct practices and activities, attitudes do provide a useful measure to assess the overall atmosphere and public sentiment.

The *third* perspective applied here is the study of solidarity discourses. Similar to the second approach, examining political discourses provides an indirect measure of solidarity. Especially as a political concept and discursive practice, solidarity is subject to strategic use. It more often than not refers to a lack of solidarity or appeals to the necessity to act in solidarity than to the practices themselves. Insights on how public authorities or the media frame specific subjects and how solidarity is semantically and strategically used in the political arena complete the complex picture of today's solidarity practices.

Each of the perspectives comes with its own strengths and weaknesses, yet altogether they lay out a panorama of how COVID-19 has affected the practices of solidarity and the

way European societies have reacted to the pandemic. These practices differ in scope and their degree of commitment. For instance, civic solidarity often has a local scope but is marked by a tremendous commitment.
In the following, I will summarize and discuss the key results of the individual contributions. This presentation is guided by the analytical distinction between civic (2.1) and state solidarity (2.2) introduced above and closes with an explanation of the observed pandemic-related solidarities (2.3). The final section discusses the future implications and long-term prospects of the surge in solidarity that we are currently witnessing (3).

2. Outlining the major insights of this special issue

2.1 Solidarity from below

COVID-19 has raised the question of solidarity in an unprecedented manner because the pandemic has touched upon the existing care arrangements within society and the division of labour between public agencies, civil-society organizations, families and workplaces. This is why several of the analyses in this issue discuss the relationship between two fundamental types of solidarity when approaching solidarity analytically from the side of those enacting it, that is, (public) state or *top-down* solidarity on the one hand and private *bottom-up* practices of solidarity such as the ones enacted by civil-society organizations or volunteers on the other.
Between February and May 20202 all over Europe, a dense network of solidarity practices has emerged that comprises both existing civil-society organizations and spontaneous initiatives by volunteers who organize mask-sewing groups or offer neighbourhood assistance for high-risk groups or people in need. Three case studies on local practices of solidarity during the first wave of infections provide major insight into how existing civil-society organizations reacted not only to the first COVID-19 wave but also to the challenges linked to the pandemic such as the inability to pursue established forms of exchange and support, the impossibility of reaching the target groups and thus the need to invent or try new practices and communication channels.
In their study on local care networks in Madrid, *Andrés Walliser Martínez* and *François De Gasperi* show how COVID-19 has mobilized a wave of solidarity that focused on the provision of care at the neighbourhood level. Since early March 2020, informal and horizontal care networks—some of which were new, some of which originated in Spain's associative tradition and the 15-M anti-austerity movement—have provided food to thousands of people in several neighbourhoods of the Spanish capital on a weekly basis. The paper examines how civil society provided care through social innovation and long-established forms of urban activism and analyzes how care is conceptualized in relation to the Spanish family-centred welfare state in a context of crisis. The authors shed light on the role of participative local policies and community action in providing care during the current COVID-19 crisis. They then show that some aspects of care have reignited the idea of the commons in order to respond to a neoliberal city in crisis and assess the political emphasis on the 'City of Care' strategy developed by the previous *New Municipalist* local government between 2015 and 2019. From a social-movement perspective, the paper underscores the importance of existing networks, which enabled care networks to reactivate and organize assistance extremely quickly in spring 2020 because of their ability to draw on established structures.
Micha Fiedelschuster and *Leon Rosa Reichle* analyze the varied forms of neighbourly support groups during the pandemic in Leipzig, Germany. In their interview study, they reconstruct the trajectories of six different groups between May and September 2020 and highlight different organizational approaches, understandings of solidarity, normative horizons, transformative aspirations and practical barriers to these aspirations. The authors

analytically classify the groups by applying three different sociological conceptions of solidarity (solidarity based on shared identity, as a moral duty or as a transformative political practice) and highlight their blurry boundaries in practice. The study points to the different motives for solidarity on the ground and the transformative potential of the groups' activism before reflecting on it in relation to their socio-spatial locations within the city.

Drawing on ethnographic fieldwork, *Alessandro Mazzola* and *Mattias De Backer's* case study on solidarity towards vulnerable migrants in Brussels compares the 2015 refugee reception crisis with the pandemic. COVID-19 has not only brought about a shift in political priorities and pushed refugee issues to the margins. It has also entailed measures to contain the pandemic some of which have had a strong impact on migration (e.g., closing of borders, halt to asylum applications). At the same time, the civil-society support to migrants that had emerged in response to the long summer of migration in 2015 was almost completely stopped. This revealed even more clearly that authorities were ill-prepared for—or not concerned at all with—protecting vulnerable groups such as refugees, asylum-seekers and undocumented migrants from the pandemic. The initiatives studied operated in an improvised, creative and hybrid fashion, sometimes stretching their original mission. These forms of solidarity bring to light the pronounced weaknesses within the traditional spaces of state solidarity and the reality that the two crises have overlapped rather than one following the other. The pandemic further intensified the problems associated with the reception crisis.

The first wave of the COVID-19 pandemic and the political responses to it also gave rise to a multitude of new local initiatives. Some of these initiatives operated online only, others led to the formation of small organizations or networks; some maintained good contacts to local government, others remained purely private; and some provided monetary help, while others supplied all kinds of support, starting from shopping services for groups at risk and operating an emergency hotline up to the collection and distribution of food and clothes or the organization of meeting points for people without shelter.

One of these new solidarity practices that was typical of the first wave of the pandemic was the formation of mask-sewing groups and the local organization and distribution of face masks, which *Janine Kuhnt* examines in her study. Conducting an online ethnography and applying a network-analytical perspective to self-presentations of community foundations, she deals with the question of how these grassroots organize the production and provision of masks. *Kuhnt* shows how volunteers helped to meet the local demand for face masks by both mobilizing the necessary resources and producing masks. In producing a scarce product, the voluntary and solidarity-based engagement becomes market-relevant. At the same time, the author concludes that solidarity is a fragile basis for action because it arises from the active engagement of citizens, which also rests on expectations of reciprocity.

Face masks are also exemplary of the short-lived nature of some solidarity practices during the pandemic. While they constituted one of the first issues seized by local initiatives and active citizens, the supply of handmade cloth masks has disappeared from the agenda since the end of second wave because some European states (for instance, Italy, France, Germany and the Czech Republic) have adopted measures requiring medical face masks. As a consequence, this partly shifted the practices of solidarity from the private to the public level as public authorities now began to ensure that everyone had access to these more expensive kinds of face masks.

While the political measures adopted to contain COVID-19 produced a new wave of spontaneous solidarity that benefited the elderly, now labelled at-risk-group, and to a lesser degree those in (temporary) financial difficulties, they also disrupted existing solidarity structures for those who were in need before and whose neediness had even been aggravated given the lockdown and social-distancing measures. Thus, the studies at hand draw

a broad picture of how the pandemic not only has unleashed citizens' initiatives and voluntary engagement but also has affected existing practices of solidarity from below that often had to shift their original mission because the virus had complicated the work of established groups.

The articles' insights that the crises responses from below are creative and hybrid solutions are not new to the field of civil-society studies of course, yet they help to frame and advance existing insights. I want to point out three aspects specifically: the intertwining of different crises, the hybridization of actors and the state–civil society relationship. First of all, the case studies allow different crises to be compared and connected in a fruitful way. With the outbreak of the pandemic, different crises began to intersect in many ways. This becomes most obvious with respect to specific groups that had already been marginalized before, such as asylum seekers, homeless people, food-bank clients or residents of social shelters. The activities studied in this issue all have in common that they address issues, resources or social groups that have been neglected by the government responses, but they also shed light on previously existing social discrimination and inequalities that COVID-19 has only rendered more visible and precarious. As for the refugee reception crisis starting in 2015, *Mazzola* and *De Backer* conclude, as pointed out above, that the spontaneous forms of solidarity reveal weaknesses in the traditional forms of providing state solidarity. Yet the current pandemic not only overlaps with the refugee reception crisis but also with the financial crisis of 2008 or, even more general, with the crisis of the welfare state in the 1990s, which suggests that these crises tell us something about the deficits of national and EU social policies and the suboptimal outcomes that have resulted from many years of privatization, labour-market deregulation, austerity and spending cuts in the health and social-service sectors. Hence, there is more continuity between these crises than most observers would expect, given that the scale and consequences of a crisis as well as how these consequences are distributed over the population result from decisions that were taken in the past (before the latest crisis or during previous crises). When COVID-19 produces "a crisis on top of a normalized crisis" (see Mazzola & De Backer, 2021, in this issue), this raises the question of when exactly crises end, even if the media and politicians have framed previous crises as having been overcome.

Second, the creative practices of exercising solidarity range from improvised help via temporary digital channels such as social media platforms and videotelephony, through reinterpreting an organization's original mission or the temporary rededication of hotels, museums and so on to the creation of new private–public networks to manage the distribution of face masks or food. Many of these citizens' initiatives are hybrid in the sense that they include a great variety of actors (artists and cultural workers, social workers, activists, civil servants and volunteers) and mobilize extremely different resources. In many cities, these informal and spontaneous practices seemed to have influenced the local governance of the crisis to a considerable degree (*Walliser & De Gasperi*, 2021).

Third, in view of classical third-sector research (Salamon, 1995; Young, 2000), the pandemic-driven practices of solidarity can be characterized as complementary and supplementary instead of adversarial. Broadly speaking, they address the gaps left by the state and thereby—as some would argue—implicitly endorse public policies and bolster the political system. Although the fact that most of those who engage in these solidarity practices do not explicitly criticize the role of the state does not mean that they agree with the measures adopted, their practices of support indeed leave little room for more subversive or activist initiatives. Some of the groups studied that were already active before the outbreak of the pandemic even broadened the scope of their activities beyond their initial more political mission (see *Mazzola & De Backer*, 2021 and *Fiedlschuster & Reichle*, 2021, both in this issue). While voluntary activities during the financial crisis often appealed to concepts such as the solidarity economy (Rakopoulos, 2014) and activists driven by

humanitarian concerns during the 'summer of migration' also endorsed illegal practices, today's volunteers and grassroot activists operate in a totally different crisis environment where the boundaries between legal and illegal practices and between supporters and those supported have shifted towards a more harmonious state–civil society relationship. Even so, the case studies show that civil-society organizations are as non-linear and dynamic as the crises to which they are reacting, which renders such organizations much more agile than a state agency or local administrative body.

2.2 The politics of solidarity: Solidarity from above

All of the papers discussed above present their arguments against the backdrop of another type of solidarity, namely, institutionalized or state solidarity. Most social scientists agree that during the second half of the twentieth century modern welfare states institutionalized the solidarities that define the societal relationships between different social groups and thus replaced some of the traditional (church, neighbourhood or private) solidarities that prevailed during the nineteenth century (Gelissen, 2000; Börner, 2013). However, during the last few decades, social-policy makers tended to emphasize fiscal stability, cost containment and market conformity. In sharp contrast to these reform paths, from the moment of its outbreak COVID-19 posed the question of welfare-state solidarity anew. As a health crisis, it first and foremost directly affected healthcare systems, starting from patient care to the procurement of medical devices, protective equipment and vaccines. Second, the so-called lockdown that was implemented all over Europe with the exception of Sweden made further crises responses by national governments necessary, such as the temporary expansion or relaxation of eligibility rules, provisional increases of some benefits, suspension of conditionality, the introduction or expansion of short-time work schemes or the issuance of one-off payments such as the German child bonus to name but a few. The policies were tailored towards stimulating the economy and getting people back to work, yet the groups that they addressed differed from country to country. Last but not least, the pandemic-induced crisis has exacerbated social inequalities along the prevailing lines of conflict and has deepened existing labour-market divisions or healthcare deficits. Several studies show that the COVID-19 crisis has hit the most vulnerable hardest. For instance, low-wage employees in Britain (who often coincide with the new category of so-called 'key workers') face the most pandemic-related health and social risks because they do not work at home, are over-represented in temporary and part-time work and most at risk of unemployment and social deprivation (Gustafsson & McCurdy, 2020, 14–16). Against this background, some scholars argue that while the first wave saw a heyday of civic solidarity, "the importance of institutional solidarity is receiving more prominence" due to the continuing crisis (Prainsack, 2020, 127).

> *"Amid all the talk and excitement around learning healthcare systems and resilient societies in recent years and decades, what the COVID-19 crisis has taught us so far is that the most resilient societies are not those that have the best technologies or most obedient citizens. It is those that have solidaristic institutions." (ibid., 130)*

This renders the pandemic in several respects the hour of welfare states since they are the major social-policy providers. In this issue, *Olivier Giraud, Tanja Toffanin, Nikola Tietze* and *Camille Noûs* zero in on three public-health systems—France, Germany and Italy—and compare their crises management. The three healthcare systems represent complex and differentiated institutional arrangements that have undergone far-reaching reforms, mostly of liberalization, during the last four decades. In particular, their funding and resources have been subject to incisive transformations and sometimes drastic cutbacks, which is why the authors point to the discrepancy between the appeal to national solidarity and the long-institutionalized policy agenda of containing public spending in the

domains of health and social policies. The authors provide a brief institutional-comparative analysis of the French, German, and Italian healthcare systems and analyze the conceptions of solidarity implicit in the policy discourses and the legal measures at the moment of the first lockdowns. In a second step, their analysis focusses on two key operational measures in the fight against the pandemic: testing strategies and availability of intensive care beds, both of which require the implementation of a specific conception of solidarity as well as the coordination of different actors and policy levels. The three countries, the authors argue, have all undergone a phase of centralization of the decision-making process in the context of the COVID-19 pandemic. The health systems' governance patterns and their funding logics have influenced greatly the provision of both tests and intensive care beds. The crisis has shed light on the shortages of nursing staff and the effects of economization of work relations in the hospital system. In Italy, for instance, the insufficient intensive care unit bed capacities have been an obvious consequence of the economization of healthcare in Italy, due to austerity measures in this sector. Overall, the comparison of the French, German and Italian cases reveals tensions and conflicts linked to the distribution of resources and power between the various levels of governance which shed light on their respective path to marketization and individualization of responsibility.

Assuming that solidarity is relevant at not only the policy but also the discursive level as a crucial element of the political rhetoric, *Stefan Wallaschek* and *Franziska Ziegler* address the crisis–solidarity relation by examining how heads of government communicated to the public during the COVID-19 pandemic. Their paper assesses to what extent and in which way solidarity featured in public speeches in Ireland and New Zealand. Their analysis builds on the assumption that the political orientation of actors shapes the framing of solidarity. It emphasizes different forms of solidarity and studies the policy fields the heads of government address as well as the scope of their solidarity claims (national versus international). *Wallaschek* and *Ziegler* conduct a qualitative content analysis of the public communication of Leo Varadkar and Jacinda Ardern, the prime ministers of the two countries, between late February and June 2020. The analysis shows that the concept of solidarity is omnipresent in both leaders' rhetoric despite their different political orientations. This sheds light on the specific crisis constellation that differs considerably from previous crises that triggered other, more conditional forms of solidarity. Much like the crisis itself, the kind of solidarity that the two heads of state refer to when addressing their audiences is rather universal. Their speeches document how solidarity works not only as a legitimizing concept but also a concept that links different domains in a complex crisis, in this case public health and economic development specifically. Their frequent evocation of solidarity not only addresses their governments' own activities and policies, which they generously frame in terms of exercising solidarity, but also appeals to the citizens' responsibilities during such a health crisis, which for them is, for instance, to comply with the rules such as wearing masks and maintaining social distance. Ardern's framing of the crisis as a collective task of all New Zealanders to unite and rebuild public health and the economy is an interesting case of official solidarity rhetoric, for she presents solidarity not only as a sovereign task but as collective endeavour. This clearly has the signature of New Zealand's neoliberal footing. With a view to the other studies in this issue, the frequent appeals to individual responsibility, mutual support and burden sharing that are also present in government speeches in Europe provides the soundtrack to the practices of solidarity from below, and one could speculate that these have worked as a mobilizing force. Furthermore, with respect to the scope of publicly proclaimed solidarity, the authors show that national leaders frame their claims and appeals as domestic issues as they speak on the national stage to their respective citizenry.

In addition to national policies and communication, the pandemic obviously has a pan-European and global dimension. With respect to transnational solidarity from above

during COVID-19, German sociologist Jürgen Gerhards (2020) distinguishes two versions: one is supranational or bilateral solidarity directly related to public health and medical care of COVID-19 patients such as cross-border treatment of intensive care patients and the distribution of protective equipment, medicines or—more recently—vaccines; the other is EU policies that aim at managing the social and economic consequences of the pandemic. Starting from previous findings that there is popular support for these kinds of transnational solidarity at the EU level, *Zsófia S. Ignácz* and *Alexander Langenkamp* explore the underlying structure of European solidarity in order to figure out whether COVID-19 might be a new catalyst for European solidarity. Using a primary dataset collected in Germany between 27 March and 26 April 2020, the paper investigates individual willingness to extend solidarity transnationally. With the help of confirmatory factor analysis, the authors examine how attitudinal questions about support for European citizens and healthcare institutions under the COVID-19 pandemic relate to other forms of European solidarity, that is, fiscal solidarity and welfare-state solidarity. If solidarity related to the COVID-19 pandemic can be clearly distinguished from other forms of solidarity, *Ignácz* and *Langenkamp* argue, then the catalyst for solidarity plays a decisive role in structuring European solidarity. However, if European solidarity is structured along the type of recipient (individual or state actor) or by the motive that guides solidarity, such as risk sharing or redistribution, COVID-19 solidarity does not constitute a new form of transnational solidarity in Europe. The analysis shows that European solidarity in the context of COVID-19 is not a distinct form of European solidarity. Rather, what seems to guide the respondents' support for transnational solidarity in Europe is whether this solidarity addresses individuals or other states. This means that people distinguish between *who* benefits from the respective supranational practices of solidarity: a member-state government, the sick, the elderly and so on. Hence, the theoretical construct of European solidarity can be disaggregated into distinct but interrelated versions of solidarity that vary between collective or state and individual addressees. Most importantly, international solidarity between states is less welcome than solidarity towards vulnerable groups in other member states outside of a pandemic context as well.

If political discourse is one side of the coin, public support is its other side since both resonate with each other. Thus, the three articles discussed in this section address different but interrelated dimensions of the politics of solidarity accordingly: policies, political discourse and public support. Another crucial aspect most of the papers in this issue attend to is the relationship between public and third-sector solidarity, a relationship usually framed as being complementary. However, the strict distinction between state and civil-society practices fails to do justice to the multifarious crisis responses. *Mazzola* and *De Backer* (2021, in this issue) argue that "what happened on the ground did not fit in a taxonomy of state (top-down) vs. civil society (bottom-up) solidarity. Instead, many important initiatives took place in an improvised, creative and hybrid fashion, sometimes beyond the original mission of the actors involved." Also, *Kuhnt* (2021) as well as *Walliser* and *De Gasperi* (2021) share this insight when they provide empirical examples of unconventional partnership models, examples that try to compensate for market as well as government failures. They paint a broader picture of the entanglement of and cooperation between the different spheres and complete our image of the private and non-profit sectors as a merely complementing and reacting force by conceiving of it as more of a creative and co-producing actor.

2.3 From crisis to disaster: Explaining the revival of solidarity

So far, the activities the authors study in this special issue seem to suggest an augmented solidarity of a particular type. This leaves us with the question of how one can explain this leap in solidarity. In her theory paper, *Ulrike Sasse-Zeltner* approaches the pandemic from the perspective of disasters and proposes to consult existing insights from disaster research in order to better understand such an unprecedented revival of solidarity. After introducing the concepts of disaster and catastrophe, the paper revisits various approaches from disaster research to derive theoretical propositions about the current pandemic and provides a deeper understanding of the emergence of solidarity in disasters. The explanatory attempts that she cites draw on two classical solidarity approaches: Durkheim's macrosocial theory of mechanical and organic solidarity and socio-psychological explanations of intergroup behaviour (Tajfel & Turner, 1986). They thus combine two different worlds of solidarity: solidarity as a macro phenomenon relying on common beliefs and interests and solidarity as a micro phenomenon based on group membership and the drawing of boundaries between in- and outgroups. In a final step, *Sasse-Zeltner* adapts Lars Clausen's macro-sociological model of disaster figurations to solidarity research. This model enables an interdisciplinary analysis of the changes in solidarity for different national societies and from a comparative perspective.

Compared to everyday practices, solidarity during disasters is more likely to have a spontaneous, temporary and improvised character. In contrast to crises, disasters affect the entire community, disrupt its daily functions and complicate or impede the work of local authorities and public facilities. It was not just the WHO and the EU that declared the state of international disaster in January 2020; states of emergency have also been declared at the state and regional levels (e.g., France, Spain; Bergamo, Bavaria). Given the regional variations in declaring a state of emergency, one cannot simply apply a standard model for disasters. This leads the author to argue that a detailed case study on the solidarity practices during COVID-19 requires the researcher to consider the specific conditions under which solidarity is exercised.

From a disaster- and macro-sociological perspective and drawing on the work of Wolf Dombrowsky, *Sasse-Zeltner* interprets COVID-19 solidarity from below as mechanical solidarity or a process of *Vergemeinschaftung*. Unlike organic solidarity that is based on the social division of labour (Durkheim, 1997 [1893]), this form reacts to the partial breakdown of the institutional order and public infrastructure and thus of the functional division of labour in society and seeks to accommodate extraordinary circumstances. Even more than crises, disasters open a window of opportunity because they temporally shift the boundaries within which solidarity is usually granted, that is, solidarity is either *shifted* from group A to group B or is *expanded* from group A to group B only. During the first wave of COVID-19—hence for a specific but limited period of time—the new ingroup comprised all persons affected by the pandemic and the lockdown (and therefore practically everyone) but especially the at-risk groups, the 'key workers' and those particularly struck by the lockdown. This very first period of the pandemic, the author assumes, changed people's awareness of their vulnerability and exposure to infectious diseases and made disease-related solidarity practices more attractive since we lacked proper solutions and knowledge (such as medical treatment and vaccination). However, ingroup constructions of who is a proper victim have differentiated over time and vary in different social groups' perceptions. Here, the approach proposed by the author provides useful insights with respect to temporal analysis and allows one to formulate some assumptions on how practices of solidarity have shifted over time: "a phase of increasing solidarity is followed by a phase of bitter conflict, characterized by the search for scapegoats and the emergence of old factionalisms and widely manifested hostility" (*Sasse-Zeltner*, 2021, in this issue, see also Turner, 1967, 61).

Sasse-Zeltner concludes that the long-term effects of the ongoing pandemic are likely to transform the numerous spontaneous forms of solidarity studied in this special issue and elsewhere into a period of de-solidarization, for instance, when conflict around the allocation of scarce resources erupts, a process we are partly witnessing right now with respect to the allocation of vaccines or when those economically affected by the lockdown begin to question measures such as wearing masks or social distancing. Now that a new period of pandemic-related solidarity is likely to start the insights into the first spontaneous bottom-up as well as top-down solidarity practices the pandemic has triggered provided in this issue are especially important.

3. What remains?

Insights from research on previous crises and studies comparing different crises suggest that each crisis creates its own version of solidarity (or de-solidarization) (Agustín & Jørgensen, 2016; della Porta, 2018; Lahusen & Grasso, 2018). Viewed together, the papers in this special issue provide examples of the manifold facets of solidarity and offer an early overview of how COVID-19 has altered the existing solidarity landscape in Europe since the first half of 2020 when the first wave reached most European states. They contribute to a broad understanding of solidarity as a continuum of practices that take place between the private and the public sphere, with individual volunteers (as well as civil-society organizations) and different public actors constituting the two poles of this continuum. Furthermore, this also adds to an understanding that may prove crucial in grasping the challenges of pandemic waves to come and the waning support or confidence in collective responses to the pandemic.

Quite a few of the commentaries that have been written during the last twelve months are full of optimistic forecasts in which solidarity features as one of the main acts. While supranational initiatives such as the European Health Union presented by the European Commission in November 2020 has raised hope that the EU will advance its social dimension (Guy, 2020), others see the welfare state as "back in" and "here to stay" (Sandher & Kleider, 2020). Altogether, this might possibly result in a revival of the civic and "public sector after years of neoliberal folly" (Zielonka, 2020, 3) in its local, national *and* European dimension (instead of re-nationalization—a buzzword that was used widely at the beginning of pandemic but gave way to more differentiated assessments). In particular, as the pandemic has thrown new light on the long-term effects of neoliberal social policies and has linked different crises with each other (*Giraud et al.*, 2021; *Walliser & De Gasperi*, 2021 and *Mazzola & De Backer*, 2021*,* all in this issue), this gives reason to hope that COVID-19 will help to end austerity and herald a new era for the welfare state and public policies in general. It also raises the question to which extent national boundaries might lose importance and the European level might assume new responsibilities.

Another question is whether civil-society organizations will be winners of the crisis. With regard to the role of civil society, grassroots initiatives and private activities in providing support, the empirical studies point to the importance of existing networks and an extraordinary dynamic of civic solidarity. Yet, the creation (or support) of a sustainable infrastructure of non-profits that is able to react in such a creative and flexible way also in future crises is, at least partly, in the hands of the public sector.

Dubet (2020, 4–5) sees a "return of society" as both the virus and the related interventions—often highly improvised—have made us aware not only of the social division of labour, the functioning of organizations and the way we depend on each other but also of how this intersects with personal autonomy as well as fundamental and social rights. Of course, the burden sharing within families, municipalities, national societies and beyond existed during the era of the paternalistic state and the night-watchman state, too, and

yet COVID-19 has rendered these interdependencies particularly visible. With this in mind, Zielonka assumes:

> *"The shock of 2020 may leave us shattered and divided, but it may also mobilize us to rebuild and enlarge the public sphere, to offer citizens meaningful forms of participation in public affairs, to bring markets under democratic scrutiny, and perhaps even to create a caring society able to respect labor (including migrant labor), the environment, and citizens' health." (Zielonka, 2020, 1)*

However, the coronavirus crisis would not be a crisis if there were only winners. First and foremost, the pandemic has been characterized by many short-lived and isolated interventions, many of which will leave the scene as fast as they entered it. What is more, the common ground (common interests, common ideas, common values or beliefs etc.) the above-mentioned developments rely on will have to inform the welfare state and the civil society likewise. However, COVID-19 may not necessarily offer much common ground as the pandemic has affected young and old, rich and poor, those with and without children quite differently. For the sake of clarity, it could therefore be useful to distinguish between different coronavirus-induced crises (e.g., exacerbated social inequalities, a supply crisis, the crisis of public health, a lockdown-induced economic crisis and an anti-scientific populism fuelled by anti-lockdown protests) instead of speaking of one single crisis. Last but not least, given the pandemic's long-term nature, one can only guess what kind of challenges post-pandemic societies will have to face. For instance, an issue such as remote work, which is widely considered to be a major opportunity for the world of employment, comes at the price of new risks—especially from a macro-sociological viewpoint, which assumes everyday encounters and practices of exchange between different social groups to be a crucial condition for solidarity in modern societies.

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Who cares for what? Care networks and new urban activisms in Madrid: Restating solidarity

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The current COVID-19 pandemic has sparked a wave of mobilizations in Madrid that focus on providing care at the neighbourhood level. Since early March 2020, informal and horizontal care networks have provided food to thousands of people in several neighbourhoods of the Spanish capital on a weekly basis. In this paper we analyze the conceptualization of care in relation to the Spanish family-centred welfare state in a context of crisis while also examining how civil society provides care through social innovation and new forms of urban activism. We will look at how some aspects of care have reignited the commons in order to respond to a neoliberal city in crisis and assess the political emphasis on the 'City of Care' strategy developed by the previous *New Municipalist* local government between 2015 and 2019. In doing so, we determine the extent to which *Care Networks* and neighbourhood associations in Madrid are, from a social innovation point of view, the outcome of new municipalism policies. Finally, we analyze the role of participative local policies and community action in providing care during the current COVID-19 crisis.

Keywords: care, care networks, social innovation, New Municipalism, new urban activisms, commons

1. Introduction

In April 2020, the streets of Spanish cities were deserted; only shop-goers could briefly navigate the urban void. By late March, the news opened with an image, previously invisible despite the pandemic's spread. In Aluche, a working-class district in Madrid, long lines with hundreds of people, shopping gear in hand, waited patiently while keeping their distance from those around them. They were not queuing to access one of the local supermarkets. Instead, this heterogeneous contingent of neighbours of different ages, nationalities and professional backgrounds was waiting to receive their bag of basic food essentials from the *Asociación de Vecinos de Aluche* (AVA), one of the oldest neighbourhood associations in Madrid. A press article and a video by Santiago Serra, both titled Las Colas del Hambre ("The lines of Hunger") and presented as part of an artistic intervention, powerfully describes how many neighbourhoods in Madrid experienced the COVID-19 crisis (P1). Our analysis will turn its attention to this type of self-help network, or what we call *care networks* (CNs), born during the COVID-19 pandemic.

Throughout this paper, we will analyze CNs and their role in caregiving at a micro local level in the context of the COVID-19 pandemic. After discussing the concept of care, its relations to the community and the institutions and the welfare policy realm that it interpellates, we will consider how COVID-19 poses specific challenges to social care in Spain. We will also narrate CNs' origins by analysing how care has been politicized in Madrid during the last decade. In order to do so we will focus on the 'City of Care' strategy launched by the New Municipalist local government in Madrid that was in power during 2015-2019. We will continue by assessing the resilience of CNs and urban social movements compared to existing public services in order to situate care in a context of crisis.

In the Spanish context, *New Municipalism* (NM) can be conceptualized as a set of local coalitions among left anti-austerity parties and social movements that ruled and, in many cases, continue to oversee city governments in Madrid (2015–2019), Barcelona, Valencia, Zaragoza or Cadiz in what Garcia (2017) calls "municipalist bids". In Spanish media, these cities have been referred to as the *Ciudades del Cambio* ("Cities for Change"). NM is a specific political approach to local government that goes beyond the traditional positions of municipalism. Municipalism traditionally has posed different approximations to city governance that emphasises a strong local economic, political or administrative autonomy (Monterde, 2019). NM goes beyond a strict claim for autonomy and expects different forms of power distribution and participation. In general, NM asks for radical democracy, including translocal and transnational solidarity. A *New Municipalist* perspective posits that institutions share power with citizens and social movements (Monterde, 2019, 58; Blanco, Subirats & Gomá, 2018) and envisions urban solidarities as fundamental in the fight to contest neoliberal austerity urbanism and platform capitalism (Thompson, 2020). The focus on local government does not aim to simply transform it, but rather to use it as a strategic site for developing transformative and prefigurative politics (Russel, 2019).

We assume that care networks born during the pandemic are reconceptualising the very idea of care, taking it out of the private sphere where it has historically been confined. The politicization of care also reshapes the idea of a Spanish welfare state model, delineating a new path in which care can be carried out in and through the commons. We argue that this could serve as a possible counterbalance to contemporary trends that insist on the currently limited role of the local welfare state in the context of the neo-liberal city. The current context of care networks in Madrid seems to be an outcome of the cycles of mobilizations and associative culture that emerged in previous years and of the recent impact of the 'City of Care' political project put in place by NM. Other authors trace them back to neighbourhood-level grassroots dynamics and the new urban activisms that emerged in relation to the 15M movement and the 2009 economic crisis. In order to tackle this question of origin, we inquire into the structural and organizational roots of the CNs. Furthermore, the crisis raised by COVID-19 reveals the weaknesses of the welfare state and the capacity of civil society to redress those weaknesses through the reinforcement of social cohesion and solidarity. Therefore, we seek to assess whether crises are opportunities to reinforce and generate social cohesion through the activation of bottom-up mechanisms and alternative modes of urban governance. Overall, the paper contributes to a broader understanding of the invisibility of care as a political subject, its relegation to the domestic sphere, and the consequent challenge of imagining a model of 'care' based in the commons.

The article is rooted in an extensive revision of the literature on care, social innovation, new urban activisms and new municipalism and draws on primary resources, such as policy definition and program implementation documents, as well as analyses or summaries of their outcomes. We conducted eleven interviews between Winter 2020 and all 2020, while also actively participating in and carrying out participant observation of a specific local care network in Madrid. This research is based on a fieldwork carried out in Madrid, conducted for a

master's thesis about the 'City of Care' program. In this initial state, six semi-structured interviews, covering the theoretical framing, policy design and implementation strategies deployed while implementing care-oriented local policies, were led with policymakers, local officials, and experts. A second phase of research was carried out in Madrid during the Fall of 2020. It included five semi-directive interviews with activists that oversaw coordination and organisational tasks in different care networks in Madrid, including the horizontal coordination structure overseeing networks and in neighbourhood associations from Aluche, a working-class borough with a high degree of mobilization and socially innovative actions. Promotional video recorded materials produced by the group coordinating care networks in Madrid have also been used. Some of the quotes come from seven edited videos for the fundraising festival in May 2020 with interviews recorded by the CN coordination group in an attempt to make their work and mission more visible (CM1). It is important to note that this article was being written (Fall-Winter 2020–21) while or soon after many of the events described took place. In addition, at present there is little available literature on care networks and the COVID-19 pandemic. As such, this article describes exploratory research on this phenomenon and seeks to open questions that will inform further research rather than provide closed conclusions. The same applies, to a lesser extent, to our analysis of the impact and outcomes of *New Municipalist* (from now on: NM) policies in the context analysed in this article.

2. What is care about?

2.1 Understanding care

Reflections on care originate from American philosophy and more precisely from feminist approaches to ethical matters (Gilligan, 1977). They oppose a "different voice" based on ethics, which would be mainly feminine (Gilligan, 1982), to the tradition of developmental psychology, which argued that people acquire moral aptitudes for as long as their cognitive capacities grow (Kohlberg, 1981). Instead of previously posing a rational principle to guide individual action, this voice takes into consideration the context in which a problem is formulated, uses emotions and feelings to solve it and by extension mobilises such emotions to address human vulnerability (Garrau & Le Goff, 2010). Care recognizes vulnerability as what defines everyone's condition and identifies it as the source of fundamental human interdependence (Laugier, 2012). In this respect, the notion of care refers to the valorization and the preservation of a relationship that occurs in a situation of vulnerability thanks to a range of "feminine" qualities like empathy, or the ability to listen (Paperman & Laugier, 2005). All in all, the aim of this approach is to redefine relations and boundaries between morality and ethics (Laugier, 2010). The ethics of care is a "for example" philosophy: resolutely contextual, it focuses on the close and the particular, the familiar and the ordinary; from a methodological point of view, it is an empirical, subjective and situated approach. Its claim is descriptive and narrative. It is opposed, in every respect, to morality, which is a 'that is' philosophical approach, an edifying and demonstrative philosophy that works from general principles and definitions with the aim of identifying rules of conduct and universally applicable laws; it is, in short, prescriptive, normative and authoritative (Brugère, 2017).

Abundantly discussed in the US in the nineteen-nineties (Noddings, 1984; Held, Kittay & Meyers, 1987), the definition of "care" has widened to include the political (Tronto, 1993). More than just a female attitude or moral disposition, care has been reconsidered as the articulation of this specific voice or point of view with concrete activities that concern the whole world. In specific terms, care encompasses all the activities related to the management and daily maintenance of people's lives, health, and well-being (Comas d'Argemir, 2016). And in its broadest sense, care is defined as "a species activity that includes everything that we do to maintain, continue and repair our 'world', so that we can live in it as well as possible. That

world includes our bodies, ourselves, and our environment, all of which we seek to interweave in a complex, life-sustaining web" (Fischer & Tronto, 1991, 40). This definition of care includes two dimensions: a 'material' one that consists in the accomplishment of concrete tasks with tangible results (shopping, cleaning, healing, and more widely all the activities that are linked to taking care of the body) and an 'immaterial' one, that is more effective and relationally related to emotional well-being (Perez Orozco, 2014).
While care is crucial for "social reproduction" (Harris & Young, 1981), it is still undervalued as a task and associated with a gender stereotype in a world that increasingly values production (Comas d'Argemir, 2016). This is because care has always taken place within the private sphere and has been carried out mostly by women and without monetary remuneration. In this sense, care is also linked to a historical process that eventually confined feelings and women at home, thus paving the way to a domestic localization of care activities (Tronto, 1993). As such, here our aim is to oppose a political definition of care that goes beyond the shadow of domestic space and recognizes care as an essential responsibility, task and quality in everyday life.

2.2 The crisis of care

Recently, the discredit of care has led to what some authors call the 'crisis of care' in Western countries (Hochschild, 1995). This crisis evokes a joint movement of insecurity for caregivers and a threat to the quality of care itself. First of all, due to the 'aging of the aging' (Comas d'Argemir, 2016), care necessities are growing dramatically in Western countries where dependency situations linked to old age, chronic diseases and disabilities are growing. This results in the emergence of important needs for long-term care that undoubtedly will increase exponentially in the coming years. Meanwhile, providing care grows more complicated because of the progressive dismantling of the welfare state and the breakdown of community and family ties caused by the gradual privatization of care. Thus, care activities have been merchandized and are mostly carried out by poorly paid immigrant women, who are now key actors in "international care chains'' (Pautassi & Zibbechi, 2013). While some middle- and upper-class households can outsource care responsibilities thanks to the market, poor ones, which often include caregivers themselves, are no more able to care for themselves and their relatives. Although this phenomenon is long-standing, the volume of people now involved in care-related migration is unprecedented (Ehrenreich & Hochschild, 2003; Perez Orozco, 2006).

2.3 Towards a social care analysis

Care is a key concept in political science that is used to assess the contemporary evolution of social policies provided via the welfare state which is also referred to as "social care" (Daly & Lewis, 2000). This notion is used to depict how societies organize the labour of care between the different agents that carry it out. These agents include the family, the state, the market, and the non-profit sector, which are all central elements in what some authors call the "care diamond" model (Razavi, 2007; Rodriguez Enriquez, 2015). More specifically, social care relates to the "activities and relations involved in meeting the physical and emotional requirements of dependent adults and children, and the normative, economic and social frameworks within which these are assigned and carried out" (Daly & Lewis, 2000, 5). At a macro level, it underlines the division of care labour, as well as the responsibility and costs between the four corners of this care-diamond. At a micro level, it enlightens the distribution of care (labour, cost, and responsibility) among individuals within the family and community and, by extension, the kind of state support available to care beneficiaries and caregivers. Social care is a helpful tool for examining the nature and limits of welfare state benefits and how they vary over time and across national boundaries. This tradition has strengthened care as an academic

concept and made it possible to convert it into a political category (Borderias, Torns & Bengoa 2018).

2.4 The value of a social innovation approach to understanding a model of care based in the commons

Social innovation is also a useful concept to explain a community bottom-up approach to care, which in our analysis is epitomized in CNs. Social innovation refers to the satisfaction of specific needs through collective initiatives (Chambon et al., 1982). These initiatives are not necessarily the work of public institutions, which can both constrain or contribute to social innovation (Gonzalez et al., 2010). Different authors have argued that economic crises are catalysts that provoke and accelerate social innovation in a context where vulnerable sectors of society face worsening conditions (Blanco & Leon, 2017). For the purposes of our analysis, we will refer to a general definition of social innovation as, "the satisfaction of basic needs and changes in social relations within empowering social processes (Moulaert et al., 2010, 27).

Moulaert's (ibid.) 'spatial' conception of the community gives prominence to the role of neighbourhoods. Understood as places of life experience and everyday practices, neighbourhoods are where mobilizations and action against social exclusion and austerity urbanism are initiated and staged and where new political rights are defined. These practices are often embedded in neighbourhoods as strategies developed by and for deprived groups that are outside or at the limits of the welfare realm. The spatial dimension of social innovation in relation to care networks is relevant to how neighbourhoods organize, their resilience in times of crises and uncertainty, the density of their networks and their reach in terms of resource mobilization, including the number of volunteers and activists involved, the quantity of formal and informal associations and groups linked to it or the number of households benefited or supported. We will analyze this in more detail below.

In this context, social innovation appears as a lever for redefining the balance of power by deepening bottom-up logics of governance. These initiatives occur at a distance from the public administration, often depending on the degree of tolerance and acceptance of local institutions in relation to the political options provided by those in office. Hence, governance patterns can be reshaped at neighbourhood, district, and city levels by opening up new spaces of negotiation and autonomy. Somehow these initiatives can also lead to the emancipation of previous subordinations to institutions in the context of neoliberal urbanism, which often neglects or directly confronts the role of grassroots organizing within social and cultural urban dynamics (Blanco et al., 2018)

In our analysis, the social innovation dimension of care networks is linked to the resilience of vulnerable communities in deprived neighbourhoods but also to their capacity, their modes of operation to very dynamic and unpredictable contexts, like that created by the COVID-19 pandemic. In order to accurately describe these networks, we will focus our attention on these dimensions of social innovation, which are essentially interconnected: the need to satisfy basic human needs; the empowerment of originally marginalized groups and communities; the redefinition of social and power relations within and between collectives; and a more general governance of power (Moulaert et al., 2010, 199).

We will now assess the provision of care in Spain in comparison to national contexts and describe the Spanish welfare state model. We will also narrate the origins of CNs by turning our attention to the recent history of the politicization of care in Madrid in order to better understand the role of care networks in the context of COVID-19. Finally, we will discuss their possible relation to Spanish social care dynamics.

3. How does Spain care? *Nuevo Municipalismo* and the 'City of Care'

3.1 What are care arrangements in Spain?

Like other countries in Southern Europe, that originally had 'residual' welfare states (Titmuss, 1987), Spain's urbanization and economic growth, followed by new public management logics introduced subsequently, have resulted in a 'privatization of caring' that still does not automatically eliminate family members as caregivers (Motel-Klingebiel et al., 2005). Among this large and diverse group of countries, the key variation however "centres on the nature of 'privatization'" (Daly & Lewis, 2000, 9). In Spain, care activities traditionally are the responsibility of the family, contributing to what is called "a family-centred model of care". Family-centred welfare states in Mediterranean countries are a combination of the three main welfare models defined by Esping-Andersen (1990): the Scandinavian universalist; the Anglo-Saxon means-tested model where benefits are only available under certain income thresholds; and finally, the Conservative-Corporatist welfare state, linked mainly to workers' relations with the labour market. Spain, Portugal, Italy and Greece share common needs and lifestyles and also embrace a 'welfare mix' model that rests on family micro-solidarity and a combination of universalist and means-tested models (Moreno, 2001).

This trend has the double 'advantage' of not questioning the traditional family-centred model, nor the supposedly 'natural' inclination of women to assume caregiving responsibilities. Above all, confining care activities within the home tends to make these tasks an individual problem to be solved within the private sphere, which runs counter to the political definition of care. Households are therefore subordinated to different strategies that imply both material and immaterial transfers (ibid., 73).

Most recent data available regarding social care dynamics in Spain show that 33.7 per cent households require care, of which 10.8 per cent are considered to require long term care. In 88.1 per cent of cases, care takes place at home, and in 64.1 per cent it is provided by women (CIS 3009/2014, in Martinez Bujan, 2019). The same applies for childcare during the first three years, in which 80 per cent of responsibilities are assumed by females (mothers, grandmothers or caretakers), and 73.5 per cent of the whole childcare range age (Meil et al., 2018). A substantial part of these immaterial transfers, especially those related to caregiving, still relies mainly on the feminine component of households. This family-centred welfare culture also relates location strategies taken by new households in order to maintain family bonds by choosing housing options that are close to the main family household (Sorando & Leal, 2019). The financialization of urban real estate markets resulting in steep housing price increases, even in the most deprived neighbourhoods, tends to disrupt these dynamics, thus having a severe impact on the care cycle within the family-centred welfare model (Walliser & Uceda, 2020).

The recent reorganization of welfare also implies change for care recipients. The application of market principles to public sector services results in the systematic targeting of those in need of services, which in turn means that others no longer qualify for assistance and are somehow crowded-out of the system. This tendency is not neutral and reconfigures the nature of care itself, which is furnished by the state, leading to the specialization care offers which eventually focus solely on long-term care. Symmetrically, as the scope of service definitions are reduced, a problem arises for all those who are no longer characterized as dependent or vulnerable (Daly & Lewis, 2000). This difficult frontier regarding the scope of care to be provided by the state finally leaves vacant an enormous space reserved for day-to-day care. CNs quickly fill this void, and it is this phenomenon that is of particular interest to us here.

3.2 The 2008 crisis as a rediscovery of the community as a care agent

The 2008 financial crisis greatly affected the Spanish economy and has called its social care model into question. Sparking a serious employment crisis, the financial downturn provoked the adoption of a series of austerity measures in a policy response that sought to draw back the State and reinforce market mechanisms within the field of public policy management (Peck, 2012). While the unemployment rate peaked at 26 per cent of the Spanish population in 2013 (and later reached 17 per cent in 2017) (INE, 2020), the precariousness in labour skyrocketed to 40 per cent. In the meantime, austerity has contributed to putting pressure on and overloading assistance and care responsibilities on families and women (Deusdad et al., 2016). At the same time, some key policies targeting welfare development were reduced or their slow implementation drew out large contingents of beneficiaries: both caretakers and caregivers such as the Law on Dependence and the Law on the Promotion and Autonomy of Dependent Persons (IS1). The viability of others was jeopardized, especially those associated with the social risks that arise from the very context of vulnerability linked to the destruction and precariousness of employment (Martinez Bujan, 2019).

By 2009, crisis austerity governance began to specifically affect local urban policy and welfare provision, which had already been successfully privatized and externalized during the previous two decades. New public management initiatives and the convergence of conservative neoliberal governments in the city and region of Madrid during that period (Janoschka & Mota, 2020) developed a growth machine with massive investment in infrastructures and other that peaked in 2013 a debt of 8 billion Euros, or 154 per cent of the city of Madrid's annual budget. After 2009, strict fiscal supervision passed by Parliament limited the capacity to invest in new facilities, subsidies, anti-poverty programs and in human resources (P2). Only existing expenditures were allowed into the yearly budget such as investment in already existing facilities, rather than in services and the provision of labour. By 2016, NM governments such as Madrid and Barcelona contended to the state regulation that define the 'expenditure ceiling' (*techo de gasto*), that was considered as a political restriction to hinder the development of their political program (P3).

Despite all this, the fragile economic and political context in Spain has been propitious for the rediscovery of one corner of the 'care-diamond' model that had been obviated by politicians, as it had received little attention from the social sciences (Martinez-Bujan, 2019). Authors who question the optimal management of public resources have shed light on the idea of 'the commons' as an important axis of reflection in this context (Laval & Dardot, 2014). Notions like 'welfare of the commons' (Vercellone, 2015) or 'commonfare' (Fumagalli & Lucarelli, 2015) considered the idea of the commons and community as a way to compensate for the state's shortcomings in providing care and more broadly as a way to invent sustainable welfare systems capable of meeting people's needs through collaborative formulas that encourage participation tools and solidarity care practices among citizens.

In the case of Mediterranean family-centred models, this approach could serve as a 'fourth way' between itself and the three European Welfare State models, assuming that the Mediterranean model is included in the Conservative-Corporatist one as Esping-Andersen (1990) suggested. Although care in the commons does not substitute the welfare state as a whole, it can contribute to strengthening community relations, politicizing care and providing a realm of activities, often petty actions in terms of welfare provision but certainly relevant to supporting vulnerable residents' quality of life from a material, emotional and social point of view.

3.3 New urban activisms: actors of care in the commons

In Spain, this resurgence of the community has been a by-product of citizens' growing distrust in politicians and expanding criticism of corruption scandals that emerged in the early 2010s (Castells, 2019). Since the retrenchment of public spending and growth of labour precarity,

socially innovative forms of collective organization have emerged and gained strength in Spain (Blanco et al., 2016). Care, undoubtedly, was influenced and informed by the growth of such collective organization. Some of these emerged during the 'Indignados' 15-M movement, a non-violent prefigurative social movement born in Madrid main plaza, the Puerta del Sol in Madrid on May 15, 2011. This citizen movement used various forms of action (like the occupation of squares and street marches) to protest against Spain's political elites. Beyond a criticism of corruption, the 15-M Movement demanded the end of the two-party political system and made claims for "Real democracy, now", that is to say, the invention of new ways of conducting politics that would be more representative and participatory. Other initiatives were boosted by the collaborative dynamism produced by new mobilizations and social innovation dynamics, such as 'new urban activisms' (NUAs) (Walliser, 2013; Medina-Garcia et al., 2021) and traditional neighbourhood associative movements (*Asociaciones de Vecinos*).
After the 15-M movement, the process of consolidating NM activated a conglomerate of social movements, grassroots organizations and informal groups, social innovation that have been instrumental to a range of issues crucial to confronting neoliberal urbanism, thus ushering in an informal process of collaborative 'theory building' beyond the strictly local realm (Russel, 2019, 3).

As a senior officer from the local public health department stated about the case of Madrid:

> *"May 15th, 2011 was a turning point in which a citizen rebellion, or indignation about the forms of institutionalism that had been in place until then, became visible... and in some ways a series of philosophical or utopian currents that had to do with rethinking the city, for example, became visible, didn't they? So, as I was saying before, it ranged from ecofeminism to issues that had to do with the social and solidarity economy."* (Interview-FP1-2020)

Although the members of these urban social movements have been extensively researched (Tejerina & Perugorria, 2017), we approach them as part of NUAs, that is as crucial actors in the reinvention of Spanish urban policies throughout the last decade (Walliser, ibid.; Walliser & De la Fuente, 2018). NUAs are urban social movements with specific organizational structures, repertoires of action and participants. Summing up their main characteristics, it can be said that they have: 1) loose organizational structures; 2) blurred lines of distinction between political action, mobilization and professional practice; 3) the use social innovation and ICT technology to collect and expand collective intelligence in open source formats, to build identity and also to mobilise on- and offline; 4) heterogeneous social and political compositions; and finally 5) a capacity to promote, network and function through bottom-up autonomous actions. In the Spanish case, they initially did not have formal links to, nor did they identify with, official political organizations. However, they later fed political coalitions that came to power with the emergence of NM. Most of NUAs' features can be identified in the aforementioned care networks in Madrid, all of which emphasise autonomy and self-organization as we will explain in more detail below.

3.4 The 'City of Care' experience, a prelude to care networks?

NUAs finally found a political outlet in the Spanish municipal elections celebrated in 2015. Citizen lists from NM groups from various persuasions (eco-feminism, the right to the city, social and solidarity economy, or neighbour associations, among others) and affiliated or not with new and old left-wing parties such as *Podemos* or *Izquierda Unida* won elections in several key Spanish cities, among them Madrid, Barcelona and Valencia. These elected governments soon formed what would later be described as *Ciudades del Cambio* ('Cities for Change') (CM2). New elected officials, nourished by the municipalist leanings of new political actors from political activist circles, introduced the concept of "care" in the municipal policies they

put forth. They attempted to use it as a transversal political concept, reinforced their insistence on participation and devolution as new modes of waging policies. In this process, Madrid became a key point of reference for this concept in Europe. With support from City Hall and leadership from the Health department, Madrid launched the 'City of Care' Project (e.g., '*La ciudad de los cuidados*'), which sought to recognize care holistically, thus recognizing everything that contributes to the support and maintenance of human life. The plan was designed around 4 axes whereby care could be integrated into: (1) the context of public space design and community life; (2) administrative responsibilities and activities; (3) daily life; and (4) systems of production (Ruiz et al*.,* 2018). It was an ambitious plan that traversed multiple governmental Departments and sought to implement pilot projects and prototypes to be tested and improved at the neighbourhood level and from a community perspective. The reflections regarding the objectives of this 'City of Care' strategy made by the previously cited interviewee are significant:

> "*We wanted projects that were community-based and that were cross-cutting in the sense that they covered different areas of knowledge, and that were hybrid. Hybrids in the sense of articulating the administration with the social initiatives that existed in those territories."* (Interview-FP1-2020)

In relation to the outcomes of a model of care in the commons, an expert involved in the 'City of Care' project declares that the goal was to:

> *"Consider that the public administration should undoubtedly provide a series of services, but the administration will not be able to reach everything. So, what we also want to facilitate is the ability to value the communities themselves, to enable the strengthening of these communities so that they themselves can organize and structure themselves to face the risks of their daily life, their daily difficulties, because we believe that the state has to provide this or help solve these issues, but another function that the public administration must also be to establish the bases or structures that allow communities to organize themselves."* (Interview-FP2-2020).

The 'City of care' initiative reflected the articulation of more horizontal public action through governance patterns that instituted new forms of cooperation between public authorities and citizens. Hybridization, resulting from the public-social partnership (Ayuntamiento de Madrid, 2018), thus appears to be, above all, an innovative tool for integrating citizens into the process of making public policies.

In short, the 'City of care' was part of a recent trend in which care is politicized and socialized through an alliance between public institutions, particularly municipal ones in southern Europe, and organizations that could make up for the public systems' deficiencies or even propose an expansion of its services (Solis, Bujan & Paredes Chauca, 2018). In some aspects of welfare and community building, the social-public partnership could substitute the public-private partnership introduced by the new public management trends that emerged in Spain after the 2000s (Ayuntamiento de Madrid, 2017). This new logic was often approached from an experimental point of view, taking the form of prototypes or pilot programs focused on testing and fine-tuning project efficiency and viability including the lease of public facilities to develop self-managed community initiatives (Atlas del Cambio, 2018).

As a policy pillar positioned to define the city's model, the 'City of Care' ended up being more of a strategy than a grand policy position. Despite the creation of a specific task force dedicated to wage this policy, the lack of transversal budgeting and inter-departmental coordination (both at political and officer level) together with internal political tensions and austerity expenditure limitations, largely limited its capacity to implement scarce, but relevant projects. This also paved, as stated by several interviewees (FP1, FP2) the way to signing of external

contracts that generated tensions with the government, unions and right-wing opposition. In light of the current neoliberal government's systematic demolition of governance and regulatory efforts or the NM's attempts to introduce social and institutional innovation through a 'City of Care' policy, this topic deserves further research in the future. As seen in the previous two decades in Madrid, the neoliberal city is openly hostile to progressive urban movements, but this hostility also enables them to articulate and mobilise under the right to the city umbrella (Mayer, 2009).
Socially innovative initiatives, therefore, lie precisely at the interstices of a kind of public action that recognizes its inability to be omnipotent. Let us now go into the details of our case study in order to identify how these networks are positioned, as well as their nature, origin and destiny.

4. Care networks in COVID-19´s neoliberal city

4.1 The COVID-19 pandemics: A social innovation catalyst

During the current pandemic, the economic situation facing thousands of families in Spanish cities rapidly became critical. The extremely strict first wave of confinement measures put in place between early March and May 2020 led to an unprecedented economic and social crisis. The closure of businesses and the reduction of the labour market resulted in a shrinkage of the workforce and the further precarization of the working conditions of millions of already precarious workers despite financial support measures provided by the government. The coronavirus pandemic forced the Spanish government to take a series of economic measures aimed at tackling a health crisis that left more than 38,000 dead by early fall 2020 and 61,000 dead by January 31st, 2021 (RTVE, 2021). The government has passed several decrees that address the economic impact by providing aid to the unemployed, support to economic sectors and loans for the self-employed and SME. In addition, rent subsidies, eviction moratoriums and the automatic renewal of rental contracts until January 31st, 2021, and a 25 per cent discount on electricity bills for vulnerable groups or individuals. Regarding employment, companies were barred from firing anyone during a six-month period, and the Government committed to compensate the salaries paid by those businesses that claimed reduced or inexistent activity (also referred to as an ERTE). Finally, the government established a Minimum Vital Income for households whose income has been drastically reduced by the coronavirus and provided support for self-employed workers (Plataforma Tercer Sector, 2020; Gobierno de España, 2021)
A forced transition to alternative forms of work and the transformation of whole productive sectors have led thousands of families to live in critical social and economic conditions marked by strong socio-spatial components. Deprivation and poverty are predominantly affecting working class neighbourhoods where several vulnerable groups meet: senior, often single-person, households; local working-class families and migrant families who have difficulty accessing decent housing conditions. It is also important to note that Madrid is dramatically polarized along lines that segregate the South (deprived populations) from the North (mainly affluent ones, although sometimes with exception) (Sorando & Leal, 2019).
Another source of impoverishment is the precarious labour market and new labour market opportunities that generate highly flexible, yet vulnerable jobs, such as new platform capitalism businesses like food delivery that is widely available to young people such as the new platform capitalism businesses (Srnicek, 2016). The impact of globalization on urban systems in Spain has a territorial dimension which affects precarization, dispossession and unemployment in Madrid and its metropolitan area (Mendez, 2017).
In Madrid, the sudden rise of COVID-19 infections in early March changed the life of the city within days, thus provoking the gradual activation of mutual aid networks, some of which

existed previously while new ones took form, at the neighbourhood level (Herrera-Pineda & Ibanez-Gijon, 2016). We will call these networks care networks (CNs), or *redes de cuidados* in Spanish. In the following sections we are going to describe the nature, structure and context of CNs, the evolution of their aims and actions, their relation to institutions and their socially innovative role in providing care to the community.

4.2 Care networks focus not only on what is done but also how it is achieved

CNs in Madrid are horizontal non-hierarchical organizations with highly heterogeneous structures in which different kinds of associations, action groups and individuals join to provide care and solidarity to their members and other residents in a given area. They share claims regarding rights to the city and often demand investment in social infrastructure (Domaradzka, 2018), participation in decision-making, the autonomous self-management of spaces (Hamel, 2014, 466) and a prefigurative political orientation towards urban justice, all of which are seen as tools for 'the deliberate experimental implementation of desired future social relations and practices in the here-and-now' (Raekstad & Gradin, 2020, 22). The manifestos (CM3, CM4) prepared by the CN coordination group and signed by around seventy organizations articulate a mix of clear demands for social infrastructure, investment and public resources while also blaming neoliberal urbanism, the consequences of privatization and the lack of response to the crises affecting communities. At the same time, these documents reflect the CN's declaration of their commitment to the community, their refusal to exist solely to solve public deficiencies and demand public responsibility as well as their prefigurative demands aimed to radically move towards a social and economic model that prioritises life.
As one CN participant reflects, this positioning focuses not only on what is done but also how it is achieved:

> *"I am convinced that care networks—the networks of neighbourhood solidarity—not only cover a lot of needs, but also favour two things: first, we are more conscious of what is going on with people that live nearby. In other words, situations of social exclusion and need are made visible. And secondly, in addition to demanding more information and a healthier provision of public services for provision, we can respond [to these] neighbours. Not in a distanced way, not as charity, but as a collective human act of solidarity." (Red de Cuidados de Chamberi;* Video nº1 ¿*Who we are and what we do?)*

4.3 How did care networks start?

The origin of CNs in Madrid, like in most Spanish towns and cities, are diverse. We will look at two key points of origin: mobilizations and the impact of NM in building an active and committed citizenry articulated through participatory programs and the 'City of Care' strategy. We will primarily base our conclusions on the evidence uncovered in our research, which is still in its initial stages.
On one hand, CNs are the outcome of the widespread mobilizations linked to the 15-M movement, in which many different people and social movements participated in often spontaneous ways. When 15-M first emerged, longstanding neighbourhood movements (Castells, 1986) did not immediately participate. However, this quickly changed when the movement addressed some of their demands from a territorial level. During the NM government, the president of the Federation of Neighbourhood Associations (FRAVM) became the councillor of Territorial Decentralization and introduced a participatory agenda including participatory budgeting implemented via local forums (or, *Foros Locales*) in city districts.

The 2009 financial crisis was not as powerful and deeply felt as that produced by the COVID-19 pandemic. Its suddenness and depth reactivated care networks and resituated always present issues back on the frontline. As one young member of a network described:

> *"We are a mutual support and solidarity network. We did not appear out of nowhere. This group is closely linked to social fabric that already existed in neighbourhoods. We have been supporting one another and collaborating"*. *(Red de Ayuda Mutua Retiro; Video nº1 Who we are and what we do?)*

During the 2009 financial crisis, networks mushroomed in vulnerable neighbourhoods where unemployment steadily increased for months to come. With the economy's gradual recovery, a lot of those networks gradually decreased their activity. In Spring 2020, the reactivation of networks was extremely quick due to the local political activist culture still in place (Janoschka & Mota, 2020), in which many of the participants involved in the historical neighbourhood associations dating from the late 60s (Castells, 1983; Pérez & Sanchez, 2008) continue to be active, as it is the case of the Regional Federation of Neighbourhood Associations (FRAVM), an active progressive force in the governance context of neoliberal urbanism.

4.4 The NM local governance reforms

The path opened by the NM local government in Madrid is key to explaining the activation of Care networks. Previously activated by organized citizens, NM raised expectations among non-previously mobilized ones through different policy strategies and instruments. Firstly, the 'City of Care' program was designed to be and launched as a transversal approach to different policy areas, including health, education, culture, and environment. Secondly, City Hall emphasized decentralising public action (in the form of policy, programs, and resources) by locating them in districts and neighbourhoods. This shift was implemented through transversal pilot programs that were tested as social innovation tools and prototyped in different places. One of the main policy lines of the NM local government of Mayor Manuela Carmena was to develop different programs in different neighbourhoods within different policy areas but with a transversal focus in fostering social cohesion either through interventions in public space, training and micro business environments, training disadvantaged social groups in community programs fostering public-social cooperation, etc. Some examples: *Mares* (Resilient urban ecosystems for a sustainable economy (IS2); *Experimenta Distrito* (citizens collective intelligence urban labs (IS3) or *Imagina Madrid* (a collaborative community innovation by neighbours and artists (IS4). The impact of these top-down programs is yet to be assessed.

The NM government made strong efforts to decentralise decision-making (Janoschka & Mota, 2020) and to enhance participation in district forums (*Foros Locales*) that could make decisions regarding parts of the city budgets to be spent in their districts. These forums were organized around specific thematic working groups made up by volunteer explicitly committed citizens (Ayuntamiento de Madrid, 2021). Working groups' demands were passed by the District Council and sent to the different areas where they would be implemented. A garantist bureaucracy made administrative procedures long and complicated with an already austere budget that limited contracting and investment. A grassroot leader identifies these factors, as well as a disruptive contentious move towards demobilization (at least in one of the most active districts) after a period of enthusiastic engagement (Interview-AC-2020). These mechanisms have been in place since early 2016 and ended in 2019 when the newly elected neoliberal local government initiated its attempts to cancel these programs soon after taking office.

4.5 From 'soft care' to 'hard care' provision

In some districts, this participatory mechanism in which community activists and everyday citizens participated, was a key variable that explains the rapid mobilization and reactivation of CNs within days after the COVID-19 confinement started. The early CN's initial aim was to support neighbours and households, particularly older ones or families with children, that mainly required assistance running errands and meeting domestic needs or the provision of company. Soon there was an increasing demand from individuals who had lost their jobs or

had hours cut and salaries diminished. Families in different neighbourhoods started to rely on the weekly distribution of basic food provisions that could meet the needs of thousands involving hundreds of volunteers in about 71 care networks (CM5).

> *"I think that one of the biggest challenges has been a shift in needs. At the beginning, we thought we would do people's shopping and run their errands when they were confined by COVID-19. But now, it is completely different. People are hungry, they literally don't have anything to eat. And there are more and more of them over time." (Red de Cuidados de Leganés; Video nº1 ¿Who we are and what we do?)*

Between March and the beginning of summer in May and June, the first wave of 'soft' care evolved into 'hard' care. Basic goods were supplied when they became scarce and expensive. Volunteers started to fabricate hydrogel, masks, screens, and PPE for health personnel, all to be distributed in health centres, hospitals and neighbours. They also made support calls, provided counselling services and legal advice, and provided care for children and teens facing hardships or lacking the technological devices needed to follow and participate in online schooling. Even today, large amounts of food continue to be distributed to thousands of families in Madrid (January 2021), thus 'filling the gap' left open by institutions.

Within a few weeks, the increasing demand for urgent help and the collapse of the social services in Madrid translated into what CNs defined as a "food emergency" that required providing food to peaks of 50.000 (CM6) people across the city between the first and second waves of the virus in September 2020. CNs also started to distribute clothes and other needed products. In summer, community needs and thus the number of volunteers gradually fell. However, in the fall, demands again rose as the second wave and the expanding economic crisis grew more dire. Although the figures are hard to estimate, by October of 2020, some of the most vulnerable and populated districts of Madrid faced emergency-level situations.

4.6 Knitting the social fabric of Care networks

Care networks in Madrid are horizontal, non-hierarchical and from the beginning are created through non-formalized structures. Most of them are not officially registered in administrative records. These characteristics are part of the consensual decision-making processes shared among the networks from the start of the pandemic. Networks agreed to communicate and coordinate, often virtually, and refused to become formalied organizations in order to maintain their autonomy, an ability to self-organize and a flexibility capable of seeking a commitment to act. They exchange information, debate resources and strategies that will make their services visible and put pressure on the local government. Despite the political commitment of most CN members, most networks side-lined political debates when first activated in order to focus on the provision of care. However, political debate gradually became more present in the networks that faced the growing re-neoliberalization of urban politics in the post-NM city. Most CNs and coordination groups embrace a very basic, but highly efficient, use of technology that includes the use of applications like WhatsApp or virtual drives for internal communications and the widespread use of free video conference software. This makes coordination among and between district networks a simple, yet work intensive task.

Despite this, over time, network debates have centred on this issue of formalization since food contributions are often received from large formal organizations such as Red Cross or Food Banks that require donation recipients to be formally registered. With locally based Christian organizations political relationships have relied on the personal and political relations present at the district level. Two strategies have been used to address this issue: CNs independently gathering resources through other informal support networks (like gathering individuals' donations in supermarkets) and using formalized organizations, mainly neighbour associations, to receive donations.

> *"After two months, we have been slowly weaving a solidarity network with the neighbourhood: individual neighbours, businesses, grassroots initiatives, etc. They collaborate in different ways, from donations, to logistics. It is clear that we all share a common goal, and we do whatever we can to achieve that. But it's not only this; slowly relationships are created among people." (Despensa Solidaria de Vicalvaro; Video nº 6 How do we organise?)*

Often, CNs' members also participate in neighbourhood associations, which has facilitated widespread collaboration at neighbourhood and city levels. This highlights the FRAVM's leadership role (CM8) and its ability to enhance the visibility of associations. From the beginning, FRAVM (*Federación Regional de Asociaciones de Vecinos*) has participated in the CN movement by providing technical and formal support, spaces to store food and assisting with other logistical concerns. They made the CN visible through their website, which includes a NC guide and a list of grassroot resources organized by district and neighbourhood. Relationships with big charity organiations have not been so fluid, and locally, it has depended on the personal and political relationships present in each district.

CNs' structures and dimensions vary across the 21 districts. Some districts have one CN while others have several. This generally depends on the population size and inhabitants' income levels. In big peripheral districts with large numbers of vulnerable households, CNs are organized by neighbourhoods and a coordination body that liaisons with other districts. It is common that information, goods, services etc., as well as information and know-how in collaborative knowledge making processes, are exchanged between the CNs located in different parts of the city. As autonomous groups, CNs have independently designed and participated in city-level campaigns to increase their visibility and thus raise funds and food donations. One of the most successful of these was *Kiwi Fest* (CM7), an online music and cultural festival that brought together dozens of artists during a two-days event.

4.7 Care networks and local administration

CNs' and grassroots' in general relationships with local authorities somehow have followed a traditional path of dependence that only was interrupted between 2015 and 2019 during NM governance. In the twenty years prior to this, a right-wing party governed the city. Since the late 1990s, it has embraced a neoliberal management approach. Historically, the relationships between neighbourhood associations and the local government have not been very fluid, given that the former are linked directly or indirectly to left-wing parties. *New urban activists* after 15-M faced a different fate since they initially were not aligned with political parties (and furthermore, were rather sceptical about their role). Participants' youth and the movement's emphasis on transforming the city through social innovation situates these social actors, especially from the point of view of the neoliberal local government, as being part of a creative class rather than being political actors. Neoliberal urbanism often developed branding strategies which had been projecting an image of Madrid as a creative city to attract capital and talent (Sequera Fernández, 2013).

Currently, CNs are somehow identified with the political left and understood to be the heritage of the previous municipalist approach to the city. CNs and the FRAVM were very eager to diagnose, identify and communicate with the city administration about the increasing needs of thousands of families which had fallen off the radar of collapsed social services. Networks debated if they should "cover" or simply make visible social services' inability to provide basic relief to citizens and, thus, the administration's deficits. As an activist from a *Despensa Solidaria* states:

> *"We are witnessing how the public administration lacks both workers and economic resources, since most social services are privatized. And there are families that wait a*

month and a half for assistance. They have been relying on the Despensa Solidaria all this time, because they have absolutely no income at all." (Somos Tribu Quintana, Ciudad Lineal District; Video nº4: What is missing on the part of public administrations?)

In the context of the pandemic, there has been little coordination or dialogue between CNs and the administration. There was also very little to no material support. Often in the most deprived districts, public social services referred families in need to CNs, where they can receive more accessible assistance without having to wade through complex bureaucratic procedures that many public officers could not respond to due to the collapse caused by existent demand.

CNs decided to make visible those problems, which in the context of lockdown orders and confinement, largely remained imperceptible to public opinion. Large lines of people collecting food at the *Asociaciones de Vecinos* in vulnerable neighbourhoods appeared in the media as political turmoil between the central, the regional and local governments grew. However, this coverage seldom deepened their performative discourse (Ruskal Melina, 2014). Still, despite CNs communication efforts, in which they organized online festivals, published manifestos, and circulated press releases the mainstream press rarely made CNs' political facet visible. Instead, they were depicted as neighbours helping neighbours. In part, this was due to CNs' 'liquid' and informal character, which made them hard to understand and categorise. News about food relief tended to focus on a single protagonist, like large charity organizations such as the Catholic Church, Food Banks or the Red Cross (P4).

Therefore, it can be said that CNs have not been able to create meaningful connections or lines of dialogue with the public social service network mainly in part due to its rejection of the neoliberal local administration, but also to maintain its autonomy and the community focus that is its *raison d´être*.

5. Conclusions

5.1. Trying to politicise care

The invisibility of care networks in the Spanish media is far from insignificant. On the contrary, it is rooted in a long history that has contributed to barring community-level efforts from the spotlight and to situating it as a non-essential actor in the provision of care. In the meantime, the arena of community-level action has been defined as a non-essential element in understanding care and its provision, without becoming a consolidated field of research (Solis, Bujan & Paredes Chauca, 2018; Martinez-Bujan, 2019).

This is due, firstly, to the rise of neoliberal policies in the 80's which led to an "assistance-based shift" (Gelb, 1989, 59) that sought residual public support from only at those who lacked kinship or who were not integrated into the wage society (Mansell, 2006). This turn led to a decrease in the legitimacy of the welfare state and conversely to the market's greater presence in the provision of care and the growth of third sector entities. NGOs and institutionalized associations served as key agents to compensate for the weakness of the public administration and to fill the gaps opened by the withdrawal of the state and the destruction of existing communities (Federici, 2013). All in all, this trend contributed to the community's invisibility, which progressively was assimilated by the institutionalized volunteer sector. Spain is a specific example of a country, in which the 'community' lost its strength at the same time that the public welfare system was implemented (Carbonell, Galvez & Rodriguez, 2014), thus marketing care around domestic service.

The refusal to recognize the community as a central actor in caring processes can also be explained by the difficulty of statically defining a heterogeneous field that, at the time, was highly dynamic. Some authors have only recently insisted on the role of the third sector in providing care for people who face social risks. But these studies continue to "obscure the

diversity of experiences with this term 'community'" (Martinez Bujan, 2019, 8). Some assimilate the community sphere with the voluntary work managed by clearly official institutional associations and NGOs (Lyon & Glusksmann, 2008). These approaches can exist in an organized way (e.g., churches, NGOs, neighbourhood associations) whose approaches vary between 'third sector', 'voluntary sector' (Daly & Lewis, 2000) and others from the 'non-profit sector' (Razavi, 2007). Regarding the care networks being analysed, their very liquid nature, eminently horizontal structure, and categorical refusal to define themselves as an association are characteristics that accentuate their originality and make them strong. At the same time, this strength can also be a weakness in that the absence of political representation makes CNs somewhat difficult to be publicly understood and monitored by the conventional media.

In any case, the context of the 2008 economic crisis and the current COVID-19 pandemic contributed to shedding light on the virtue of communities as entities capable of giving and receiving care. In broad terms, CNs have participated in making visible a kind of vulnerability that, although already existent, had been publicly denied. The theoretical debates between the ethics of care and the ethics of justice include this question of political anthropology. The ethics of care is based on the vulnerability from which we must always start, and which makes us interdependent. On the contrary, the ethics of justice makes vulnerability, if not a shame, then at least an unthought-out one, to which they oppose an autonomous independent subject (Brugère, 2017). The virus, at least initially, has made us all potentially vulnerable, "always ever vulnerable" (Lussault, 2016). Thus, CNs precisely provide a political definition of care by enlightening these ordinary activities, by making neighbours more aware of their reciprocal needs and by supporting the most vulnerable households. The politicization of care has precisely pushed these tasks out from the domestic sphere in order to manage it in a common way. We believe that this conclusion is an element of the response to the debates that are stirring the field of care studies today and which sometimes tend to still locate them in the private domain.

Finally, this joint management of care activities informs the Spanish welfare state model. This community's preponderance may prove to be a means of compensating for the state's shortcomings in providing care and, more broadly, a mode of inventing sustainable social protection systems capable of meeting people's needs through the elaboration of collaborative public-social formulas that encourage tools for participation and the activation of solidarity-based care practices between citizens. Care by the commons does not replace the welfare state at all, and it should not. However, by strengthening the bonds of solidarity within a community, care exercised in and from the commons helps to forge relational autonomy, which contributes to vulnerable citizens' quality of life from a material, emotional and social point of view. After all, are calls not being made to transition from a welfare state that provides, to a 'city of care' where individuals are recognized as protagonists and beneficiaries of care exerted by all and in common?

5.2 Origins and fate of the care networks

So far, we have evaluated the origins of CNs as both a product of social movements and as a partial outcome of NM public policies implemented in following a path dependent on the context of neoliberal urbanism (Janoschka & Mota, 2020). Thus, the return to a neoliberal local administration, this time in coalition with the ultra-right wing, implies a return, rather than a step back from a previous model that seeks to systematically dismantle many NM traits related to alternative models of governance that emphasise a community stronger role (P5). In contrast, several other policies emblematic during NM governance and, thus, severely attacked by right wing parties during the electoral campaign—such as low-emission zones (P6) and bike lanes—have not only not been redressed, but also incorporated into neoliberal urbanism's narrative regarding policy achievements.

As we have demonstrated, CNs are socially innovative groups that have an origin in Spain's associative tradition and the 15-M anti-austerity movement. Like other NAUs, they are partly an outcome of NM's development of participative policies, mainly Local Forums, and in a lesser way a product of the 'City of Care' strategy that emerged after the destruction of innovative policy initiatives like public-social partnerships. Their politicization is evidenced in the evolution from calls for 'right to the city' to a 'right to life' in the neo-liberal city, made all the more apparent given the urgency of the crisis to which they responded. Still, the solidarity practices of CNs can effectively challenge and subvert the existing 'natural order of domination' (Arampatzi, 2017) imposed first by austerity and later by the return of neoliberal urbanism surrounding the 'post-political' condition that triggers collective discourses and emancipatory political practices about local welfare, neighbourhood governance and the opportunity of a 'fourth way' that relies on social movements to root social care in the commons.
Another question raised by CNs concerns the search for an equitable relationship between the public and the commons. Recently, the idea of co-responsibility too often has been used to justify the inhibition of public institutions in a context of declining rights and services" (Vega *et al.*, 2018, 36). Thus, the idea is to find an arrangement that does not detract from state investment or delegate to community organizations the entirety of its management. The recognition of the community's capacity to be an actor in the provision of care must not be accompanied by the disempowerment of political powers or the embrace of a mercantile logic of 'uberization' (Zubero, 2017).

5.3 Towards day-to-day community-led care: strengths and weaknesses of a DIY model of care in the commons

Finally, the COVID-19 crisis is a key moment from which to examine the welfare state since it has called attention to the strengths and weaknesses of its structure. Care networks provide support to households when the capacity of assistance of the public sector is overwhelmed since the level of welfare provision and benefits aimed at long term support is not enough.
The pandemic reveals the power of self-management and the virtue of a do-it-yourself (DIY) ethos in order to palliate the state's withdrawal or its inability to treat citizen's day-to-day needs. Second, the strength of these self-help networks is based precisely on the bonds of solidarity deployed daily in order to satisfy individual's basic needs such as eating, sleeping and filling out an administrative form. In Madrid, the strength of CNs has also lied in their responsiveness, overwhelmingly more effective when compared to that of public services, as evidenced by their ability to address the urgency of a social demand that quickly transformed into the dramatic image of 'hunger lines'. The flexibility of their organization, activist militant character and embrace of new technologies also locates them within the realm of what we have called NAUs. All in all, these networks question the functioning of the welfare state and the provision of assistance beyond the long-term help traditionally given to dependent or sick people. Thus, care networks appear to be the invention of day-to-day micro-level care capable of responding to a rapid, dramatic increase of ordinary 'soft' and 'hard care' necessities.
To what extent do CNs question the welfare model in Spain in periods of crises? One of the problematic elements concerning care is the relegation of these tasks to the private sphere, at least in a range of states, as is the case with the Spanish family-centred model. Through these networks we can observe the removal of care tasks from the private sphere and their politicization as a result of their joint management. However, this fact can have serious consequences for the agents who provide this care. Furthermore, increased need for care accompanied by the withdrawal of the state runs the risk of giving families too much responsibility generating more social inequalities between households that can articulate a response to demands on the market and those that cannot. By extension, there is a risk or returning burden of care tasks to women, but this time at the community level, an issue reinforced by feminist

studies carried out on the British community care system in the 1990s (Finch, 1993; Graham, 1997). A more detailed study of these care networks and their functioning could help measure whether this critique is still valid today.
Finally, aiming to embrace a shared – or "common" – management of public goods and services also raises the question of how to sustain and make these movements sustainable. According to some authors, community movements could embody 'the public in motion' (Fernandez-Savater, 2011). Nevertheless, a crucial question concerns the sustainability of these networks over time. This question is all the more urgent as CNs members, acting as volunteers, increasingly challenge the weight they bear as a result of the state's absence. Will the withdrawal of the public sector put an end to this 'public in motion'?

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Global pandemic, local solidarity: Six civic initiatives from Leipzig, Germany

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In this article we contribute to the mapping out of overall solidarity responses from below to the pandemic by giving local insight into the varied forms of neighbourly support groups in Leipzig, Eastern Germany. Having followed the trajectories of six groups between May and September 2020 with eleven semi-structured interviews, we highlight different organizational approaches, understandings of solidarity, normative horizons, transformative aspirations and practical barriers to these aspirations. We analytically map out the groups with three different sociological conceptions of solidarity (solidarity based on shared identity, as a moral duty or as a transformative political practice) and highlight their blurry boundaries in practice. We tentatively assess the transformative potential of the groups' activism and reflect on it in relation to their socio-spatial locations within the city.

Keywords: COVID-19, solidarity, civil society, social movements

1. Introduction

The global pandemic COVID-19 not only triggered a global health crisis but also initiated horizontal support and solidarity around the world (Sitrin & Colectiva Sembrar, 2020). In many cases this was organized through existing social movement networks and civil society structures but also new ad hoc groups formed, specifically dedicated to neighbourly support. Together with the existing networks, they mobilized solidarity potentials in society.

Recently, academics and activists have begun to map out the variety of solidarity activism and the newly emerging or intensifying problems people have faced around the world (Chattopadhyay et al., 2020; Sitrin & Colectiva Sembrar, 2020). With this article we aim to contribute to this endeavour. Yet instead of providing a general hopeful or pessimistic overview about a (geographically) wide range of initiatives, we unpack a few cases of local practices of solidarity in order to map them out *analytically*.

We do this by assessing the diversity of bottom-up initiatives in the city of Leipzig and their overall practices of solidarity as responses to the economic and social consequences of the pandemic and the lockdown. A first short assessment of solidarity initiatives in Leipzig was published in June (Fiedlschuster & Reichle, 2020) and reflected from an activist angle in August 2020 (Reichle, 2020a). In the present article, we seek to expand our analysis.

As Lesley Wood (2020) has pointed out, "we're not all in this together" because the crisis and the accompanying political measures affect people very differently depending on deeply ingrained social inequalities. Drawing on Wood's claim, we are curious about the extent to which the initiatives address these stratified consequences of the pandemic. Therefore, we discuss three different sociological conceptions of solidarity (solidarity

based on shared identity, as a moral duty or as a transformative political practice) providing a lens to analyze the groups. Our goal is to point out the similarities and differences between the initiatives as they relate to these three conceptions of solidarity. We seek answers to the following questions: How were new groups formed and did existing groups change their agenda and organization? How is solidarity defined and organized? Which normative and political backgrounds motivate the initiatives? What is the temporal horizon of their work and how did the groups change over a six-month period?

We found that the initiatives offer similar services and use similar organizational tools, and even share the common problem of limited reach. However, this problem is addressed differently by each group depending on their political motives and normative foundations. Furthermore, we see a correlation between the differences in the groups' transformative will and the socio-economic geography of the city. Having followed the initiatives over several months, we complement an analysis of the groups' initial aims with their actual trajectories. This enables us to contribute to an early discussion around the temporality of bottom-up initiatives and involved social movements (Pleyers, 2020).

In contrast to Pleyers, who hypothesizes that the current crisis will result in a global wave of movements, we have found that despite the high mobilizing potential of the COVID-19 pandemic, the solidarity initiatives within the city of Leipzig currently do not point towards a cross-sectoral solidarity movement that addresses the social problems exacerbated by the pandemic. Despite some groups' reflective attempts to develop long-term strategies and projects, their work at present remains, by and large, within rather limited activist or socio-economic circles. Yet we agree with the editors of *Pandemic Solidarity*, that "movements are not linear, and change must be thought of in non-linear ways" (Sitrin & Colectiva Sembrar, 2020). Hence, from the current point of view, we can offer no concluding judgement on the long-term transformative nature of the initiatives in Leipzig. Instead, we offer a small insight into the spatio-temporal variety of solidarity initiatives and their transformative aims and potentials *within* the city.

We begin with a short overview of theoretical concepts of solidarity, providing a lens to analyze the solidarity initiatives. Second, we introduce our methodology and data before discussing six cases with differing political backgrounds and organizational setups. Finally, we examine different trajectories of bottom-up COVID-19 support and the impact of the pandemic on those groups that existed before COVID-19. Concluding, we resume the shared problem of limited reach, discuss potential explanations and close with a hypothesis about the relationship between Leipzig's socio-economic spatiality and different forms of COVID-19 support.

2. Three types of solidarity

There are many ways to classify solidarity (for example Kavada, 2020; Schwiertz & Schwenken, 2020). In this section, we introduce a three-dimensional sociological typology of solidarity to guide our empirical findings. We present a few international reflections on solidarity responses to COVID-19 to highlight the theoretical distinctions, although, as we will show empirically, these distinctions are often blurry.

2.1 Solidarity as compassion and a moral duty

Hegemonic views of "coronal solidarity", such as called for by the German chancellor in her address to the nation on March 18, 2020, have been recently problematized by August (2020) as limited to acts of solidarity as compassion and a moral duty. This form of solidarity aligns with charity and Christian values. Its advantage is that it has a huge mobilization potential because it refers to values deeply ingrained in European societies. Yet it is also this apparent moral matter-of-factness, that gives compassionate solidarity potential regulatory power and earns it criticism. Any behaviour diverging from the moral compass of

compassion threatens to be sanctioned. Furthermore, this type of solidarity "follows the more hierarchical model of charity as it makes a clearer distinction between those who are vulnerable [...] and the volunteers who help them" (Kavada, 2020). Nevertheless, as Nuss (2020) proposes, acts of compassion can serve as an appeal for taking responsibility for one another, and hence a "social glue" in a fragmented society.

During the first wave of COVID-19, acts of compassion have often filled the void of closed-down charity organizations, or they were organized by institutionalized actors themselves like Kavada (2020) presents in an example of the government-sponsored NHS Volunteers Responders Service in the UK. This type of support work can be characterized as an act of welfare that does not question existing structures and relations of dependence, and thereby risks perpetuating them. This logic stands in contrast to mutual aid networks built on reciprocal relationships emerging through a common concern, experience or struggle. Therefore, even if solidarity as compassion and moral duty can be a powerful source to mobilize help, as the high numbers of volunteers testify, we argue that this type of help can neither cover up nor challenge the stratified, physical and economic consequences of the pandemic.

2.2 Solidarity as shared identity

Solidarity as (or based on) shared identity was similarly critiqued as potentially exclusive, most notably in the context of COVID-19 (August, 2020). This critique is based on readings of Richard Sennett who warns of anti-democratic consequences of solidarity. First in *The Uses of Disorder* and then throughout his writing, Sennett (1973) has condemned community solidarity as a purification tool aiming for homogeneity and glossing over differences in a shared 'we'. Different assessments of solidarity based on a shared identity clearly depend on the vast range of theoretizations of identity, the analysis of which would go beyond the scope of this article (for an overview see du Gay et al., 2000). To highlight the complexity of identity-based solidarity in practice one must ask to which extent identity is fixed and which shared experiences form its basis?

An exemplary solidarity initiative built on common experiences of women facing structural discrimination during COVID-19, and hence female perspectives and identities, is the feminist online activism in Wuhan against increased domestic violence during the pandemic (Bao, 2020). Yet this could also be a very heterogeneous form of activism, depending on its reach, intersectionality and inclusiveness. Moreover, as it is the case in our examples, most initiatives implement strong privacy rules, which means that they have little information about the identity of the persons that they help.

In contrast to Sennett's and August's critique, social movement scholars have highlighted the strength of temporary, heterogeneous and always shifting solidarity movement coalitions (Mühe, 2019). Their shared identity is temporary and flexible as well as built on overlapping experiences or practices. Analysing the solidarities between civil society groups and migrating and racialized people, Schwiertz and Schwenken (2020, 405) point out that "inclusive solidarities arise through collective practices, the emergence of new subjectivities, and the mediation of difference."

Following our analysis, a shared identity at the base of one initiative's political mobilization before the Corona crisis did not lead to exclusive solidarity.

2.3 Solidarity as a political practice

Solidarity based on a shared identity can overlap with solidarity as a political practice. Drawing from feminist literature, Bargetz and colleagues (2019) argue that "contextualized, historically specific" solidarity struggles can build connections by using differences productively rather than understanding these differences as obstacles. Della Porta (2020) is witnessing the emergence of ties between progressive social movements during COVID-

19 and hoping for their political potential beyond it. In line with a tradition of anti-colonial and black feminist scholarship (hooks, 2015), radically pluralist and transformative perspectives are those critical scholars and activists work towards (Reichle & Bescherer, 2021; Reichle, 2020a). From this perspective, solidarity is defined as a shared struggle against oppression (Featherstone, 2012), a struggle for the same goals, positioned against something or someone specific (Nuss, 2020) or, on more universalist terms, based on an analysis of a concrete universalism implying that all are concerned differently by the same oppressive society (Adamczak, 2018; Meißner, 2015; Mühe, 2019; Struwe, 2019). Anastasia Kavada (2020) stresses that the creation of a "hyperlocal infrastructure of care" likewise can have politically transformative potential through building community ties and resilience that later can facilitate political organization.
As we show below, these different variations help to analyze the temporal and political differences of the solidarity initiatives in Leipzig.

3. Please, let me help you: Six cases of solidarity

In Leipzig, a city of 600,000 inhabitants in Eastern Germany, the number of infections was relatively low between May 10 (585 cases) and September 30, 2020 (912 cases), the timeframe when interviews were conducted (Robert Koch Institut 2021). Yet the social and economic consequences of the pandemic were palpable. On March 17 all public events were banned and a week later an almost complete lockdown came into effect. It was partially lifted on April 20 and public life re-opened with restrictions on May 4. The city returned to a new normalcy during the summer with differentiated restrictions and a relatively low health risk for the population before the second wave of Coronavirus cases started in October 2020. Like most cities, Leipzig was caught off-guard by the pandemic. The municipality focused on enforcing and communicating the restrictions, monitoring the cases and communicating the development of the pandemic to the public. The local health office's phone line offered information about the coronavirus and the situation. Our interview data suggests that the public health office referred people in need of support to at least three of the initiatives that we interviewed (the foundation *Ecken Wecken*, *BSG Chemie*, and *Nachbarn für Nachbarn*). This is significant as it speaks to the fact that at least some of our initiatives were known to the health office. Having said that, no attempts were made to make the initiatives an integral part of the administration's response to the pandemic and they are, for example, not visible on the city's webpage about the Coronavirus. The solidarity initiatives thus formed independently from state-organized responses and without the city's direct financial or organizational support (an exception is the foundation *Ecken Wecken*, who received some funding from the city at the end of 2020 to improve their software, see *Stiftung Ecken Wecken*, 2020). Keen to understand their practices and witness this real time social experiment, we plunged into a small, qualitative research project. Our methodology was coined by a "historical moment of potential constant change and unforeseeable consequences [demanding] a certain flexibility and messiness" (Reichle, 2020b). Because we expected the lockdown to be short, we wanted to cease upon the moment when the initiatives were active and the experiences of the interview partners fresh. We are aware therefore that this methodology could result in flaws in the research design and that there could be limitations of the gathered data. This means that the conclusions we draw from our data, while they can inform more comprehensive studies, should also be considered preliminary.
We conducted six semi-structured interviews during May 10th and 15th and five follow-up interviews between August and September 2020 with different civil society initiatives. All interviews were conducted and transcribed in German. Quotations are translated by the authors and all names appearing in the article are used with the interviewee's explicit consent. The interviews are referenced in the following format: *IP1* stands for the first

interview with *Poliklinik*. Follow-up interviews are indicated with the number two. *IC* refers to the group *BSG Chemie* (only one interview); *ID* to *direct.support Leipzig*; *IE* to the foundation *Ecken Wecken*; *IL* to *Leipzig Solidarisch Ost*; *IN* to *Nachbarn für Nachbarn*.
Due to the social distance rules, the interviews were conducted by phone or in public space with physical distance. In some cases, group discussions would have been more appropriate to capture the group dynamics, but these were unfeasible in the pandemic situation. The interviews were anlayzed using qualitative content analysis (Mayring & Fenzl, 2019). First, the material was categorized along different theories of solidarity and then the categories were refined according to the material.
Our selection of interview partners was based on our interest in varying grades of institutionalization and political orientation. We wanted to learn about the initiatives' organizational setup (including organizational challenges and barriers to distribute help during the lockdown), the group's temporal horizon and development, networking activities, and the group's understanding of solidarity. The follow-up interviews provided important information about the groups' trajectories after the end of the lockdown and gave us the opportunity to confirm or challenge our previous analyses.
At first glance all initiatives seem to be similar in action and reach: They encourage neighbourly help with practical daily life tasks that are complicated either through the virus itself (especially for high risk groups) or the respective lockdown measures. Another shared aspect is their limited reach: Compared to the population of the city and the expected need, few people use their services. Yet we have found differences between the initiatives in terms of their ideological framework, the organizational philosophy, the target groups, and the time horizons of action. We discuss these differences alongside the aforementioned conceptualizations of solidarity.

3.1 Mobilizing a shared identity for universal support

The blurry boundaries between solidarity based on shared identity and solidarity as a political struggle highlighted above also manifest empirically. One initiative in particular has grown out of a shared identity: the legal-help collective of the local soccer club *BSG Chemie*. After briefly introducing the group, we narrate the trajectory of their solidarity activism as an exemplary case for the shifting nature of solidarity in action between shared identities, compassion and political critique.
The legal-help collective was formed in 2014 as a response to harsh police brutality towards fans and ultras of the soccer club as a "solidarity community that supports fans that, in the widest sense, get into conflict with the law" (IC). With the outbreak of COVID-19 and the ban of large public events, their work in the stadium came to a halt and they contemplated how to use their network in the emerging crisis. Their aim was "to come out of the crisis strengthened, initially the idea was [only] for the *Chemie* fans" (IC). They became active in line with their basic principle of solidarity, which "means that we are there for one another within the fan-scene [...] and support one another" (IC). Our interviewee's perspective demonstrates the strong shared identity at the base of the group's activism which initially seemed to exclusively target other fans.
In the second half of March, a core group of ten to fifteen fans decided to take action. They started out by creating chat groups among the fan scene in the different parts of the city: north, east, south and west. They designed leaflets offering practical help to people in quarantine or risk groups and distributed them. Their existing phone hotline was repurposed as a helpline for this new form of activism. When receiving a call, they anonymously posted it in the respective group, depending on a person's location. In the south, where many of their fans live, the group "became independent quickly" (IC) and in the west and east connections to existing initiatives were sought. The activism therefore quickly lost its centralized organization and was carried on (to a large extent) locally.

The initiative was soon approached by the local public health department. Confronted with phone calls from citizens about how to deal with daily life tasks during the restrictions and in some cases quarantining, the department referred requests to *BSG Chemie* and other solidarity initiatives. The pragmatic cooperation with the municipality provided the initiative with the majority of their help requests. Overall, these still remained few. Accordingly, they adapted their focus: "It got a bit more global, throughout the whole city and outside of the scene." (IC) Their highlight was supporting a poor family in quarantine and organizing Easter presents for the kids: the group's large network gathered such a massive lot of presents that they had enough to redistribute it to several refugee shelters and to the local food bank.

The *Chemie*-fans were not discouraged by the low demand; instead they kept adapting their work, for instance through encouraging blood donations (which went down during the pandemic) and asking people to donate the remuneration to food banks or the local women's shelter.

The legal-help collective's solidarity exemplifies how solidarity based on a shared identity can turn into a more universal project. Their solidarity is shaped by compassion: "In the fan-support we simply like to support people and [...] have an inner drive to do so" (IC), but also a political critique. In addition to their pragmatic help, they continued their critical evaluation of state measures: "We also wrote texts on how to deal with constraints of freedom and observe many policing measures critically." (IC)

3.2 Compassionate solidarity

The group *Nachbarn für Nachbarn* (Neighbours for Neighbours) operates in the quarters Schleußig and Plagwitz, the former being one of Leipzig's few central middle-class neighbourhoods and the latter becoming one too. First, we describe the organizational setup and working mode of the group. Second, we discuss the self-proclaimed non-political character of the group, which did not prevent conflict. Finally, we describe the practised neighbourly support as a form of solidarity as compassion. The interview partners stressed that they felt an obligation to help but that they preferred to do it in a non-political way. In contrast to the foundation *Ecken Wecken*, *direct.support* or *Poliklinik*, they did not see the pandemic as an opportunity to mobilize for social and political change.

Nachbarn für Nachbarn's structure is perhaps exemplary for neighbourhood groups that were created as an ad-hoc response to the crisis by citizens who mostly did not know each other before. When uncertainty about the pandemic rose in late February, one person started a call for organization in the social network *nebenan.de*, which connects residents in the neighbourhood. The call led to an initial meeting of about 12 persons. They decided to set up a Telegram chat group for coordinating help and a phone line as an access point. The service was made public mainly through flyers. Their main target group were the elderly whom they identified in accordance with the public authorities as those who need help most. The group responded to an estimated eight requests mainly about grocery shopping until May 2020. Because of the reorganization of the group (see below) and the lifting of the lockdown in May, the group reduced its activity and went into a stand-by mode.

The group's working mode can be characterized as helping without organizational or political attachments. Friedrich, one of the two interview partners in May, emphasized that they had no intention of either setting up a fixed organizational structure or engaging in political work. For the latter reason, the group turned down requests for networking by groups in Leipzig. Friedrich explained that many groups in Leipzig have a left agenda which would not fit *Nachbarn für Nachbarn*'s decidedly non-political character and the group's composition, which he described as politically and socio-demographically diverse.

For pragmatic and time reasons, they decided against a social media strategy. They also assumed that their target group—the elderly—does not use social media. Also, social media would require guidelines and organizational structures, complicating the consensus-finding process in the group.
The group sees internal discussions as detrimental to the organization of help. The about 30 members practice a form of direct democracy: Every group member can post a question in the chat group, which is then discussed by everyone who wants to participate. If a majority position emerges, it is implemented. This is an informal process of a majority vote.
The non-political setup of the group did not save them from a significant conflict. The initiator posted political messages in the group and organized protests against the government restrictions. These protests are associated with conspiracy theorists and the new right. At first, the group tried to discipline his activity by asking him to stop posting political messages within the group. When he did not follow their request, tried to obtain a leadership role, and when the group became associated with his political activities in the eyes of the public, the members decided to create a new group under a new name and thus excluded the initiator from its ranks. The conflict within this group can be understood as reflecting the growing polarization within the broader population itself around the appropriateness of restrictions. Interestingly, this conflict, both within the group and within the broader society, is not between the left and the right but rather between the political mainstream and the new right.
The group's solidarity can be characterized as a form of compassion or felt responsibility for people in need. The two interview partners pointed out that their Christian world-view was a source of motivation but this was not generalizable for the group which they characterized as being diverse. They wanted to avoid labels in order to be as open and approachable as possible and to avoid in-group conflicts. When asked about the term solidarity, Friedrich said that the core idea of solidarity is to help the needy, which he saw as their source of motivation. However, they did not use the term because it is used by other groups in Leipzig and because of its socialist legacy. Charity, altruism and a moral duty to help are more accurate to describe the group's ideational framework than solidarity. In contrast to the groups introduced in the next section, the practices of *Nachbarn für Nachbarn* did not challenge the political-economic system or the respective socially unjust, stratified consequences of the pandemic. Yet we argue that unlike the group's self-definition, this is by no means an apolitical stance, but one that (passively) affirms the political status quo.

3.3 Solidarity as transformative political practice

In this section we differentiate between two types of politically transformative solidarity. By introducing the four remaining groups interviewed, the foundation *Ecken Wecken* (Awaking Corners), *direct.support*, *Leipzig Ost Solidarisch* (Leipzig East Solidarity) and the *Poliklinik*, we distinguish between reformist and radically transformative approaches to solidarity.
The foundation *Ecken Wecken* (2020) is located in the Western part of Leipzig and was founded in 2009. Its mission can be described in terms of community capacity building. In the development sector, capacity building describes the development of a community's ability to achieve its goals more effectively. In the foundation's most prominent project, the citizen railway station (*Bürgerbahnhof*), a former railway area was developed into a space that citizens can use in many different ways (urban gardening, sports, playgrounds, graffiti and more). The foundation mediated the interests between the municipality, local politicians, local businesses and the residents in the neighbourhood. The foundation pursues a collaborative approach with the city administration and developed forms of democratic participation in urban planning. The foundation's work is a form of democratizing

representative democracy because it seeks to increase citizen participation in the existing political system (Fiedlschuster, 2018, 245).

In the following, we discuss the foundation's project Corona help (*Corona-Hilfe*) in conjunction with our research questions and three themes that were prominent in the interview with Thorsten, the head of the foundation: First, efficiency and professionalism in the organization of aid; second, expansion of the service and long-term perspective; third, improving the state-civil society relationship.

Due to the lockdown, the foundation was not able to work on their existing projects but they quickly saw, as Thomas expressed it, that something had to be done during the crisis. Neither did they have to change their agenda, which is bringing together citizens for a common goal, nor did they change their working method significantly, which is facilitating organizational processes efficiently through mediation and technology.

Like other initiatives the foundation set up a website and a phone line, which they advertised with posters in the city. Specific here is the use of a constituent-relationship management software that is used by organizations in the non-profit sector. The software enabled them to coordinate help efficiently with a small team. Thorsten explained that they needed 25 minutes to respond to a request and that they wanted to bring it down to five minutes response time. On June 17, 2020 they counted 1,124 supporters across the whole city and had answered 244 calls for help since they started on March 15, 2020 (In 142 phone calls a person in need was matched with a helper). Via a geo-tagging function, the foundation can easily find registered helpers nearby a person in need.

When Thorsten was asked how they seek to reach more people in need he referred to the media strategy. Because they were among the first initiatives in Leipzig, they received some media attention. They used it to increase the acceptance of help rather than asking for more helpers. Thorsten explained that one obstacle seemed to be that people hesitated to accept help. He said that no one in our society wants to be labelled as needy—something he experienced already in past projects.

The foundation has applied for money to improve their system further, to develop a system that can be used in other parts of Germany, and for future crises (in December 2020, the municipality provided a grant to enhance the foundation's software). The intent to expand shows that the foundation understands itself as a professional non-profit service provider.

Whereas *Ecken Wecken* seeks moderate social change and aims at becoming recognized by the local authorities and politicians, the next group set up a state-independent redistributive system.

Direct.support Leipzig (2020) which is modelled after groups in Berlin and Halle, connects people in a financial crisis with people who have money to spare. They set up a simple and anonymous network of redistribution: someone who self-identifies as being in financial difficulties (they explicitly encourage people who are exposed to structural discrimination) contacts the group. The group organizes what they call 'bidding rounds' in a Telegram group to collect the money. The supporters receive the bank account number (but not the name of the account holder) and send the money directly to the person. They started in March 2020. At the end of the year, the group distributed approximately 13,000€ (direct support leipzig, 2020). The process is as anonymous as possible to protect the people in need, which raises the question of how to foster long-term relationships among the participants (except among the organizers) and how to go beyond a mere monetary redistribution. Nevertheless, they tried to fill a gap in the allocation of state-run emergency funds, which turned out to be inaccessible to some needy groups of persons.

Direct.support is a solidarity redistribution network. One of the interview partners characterized solidarity in the following way: "Not all people have equal chances and possibilities, not all have the same starting position, which can be clearly seen in the crisis, which shows

that some are hit a lot harder. Responding with solidarity means to take such inequalities into account." (ID2) The person pointed out that solidarity is about "a collective dealing with the problematic situations created by the system, which means that it is not an individual—'you are responsible'—question and people are left alone with the problem. Instead, one has to think about the systemic level and to say 'it is not your fault, let us collectively take responsibility.'" (ID2) *Direct.support*'s understanding of solidarity is tied to a systemic critique of capitalism and the existing political system that creates or perpetuates inequalities. Solidarity to them is a political practice to tackle inequalities collectively.

Some of the members of *direct.support* had also been part of the large Telegram chat group *Leipzig Ost Solidarisch* (*Leipzig East Solidarity*), counting 860 members in May 2020. We introduce this group as another example of radically transformative ideas, whilst highlighting the limits of their activism in practice.

The chat group was set up by three friends who self-identify as "politically engaged people" (IL1). Interviewing one of them, we learn that the group emerged out of the attempt to find a way to adapt political activism to COVID-19 and the restrictions which accompanied it. As the group rapidly grew beyond the initiators' expectations, they met in the park to coordinate its moderation and to define a code of conduct. Initially the aim was "to collect ideas, how we can support those that suffer most, locally in the neighbourhood: that means refugees, people without housing, those affected by domestic violence or the ones overwhelmed by childcare" (IL1). Practically, this meant spreading templates for placards to offer neighbourly support, sharing inspirational leaflets from groups in other cities, and also posting comics for kids explaining COVID-19, and flyers with hotlines for victims of domestic violence.

Yet, "after two to three weeks we became aware of our major challenge, we realized that our potential is limited to address people that belong to risk groups. We noticed that our chat group stayed within the scene and we couldn't reach those we wanted to reach." (IL1) This problem of reach led to the pragmatic subdivision of people into more institutionalized voluntary work and emerging specialized groups. Some people self-organized collective child-care, others followed a call by the local hospital, several joined the emerging *direct.support* initiative described above and a few started an initiative of gift-fences for homeless people. The organizers' reflection on their limited reach beyond activist cycles, despite the overwhelming size of the chat group "made us question how political work can better reach the people it refers to" (IL1).

The motivations and transformative horizons in this large chat group can be expected to be very diverse. Some people joined charitable initiatives with no explicit transformative perspective, like the food banks or the gift fences. Others formed into the redistributive *direct.support* group. The spontaneous, diverse nature of the chat group and several changes of tactics make it hard to classify and point to the blurry boundaries of solidarity in practice. For the organizers, solidarity has a clear political dimension. Yet, the transformative horizon of their spontaneous, rather unorganized project remains unclear. They define solidarity as "unconditional mutual support based on a perceived form of injustice, and it is not limited to any group membership" (IL1).

The organizers of *Leipzig Ost Solidarisch* quickly established a cooperation with their friends from another initiative that we interviewed, the *Poliklinik*. After an introduction of the last group and their actions, we follow the emphases of our interview partner concerning their limits of reach and inner-group dynamics, and then conclude with our assessment of its radically transformative horizon.

With a core group of 15 to 20 people from different medical and social professions, the "solidarity medical centre" (IP1) *Poliklinik* was supposed to open in March 2020. The idea behind this clinic is "that you can only change health via social conditions—we think that social determinants make you sick, like housing conditions, working conditions, racism"

(IP1). Therefore, they explicitly chose the working-class neighbourhood Schönefeld as their area of activity "because people here are maybe more marginalized than [elsewhere]" (IP1).

After a time of resignation about the interruption of their work through the pandemic, the group founded a specific COVID-19 task force. It took action within the neighbourhood through establishing a phone line, organizing and distributing self-made masks and translating and spreading informational material about the governmental restrictions. Their activities were targeted at "simply the normal neighbourhood" (IP1) and, more specifically, at people who are not fluent in German and hence unaware of the constantly shifting restrictions. To tackle their problem of a limited reach, they started extensively putting up leaflets and spread the number of their newly established phone line.

Whilst receiving many support offers, their assessment was that "like in all other groups" (IP1), demand for help was quite low. "Especially elderly people sometimes eye us critically, this new left-wing project, and maybe, I'm not sure, people in need sometimes find it even harder to accept help […] or it's simply distrust." (IP1) In a neighbourhood marked by slightly above-average support of the far-right party Alternative for Germany (*AfD*), which has been prominent for anti-refugee protests in the past years (Reichle & Bescherer, 2021), this might be a question of political adversity, yet the interview partners did not bring this up directly. Yet, they were happy to have done so much publicity work and were astonished by the positive feedback they received, especially by employees of refugee shelters for the translation of information.

Within the group, they could feel the stratified effects of COVID-19, depending on childcare duties and other restraining factors. Additionally, the fact of not being able to see one another "somehow paralysed the group a bit" (IP1). At the same time the quick active adaption to the situation permitted the group to "grow from the situation" (IP1). They started an internal psychosocial support group and learned to make decisions faster than ever before.

As the *Poliklinik* existed with a distinct goal before COVID-19, its radically transformative approach is probably the clearest within the interviewed initiatives. The interview starts with the activist stating: "We are a political group, we do political work." (IP1) She further explains the long-term emancipatory nature of the project: "We want to support solidarity neighbourhood help, so people get empowered, especially in times of such intense isolation […] we want to build structures and simultaneously utter our criticism because we are now doing the work that should actually be done by the state." (IP1) That the project is locally grounded but concerned with global problems, manifests in their understanding of solidarity: "Generally we work against an unjust system where the responsibility is dumped off onto the individual. But of course, we're changing that on a small scale, we won't manage to change the whole system—unfortunately *(laughs)*." (IP1)

To sum up, the foundation *Ecken Wecken* hopes for reforms in the established political system of representative democracy, whereas the work of *direct.support*, *Leipzig Ost Solidarisch* and the *Poliklinik* are linked to more radical critiques of the current system. They all interpret their COVID-19 support as a tool within a wider struggle against oppression and social injustice, wanting to de-individualize responsibility. Yet the nature of their practical interventions varies. While the chat group *Leipzig Ost Solidarisch* formed the base for very diverse projects, *direct.support* is still in the making and the impact of the pandemic on the *Poliklinik*'s transformative, long-term perspective and work remains to be seen.

4. Different trajectories of support initiatives: The pandemic's impact on solidarity activism

The development of COVID-19 had a variety of impacts both on newly emerging and long-term initiatives. (Unfortunately, we did not reach the legal-help collective of *BSG-Chemie* a second time. The group *Nachbarn für Nachbarn* does not intend to organize beyond the pandemic. For these reasons both groups are not included in the analysis.) Central themes in the interviews were the up- and downsides of digitalization, the groups' outreach-problems and the question of normality.

Our interviewee from *Ecken Wecken* expressed a longing for returning to normalcy, as not all activities were feasible online. Also, members of the *Poliklinik* have struggled with the situation: "It really thwarted us. We needed a long time to get the group together afterwards [...] and this time [...] tattered us quite a bit *(laughs)*." (IP2)

To a varying extent, the long-term initiatives saw potential in the progressing acquisition of digital tools. Dreading potential future outbreaks, our interviewee from the *Poliklinik* reluctantly stated that "maybe we will be better trained with these [online skills]" (IP2) when a second lockdown comes in the way of their work again. *Ecken Wecken* in contrast, enthusiastically incorporated a digital approach into their long-term perspective, hoping to create a sustainable platform for neighbourly help beyond the COVID-19 crisis. Through this they hope to promote a general "digitalization of civil society" (IE2). This comes across both as a main aspect of their transformative horizon of facilitating neighbourly engagement and as a marketing strategy for their group.

Whereas *Ecken Wecken* could benefit from the situation through acquiring new members and wider visibility, the *Poliklinik*'s team was confronted with the limits of digitalization. Along with their status as a relatively new institution in the neighbourhood, they had trouble reaching their target group. Yet a reflection of this encouraged them to initiate a special neighbourhood task force. This subgroup is now planning to conduct activist interviews in the neighbourhood to enquire "how people have experienced it [COVID-19 and the lockdown], how have they noticed us" (IP2), and increase awareness for their clinic. A major difference in the (digital) outreach of both groups presumably lies in their socio-spatial location within the city (and its population). *Ecken Wecken* has especially evaluated their success in terms of new members that had signed up to help, estimating that a majority was younger than 30, with only a fifth becoming active due to the low demand. This is not surprising with their centre of action located in the gentrifying West of the City. The *Poliklinik* on the other hand, located in a predominantly working-class neighbourhood, had difficulty reaching out through the use of technology to their target group of economically precarious and marginalized neighbours.

For the founders of the newly founded chat group *Leipzig Ost Solidarisch*, the outbreak of COVID-19 and a retrospective reflection on their actions brought a similar issue of reach to the forefront. For them, as individual activists engaged in a variety of projects, the experience has "opened up new aspects [...] regarding lacking connections between people who want to build solidarity structures and the needs of people in precarious situations [...]. I think that shook us up a bit." (IL2) This new consciousness about the often self-referential nature of their previous activism has encouraged them to explore the flaws and potentials of different (digital) means of communication.

Lastly, the experiences of the redistributive initiative *direct.support* with the rise and fall of COVID-19 outbreaks was counter-cyclical to that of the other initiatives. Instead of hoping for normalcy, the two activists interviewed realized that "in our group everything seems to be constantly changing, so normality doesn't really exist" (ID2). For them, decreasing infections implied less awareness and diminishing legitimation for their project. Because "for some people it [COVID-19] is definitely still visible, for others it isn't. But because we rely on people, for whom it's less visible, to donate money, it is harder for us [...].

That's a challenge, less and less people give money to those who need it." (ID2) Wanting to create a long-term redistributive mechanism, they were confronted with the fading out of people's exceptionally charitable willingness to contribute during the first peak of the crisis. As a response to this challenge they decided to invest more time in educating people about capitalism, the current system and why it fails some people on the one hand, and about solidarity economy on the other. In addition, they are planning to increase their networking activities to reach more people.

5. Outlook

In this article we have analyzed the differences and commonalities in the practices of six solidarity initiatives during the first wave of COVID-19 in Leipzig, Eastern Germany. Additionally, we have followed the initiatives' trajectories to understand the temporality of their work and the impact of COVID-19 on solidarity practices.

The different forms of activism have been important to cater to specific people in need, be this the affluent elderly in Schleußig or the manifold precarious workers all over the city who were temporarily unable to pay their bills. Whereas *Ecken Wecken*, with their pragmatic, technical approach and their publicity through previous work, was able to carry out a somewhat larger number of help transactions, the quite young groups in the city's East were confronted with barriers of (digital) communication, scepticism among the elderly and lacking "bridging social capital" (Putnam, 2000) within the neighbourhood. Despite slight differences, all initiatives shared the problem of a limited reach among those to whom they wanted to offer help.

As one interviewee reasoned, no one in our society wants to be unable to perform or wants to be seen as needy (IE1). This might be a consequence of a meritocratic society of "competitive individualism" (Littler, 2013, 52). Although often internationally admired for its welfare state, German post-war ordoliberalism can be counted as a very early implementation of neoliberal ideas (Haderer, 2018). In combination with a Christian Democratic conservative family ideology the ordoliberal logic promoted state-guaranteed maximum economic competition, hand in hand with government support of the nuclear family, securing consumption and delegating social reproduction to the (feminized) "private sphere" (ibid.). With German reunification this ideology was transferred abruptly to East Germany as well. Exacerbated by the 2005 labour-market reforms (Hartz-reforms), this individualization of reproductive responsibility can be expected to have a strong detrimental effect on people's willingness to admit vulnerability or accept help from strangers, especially among a generation of elderly in Eastern Germany, having experienced a massive economic breakdown and years of discrimination (Buck & Hönke, 2013). Whereas our data do not permit us to generalize about people's reactions and attitudes toward solidarity initiatives, the perspectives of the activists indicate a lack of trust among the general population. To what extent this is related to a neoliberal subjectivation of competitive individualism (Belina, 2020), remains a theoretical question that needs further empirical inquiry.

Beyond the commonality of a limited reach, our analysis of the solidarity initiatives groups, their ideals, aims and practices, has revealed important differences regarding practical, political, spatial and temporal dimensions of their work.

Mapping the groups with a typology of solidarity theories has revealed their different temporal and political horizons, but also captured the blurry and shifting nature of solidarity in action. Whereas the shared identity seemed an obvious base for the solidarity activism of specific soccer fans, their work became more inclusive over time, was shaped by compassion and accompanied by vigilant and critical observation of the governance of COVID-19.

Meanwhile, a shared identity is no outspoken motivator for any of the other group's work, yet their very different political characters stand in an interesting relation to their location

within the city. Whilst our small sample and the exploratory nature of the project does not allow concluding remarks on this, different hypotheses about the spatiality of support-work have arisen throughout the interviews and in our analysis. It is noticeable, that the explicitly non-transformative, and self-declared a-political group (*Nachbarn für Nachbarn*) emerged in one of the wealthiest inner-city neighbourhoods (Schleußig), and the reformist one (*Ecken Wecken*) in a largely gentrified, adjacent district, whereas two of three groups with a more radically transformative horizon (*Poliklinik, Leipzig Ost Solidarisch*) are located in the much poorer East of the city where living costs are (still) lower. Along with *direct.support*, these groups seem to share the most radically left-wing political stance, which matches the recent history of their neighbourhoods, witnessing an influx of financially precarious (yet mostly academic) left wing activists in the last years. The city's South, in contrast, while gentrifying, still holds the longest left-wing tradition and is the base of many left-leaning soccer fans (*BSG Chemie*). These, along with activists from other groups, have also remarked the void of similar activities groups in the north, which has not been known for a left-wing political tradition or subculture in the last decades. The groups' spatial and political locations are in line with the extent of cooperation among the groups: The initiatives on the left seem to cooperate among each other, yet this is partially simply contingent on existing friendships and networks between individuals in the group. Without naming specific initiatives, they defend solidarity activism as "a traditionally left-wing perspective" (IP1), and distanciate themselves from conspiracy theories. In turn, the members of the explicitly a-political group (*Nachbarn für Nachbarn*) keep to themselves and avoid politically charged vocabulary of the left such as 'solidarity.' These observations raise the question, to what extent there is an undiscussed shared (class and political) identity, or at least a common experience of one's location in the city, and therewith society (Joseph, 2002) at the base of some of the groups' work and horizons of social change.

The groups' socio-spatial location within the city and its population has also impacted their strategies and ability to deal with the pandemic situation. Whilst mobilizing middle-class young helpers online was an easy way to increase the publicity of groups like the foundation *Ecken Wecken*, the groups in the poorer East (*Poliklinik* and *Leipzig Ost Solidarisch*) were confronted with the limits of digital communication among their economically precarious and marginalized target groups.

The newly founded *direct.support* group was confronted with the downside of pandemic solidarity, yet not in terms of its charitable, but its transient nature. Trying to build a long-term redistributive project when the short-lived attention for the pandemic had evaporated among donors encouraged them to focus on structural social inequalities: "Therefore it's even more urgent to condemn these basic principles along which our society is constructed!" (ID2)

To what extent any of the groups' work is not just immediately charitable and efficient, but also sustainable or maybe even transformative for the city's social and political life remains to be seen and will depend crucially on the reach and the relationships these groups manage to build within the local population. We have given a temporally specific insight into varying transformative aspirations and highlighted existing social barriers to these. Yet, as the Colectiva Sembrar (2020) has noted, social change is no linear process and the post-pandemic future remains unwritten.

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Solidarity with vulnerable migrants during and beyond the state of crisis

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COVID-19 brought about a shift in political priorities, pushing refugee issues to the margins. Governments concentrated on measures to contain the pandemic, some of which had strong impact on migration (e.g. closing of borders, halt to asylum applications).
At the same time, the forms of civil society support to migrants emerged since the long summer of migration of 2015 were almost completely stopped. This made even more visible how authorities were ill-prepared—or not concerned at all—to protect vulnerable groups such as refugees, asylum-seekers and undocumented migrants from the pandemic. However, new initiatives emerged, some of which online, others involving small organizations, volunteers, activists and local government personnel in surprising constellations catering for those groups shut out by the response of the government.
We draw on ethnographic fieldwork conducted in Belgium during two crises (the 2015-18 refugee reception crisis and the first wave of the COVID-19 pandemic) to argue that what happened on the ground did not fit in a taxonomy of state (top-down) vs. civil society (bottom-up) solidarity. Instead, many important initiatives took place in an improvised, creative and hybrid fashion, sometimes beyond the original mission of the actors involved. These forms of solidarity bring to the light strong weaknesses within the traditional spaces of state solidarity, and the reality that the two crises are overlapping rather than subsequent: the pandemic further jeopardizes the dramatic context brought about by the reception crisis.

Keywords: refugees and asylum seekers, reception crisis, COVID-19, civil society solidarity, Belgium

1. Introduction

Solidarity is "the other face of the crisis" (Cabot, 2016, 152). During the 2008 financial crisis, for example, one could observe the (lack of) solidarity between northern and southern European member states. During the 2015-2018 reception crisis, there were legion examples of citizen solidarity with refugees. During the first wave of the 2020 COVID-19 crisis, quite similar practices of solidarity with vulnerable migrants by groups of citizens, volunteers and NGOs/CSOs emerged. There are some parallels between these crises and governmental responses to them. The 2015 European "refugee crisis" can be read as a "spectacular case of infrastructural failure", which led to "an otherwise largely invisible and occasionally contested asylum infrastructure being placed in the foreground, which under

regular circumstances should work in the background, effectively and silently" (Meeus et al., 2019, 17) Something similar can be observed about the early days of the COVID-19 pandemic in western Europe.

The spread of COVID-19 in Europe in early 2020 pushed governments to act with urgency and define strategies to control the activity and movement of people. Restrictions were implemented everywhere at local, national and supranational levels, including local and national lockdowns, curfews, the closing of borders and aviation traffic, and even the temporary suspension of international mobility conventions such as the Schengen treaty. Although the refugee issue had been a recurring topic in the public debate in previous years, during the early days of the pandemic, the fate of refugees, asylum-seekers and undocumented migrants did not seem to play any role in the broad strokes of political decision-making. If and whenever these groups were mentioned, they were depicted as a problem, as a security and sanitary threat.

Cynically, while the COVID-19 pandemic was experienced as the biggest state of emergency in many decades, from the perspective of vulnerable migrant groups nothing substantially changed: exclusionary measures by the state continued to harmingly impact upon their lives. Governments eventually implemented new exclusionary strategies towards these migrant groups: with few exceptions, initial reactions were oriented at reducing and eventually stopping the arrival of new migrants, such as in the case of Belgium, The Netherlands and Germany where new asylum applications were stopped for an indefinite period of time (Mazzola & Martiniello, 2020). Restrictions implemented during the first wave of the COVID-19 pandemic also affected the reception of asylum seekers, in the on-the-ground solidarity practices of civil society and citizen initiatives that characterized the refugee reception crisis starting at the "long summer of migration" of 2015 (Hess et al., 2016). The general lockdown led to the closing-in of asylum-seekers in full reception centres, to the rarefaction or disappearance of hospitality of migrants in private residences, to the closure of day and night shelters for homeless and undocumented migrants and to the emergence of various new practices, actors and networks.

This article draws on one research project conducted during and after the 2015-18 reception crisis, and another research project conducted in the first wave of the COVID-19 crisis. The first research is entitled: *PUMOMIG - Public opinion, mobilisations and policies concerning asylum seekers and refugees in anti-immigrant times* (2017-19), and includes fieldwork in Belgium, Germany, Greece, Hungary, Italy and Sweden (funded by the Belgian Political Science Office BELSPO/BRAIN-be). The data set that informs the findings presented in this paper involves 69 in-depth interviews and numerous observations of field practices conducted in Belgium in 2017-19, when civil society participation was still strong and diversified. Interviews generally focused on pro- and anti-migrant mobilizations and forms of support to asylum seekers starting in 2015, as well as on specific questions exploring the two-way relationship among mobilized citizens (i.e. volunteers and activists), operators of state-designed reception facilities (i.e. social workers, facilitators, reception centre staff), and migrants (asylum seekers, *de facto* refugees and undocumented migrants). The second research is entitled: *Refugee Youth in Public Space - Everyday experiences of young refugees and asylum-seekers in public space* (2019-22), and includes fieldwork in Newcastle, Amsterdam, Leipzig and Brussels (funded by HERA - Humanities in the European Research Arena). In this article we will use data from 32 interviews collected in Belgium during March, April and May 2020, in the midst of the COVID-19 lockdown, with a range of frontline practitioners (youth workers, outreach workers, social assistants, basic education teachers, reception centre personnel and personnel of public social services centres CPAS). All names of informants reported in the following sections are anonymized, except for Quentin Courtois (see section three).

The aim of this paper is to present and discuss the way solidarity with migrants is organized in the context of two subsequent crises, to compare some of the trends, the practices and the solutions adopted by various actors (including citizens, volunteers and activists), and to highlight what this can tell us about solidarity in non-crisis times and about relations between the state and civil society initiatives.

2. Solidarity with vulnerable migrants

In this article we will use the term 'vulnerable migrants' to refer to participants in our research who are identified by institutional norms as asylum seekers, de-facto refugees and undocumented migrants. What does solidarity towards vulnerable migrants mean? According to Koos (2019), meanings of solidarity vary extensively, ranging from mutual interdependence and belonging, support for the welfare state, caring for people in need or joint political activism. Solidarity has altruistic, moral, political and humanitarian components, although these are not always clearly distinguishable. Milan & Pirro (2018) argue that solidarity and altruism can be interpreted as forms of contention ranging from civil disobedience to solidarity action. Mansbridge (1998) defines political solidarity and altruism as a form of public spirit stemming from feelings of empathy or affinity combined with a commitment to principle. According to Giugni (2001), furthermore, the politics of solidarity is often not consciously political, but rather guided by the goal of bringing relief to those who suffer from some kind of injustice.

Interestingly, as Cabot (2016) indicates, while solidarity may be an answer to an external threat which is exclusionary in nature, there is also an exclusionary component within solidarity itself. In this sense, Koos (2019) notes that membership of particular groups often trumps “universal” forms of belonging (Calhoun, 1993) and that exclusion is an integral part of solidarity. Kirchhoff (2020), in that same vein, distinguishes exclusive solidarity among citizens of the same nation state (including support for deportation of those who are not included) from inclusive solidarity which transcends the border of that nation state. We could also refer to this distinction as national-versus-transnational solidarity—Nail (2012, 241) calls the latter “nomadic solidarity”—referring to the demand for equality for all regardless of their status. In reality, solidarity practices are often ambivalent, oscillating between both versions.

Solidarity crosses borders, reimagines communities (Rygiel, 2011), challenges dominant systems of authority, enacts alternative imaginaries (Atac et al., 2016), is limited by ideology and legal boundaries (Sarabia, 2020), breaks the law (Tazzioli & Walters, 2019; Fekete, 2018) and criticizes absurd realities such as the asylum paradox, which entails that refugees have the right to request asylum but, in order to do so, they must first illegally cross borders (Schwiertz & Schwenken, 2020). In that sense, solidarity is always to a certain extent political, even if the actors involved may portray their actions as apolitical or purely humanitarian, or micro-political (De Backer, 2018 De Backer, forthcoming).

Now, in focusing on solidarity during the 2015-18 reception crisis, we can see that migration flows towards Europe have been framed in a discourse of crisis, depicting migration as illegitimate and exceptional, and calling for the deployment of emergency measures in order to restore an alleged state of normality (Cantat, 2016). Recent scholarship, furthermore, stresses how civil society solidarity towards migrants is motivated by the fact that governments were ill-prepared to receive and accommodate migrants seeking for international protection (Rea et al., 2019), and this determined a *reception* crisis (rather than a refugee crisis, as it was labelled in the media and part of the scientific literature) although an increase in asylum applications had been predicted in due time. Significantly, the approach of European countries has been called an “organized non-responsibility” (Pries, 2018), with the aim of highlighting their tendency to shirk responsibility when it comes to

refugee reception in terms of both implementation of on-the-ground reception practices, and enforcement of legal regulations.

Both the 2015-18 reception crisis and the 2020-2021 COVID-19 crisis are, to a certain extent, exemplary of a conflictual relationship between the state and mobilized civil society. In both cases, it could be argued that the unfolding of events was not predictable which, therefore, mitigated political and institutional responsibilities for the consequent state of crisis. While civil society actors became increasingly vocal as agents of criticism against the weakened public health and social protection structures all around Europe, a debate involving scepticism of capitalism and economic liberalism, cynicism and distrust grew among citizens who no longer trusted the capacity of the state to deal with a global issue and to chart a new way forward (Bauman & Bordoni, 2014).

In this conflictual relationship, it is hard to distinguish the humanitarian and political dimensions through which solidarity is traditionally described (Fassin, 2011). In the beginning of the 2015-18 reception crisis, the humanitarian principle of solidarity was by far the strongest catalyst for pro-migrant mobilization and had an evident impact on on-the-ground reception practices. Donations and emergency help such as the distribution of food and clothes were the most common practices among volunteers and civil society groups involved in support activities. In these instances, civil society solidarity resorted under the general definition of humanitarian aid (Barnett & Weiss, 2008), with its tenets of impartiality, neutrality, independence and shared humanity. However, research on the hospitality of asylum seekers demonstrates how the separation, or even opposition, of humanitarian action and political action is reductive. The term hospitality is employed to identify the fulfilling of the basic needs of migrants, an act that is certainly motivated by the emotion and empathy towards them (Berg & Fiddian-Qasmiyeh, 2018). Such act, however, takes a political value when observed as an act of cosmopolitan democracy (Archibugi & Held, 1995), that is a way of conceiving the application of democratic values and rights at the transnational and global level, with no distinction of nationality or legal status.

If it is true that many volunteers and ordinary citizens do not initially act for direct political reasons, the encounter between them and asylum seekers may lead to the politicization of their solidarity engagement (Deleixhe, 2018). Similarly, politicization may occur when civil society groups born in a spontaneous and improvised way to face a state of emergency start to be more organized and coordinated, and begin to structure specific claims such as advocating for the rights of undocumented migrants (Della Porta, 2018). In those instances, researchers have talked of forms of "subversive humanitarianism" to identify solidarity practices as morally motivated actions that are in opposition to the government's political stance or policy agenda (Vandevoordt & Verschraegen, 2019).

From the above we can conclude that solidarity can refer to a variety of seemingly unrelated things, such as interdependence and belonging, support for the welfare state, caring for people in need or joint political activism (Koos, 2019). Rather than providing a working definition (or a *definitive* definition for that matter) of what solidarity means, in this paper we present solidarity as a continuum of practices taking shape within the relations between civil society and the state. The aim is to further problematize the concept by stressing its changing and context-dependent nature. This problematization also allows us to discuss the normativity buried in the term, that sense of "positive commitment" that is implicit in the word *solidarity*, which may obfuscate potentially negative outcomes of the actual practices. Yet, it is clear that this paper focuses predominantly on solidarity initiatives undertaken by civil society professionals or citizens who, out of principle, provide care in a manner that is structured or improvised. Key in the continuum we are describing, is the role played by political awareness and agency, which shapes two sometimes interrelated dynamics that we present below: creative responses, whose main purpose is to

address the gaps left by the state, and more subversive initiatives involving criticism towards the role of the state.

3. Solidarity in the 2015-18 reception crisis

Migration and asylum in Belgium are responsibilities of the central Federal government that operates through the *Federal Agency for the reception of asylum seekers* (Fedasil). The Agency, in turn, is responsible for designing and implementing reception procedures and practices, and managing collective reception structures with its main partner, the Belgian Red Cross. Furthermore, about one-third of the reception network relies on individual reception places managed by local authorities that can enjoy significant autonomy. This multi-levelled governance often resulted in a non-alignment between the national and the local trends in terms of both attitudes towards migrants and participation of the civil society to reception practices. Belgium, in other words, is an example of that "local turn" in the management of migration/asylum that has been highlighted in recent scholarship (Ahouga, 2017; Zapata-Barrero et al., 2017). Not only local authorities, but also and more importantly local groups of citizens who mobilized in favour of migrants paved the way for new and more inclusive paradigms of integration in their specific regions, municipalities and local areas. All that has often gone against the institutional agenda, pretty much concerned with a rather restrictive approach to asylum and migration in general.

In Belgium, numerous people gathered around those areas where migrants concentrated. As we will see below, they often operated as individual volunteers or civil society organizations alongside the state-designated reception actors and structures. In this context, solidarity takes already a hybrid shape as it emerges as a humanitarian act in response to a human emergency, but also as a political act in response to the limitations and gaps of the institutional asylum and reception structure. More than for criticizing or protesting against an anti-migration institutional stance, however, citizens became active to support a reception system that was not working, and was even going to collapse at some of the most critical moments. They often demonstrated a goal in correcting institutional policies and becoming involved in the decision-making process at the local or national level. Most of all, however, solidarity shaped out as very factual as it always resulted in on-the-ground practices of help.

One interesting dimension of the civil society solidarity towards migrants in Belgium concerns the relationship that mobilized actors undertook not only with the migrants they helped out, but also with the physical environment where their practices took place. In other words with the reception space. We use this term to include both formal reception settlements managed by the state-designed actors, and informal settlements. During the 2015-18 reception crisis, individual volunteers, citizen initiatives and organizations entered reception spaces to implement support practices and provide services to asylum seekers. In the context of formal reception centres, these practices and services integrated those provided by the Fedasil and Red Cross managements, but they also addressed issues that were not adequately taken into account by state-designed policies. Tino, a volunteer in the reception centre in Namur, member of the volunteer group *Collectif Citoyens Solidaires Namur* (CCSN), summed up:

> *"What we do is based on the principle of the mobilization of skills. This means that you have an expertise, I don't know, you are a lawyer, so you put your expertise available to the residents [of the reception centre]. So we can provide a wide range of services, from legal to medical support, for example. [...] If you are an artist you can step up and organise a workshop, or an art class, everything is useful. It also needs very basic things, if you have a car you can offer a ride to the train station, or to the foreigners' office in Brussels." (Tino, February 2018, own translation)*

Marie-Sophie, a volunteer in the reception centre in Arlon, remarked that solidarity practices were variable and adapted to the needs of migrants, in a perspective of cooperation with the work of the centre's operators:

> *"Many services are not good enough. I don't blame it on the Red Cross people, it is not an easy job. There's a lot to do, they [the asylum seekers] have so many needs. [...] We meet them to know what they need, but sometimes it is useful to step back from the emergency perspective, and understand that they need just a normal life. For example, one thing I've been doing for a long time is to take some of them to one of my sons' football training. [...] These are things you can't really ask the Red Cross to do. It's the citizen's role, I believe." (Marie-Sophie, October 2018, own translation)*

All along the crisis, mobilized citizens acted as mediators between reception spaces and the local context, facilitating the contact with the local population and its social structures. Citizen's initiatives and practices shaped, once again, as hybrid actions straddling humanitarian engagement, civil commitment, and need to integrate—when not completely replace—the government's responsibilities in the asylum issue. This had a great value particularly in those cases where authorities did not give due notice to citizens who were concerned with the opening of a new collective reception centre in their neighbourhood. In this respect, Quentin Courtois, director of the Red Cross reception centres in Namur, affirmed:

> *"I don't know how we could have managed without them [the volunteers]. It was so important that we had a connection with the city thanks to the volunteers, and could build up a network. They helped us to establish the link, you know, the link with the population in the city, and also around here, around the centre, in the neighbourhood. [...] I know that for many residents it was not easy to accept that a reception centre would open here, in front of their home. The volunteers helped to normalize the situation, for sure." (Quentin Courtois, May 2018, own translation)*

Individual volunteers and groups in civil society organizations mobilized as soon as announcements of the opening of the centres were shared, sometimes even before the arrival of the first asylum seekers. The relationship between these mobilized citizens and the reception space began as they provided first-hand logistic support to set up and fit out the accommodation facilities, and collected and distributed basic supplies such as clothing or other non-perishable goods. In a short time, the presence of volunteers became massive, and the management of the centres started to assign them spaces and facilities within the camp structures to better organize support activities. In some cases, civil society organizations had almost complete autonomy in occupying spaces and exploiting facilities in the centres. One of the most successful activities of CCSN was a bi-weekly open-doors day organized to gather citizens and centre's residents together. The initiative was endorsed by the Red Cross management which allowed free circulation of people through the centre's gates and made a large hangar in the site available to volunteers. Tino commented:

> *"Here is where we do our activities, we gather, we organize classes and workshops, we meet each other for a reason, or for no reason. It's our space and we like it this way, the space where everyone can come for meeting the residents [of the reception centre] and chatting a little bit. [...] We needed a space, definitely. Before, we didn't know how to handle it. A lot of people wanted to participate, to do some activity, and we couldn't really coordinate." (Tino, February 2018, own translation)*

Almost all interviewees remarked the need to broaden the reception space by not only taking citizens to the centre, but also by facilitating the encounter between them and the migrants outside the centre, in the city public spaces. In this sense, the motivation to civil

society solidarity moved from a perspective of reception to a more articulated idea of integration of newcomers into the local social spaces, activities and networks.

Apart from formal centres, civil society also gathered and operated around informal settlements where asylum seekers amassed during the crisis peak. The most known example of this kind in Belgium was the large settlements near the *Gare du Nord* railway station and Maximilian Park in central Brussels, where migrants lived in extremely precarious conditions with no access to basic services. To make up for the lack of facilities and structures, a large and active civil society organization named *Plateforme Citoyenne de Soutien aux Réfugiés* was created in Brussels. Similar to other settlements in European cities (Crawley et al., 2017), the support of mobilized citizens in this group included shuttling migrants with private vehicles to their final destination, organizing donations for clothing and basic necessities, and above all distributing food and hosting migrants in private homes. Compared to what happened in formal centres where reception structures were constantly improved, solidarity in non-formal spaces of reception had to face extremely precarious structural conditions. Furthermore, such conditions were visible in the public space and caused discontent in the population, although the settlement was relatively well tolerated. Mobilized citizens played a key mediating role here too, as remarked by Adam, a volunteer in Brussels:

> *"Yes, it can be shocking for someone to see the settlement here, but I think this can help us to promote awareness, if you see what's going on in your daily space, not just on the television. [...] Not only are the migrants visible here, you can also see the help, those who help. There are the people in need and the people who help them out, and this is important. It's important that the population sees this, how engaged and supportive their fellow citizens are. Bring your friends here at dinnertime, to see the food distribution, or in the evening when volunteers take migrants home for a shower and a rest. Anyone should witness this." (Adam, February 2018, own translation)*

The integrating function of the civil society is even more evident in these informal settlements. In particular, volunteers were particularly active in pointing asylum seekers towards migrant organizations and networks in Brussels. These are widely recognized as very important in fostering integration of newcomers and providing them with support services such as legal and employment advice, language support, various forms of training and cultural activities, etc. (Griffiths et al., 2005). Volunteers also became themselves nodal contacts for migrants, by offering the possibility to access their own established personal and professional networks and contacts. They provided the link with public space, and contributed to establish, enlarge and reinforce the social network of migrants. Sarah, a volunteer active in the Belgian province of Luxembourg, pointed out how this has had a great value also in those places where migrant organizations are not as strong and numerous as in larger urban settings:

> *"Sometimes it is more important to behave like friends, especially when essential needs have been met already, and the reception situation has improved. [...] There are many people here who want to help, but we don't have the same networks and landscape of organizations you have in Brussels, for example. We have to be a bit more creative, so taking the residents [of the reception centre] to the kebab shop in the city is also a form of help. They can take their tea and meet people, maybe compatriot immigrants who have been here for a long time. [...] What will they need, if not becoming part of the community, once they have their status?" (Sarah, November 2018, own translation)*

Volunteers helped migrants overcoming isolation and making friends and contacts with whom, to a variable extent, they could establish emotional ties.

Lastly, but not less importantly, migrants also found support in local citizens to defend their interests and rights throughout the often extremely long procedures of evaluation of their asylum application, and even after the results of the evaluation, whether positive or negative. In this respect, solidarity often clashed with the institutional regulations of the asylum procedure and the legal definition of migrants within this procedure. One important element that clearly emerged from our interviews with mobilized citizens, in-deed, is a strong belief that migrants should not be defined by their status. Accordingly, solidarity and any forms of help have to be given to everyone with no exclusion, including asylum seekers who have not been granted the status of refugees and undocumented migrants. On this matter, individual citizens were often in disagreement not only with institutions, but also with those sector organizations that operated along the institutional regulations and definitions. As it is imaginable, this trend was evident in the context of informal settlements where the concept of legality was constantly questioned by the principles of morality.

4. Solidarity in the COVID-19 lockdown

The solidarity mobilizations in civil society and among citizens that surfaced during the 2015-18 reception crisis initially suffered enormously from the COVID-19 pandemic. Although many bottom-up initiatives had developed into more structured and sustainable support organizations, they proved not entirely corona-proof (Mazzola & Martiniello, 2020). Yet, it can't be argued that formal initiatives and humanitarian services coped better with the unseen sanitary crisis.

In the first days of the lockdown in March 2020, day and night shelters of local authorities closed their doors, as well as food distribution centres and food kitchens. Organizations that stayed open and continued to offer basic amenities suffered from shortages in terms of food and medical supplies. The distribution in the Maximilian Park was closed down by the police and the public dispersed—afterwards it was moved to several other places in the Canal area. From the very first days, along with the sanitary crisis came a food crisis.

Particularly devastating for asylum-seekers was the closure of the Immigration Department (*Dienst Vreemdelingenzaken DVZ/Office des Étrangers OE*, where newcomers are expected to request asylum and are provided with orientation to temporary housing), which also implied that these groups did not obtain information that could guide them to humanitarian help, and the closure of many of the more informal information points. Mieke, who worked as a social assistant:

> *"We try to see how we can keep in touch digitally with the public, via WhatsApp, Facebook, etc. We also translate the sanitary measures to Arabic and print them or forward them via WhatsApp. There are still people in the street [three weeks after the beginning of the lockdown] that really don't know about anything, that's really crazy. People who have very recently arrived in Belgium and see that everything is closed." (Mieke, April 2020, own translation)*

Along with the closure of DVZ/OE came the lack of legal support among asylum-seekers and refugees. Nearly none was offered in asylum-centres, while legal offices and lawyers were only reachable via telephone. Benny, an asylum lawyer: "I notice that when I have concrete questions for people and when I ask their social assistants to reach them, they respond that they have much less insight into where those people are." Legal offices and lawyers normally actively engaged in outreaching work via the asylum centres but that became nearly impossible. Previously, people could come to the permanence hours of the office and ask their question. "To be easily accessible you need to create the space to allow people to bother you. That threshold is higher when you are the one selecting who reaches you" (Benny, April 2020, own translation).

Several other services had to downgrade their activities to minimal service and many social and humanitarian support organizations switched their personnel to part-time temporary unemployment. But, as Angele, who worked for a social interim office, remarked: "it is absurd that we are all in a system of temporary unemployment while at the same time we have more work than ever. We could use our time to drop by our clients and to see how they are doing" (Angele, May 2020, own translation). Jan, a youth worker: "we work with a minimal team, in order to limit the chance of infections. Everyone is doing their shifts alone" (Jan, April 2020, own translation).

Asylum-centres and institutions for unaccompanied minor refugees closed their doors for visitors, although in some cases residents were allowed to go outside to visit relatives, youth worker Mohamed added. Christian, outreach worker, pointed out that the same applies to people in psychiatric wards or prisons. Jonas, another outreach worker agreed: "prisons are closed for visitors so my colleagues can't go visit and offer assistance to inmates. It's not because these people do not have any contact with the outside world that there aren't any fears" (Jonas, April 2020, own translation). Initiatives usually closed their doors for three reasons: worries about the health of older personnel and volunteers, worries about insurances and unsuitable infrastructure (one clear example of the already failing reception system, remnant of the 2015-2018 reception crisis). Some initiatives managed to stay open by rearranging the use of their spaces: "arrangements were made for the most vulnerable in our population, so people with a certain medical profile, those were isolated, with a separate room and bathroom" (Nicole, asylum-centre employee, March 2020, own translation). However, often this was impossible. At the start of the COVID-19 pandemic, nearly all state-funded asylum-centres were filled to the brim (98 per cent of the capacity of the asylum-centres operated by Fedasil was taken at the start of the first lockdown), while many civil society initiatives did not have the appropriate infrastructure to provide immediate help to a growing group of vulnerable migrants.

Many organizations tried to move (some of) their initiatives and help online, with chat sessions in Facebook video chat, yoga sessions on Zoom or workshops via YouTube. But it is clear that this was not obvious for many vulnerable people. Asylum centres provided improvised psychological support over the telephone, as well as feedback sessions between colleagues. Social assistants tried to keep in touch with their target groups, on top of the busy activities of providing basic amenities.

> *"Angele: the assistants are so busy with making sure that people's documents are filled out, arranging food distribution or income that they do not have the time to ask how these people are doing. So that is what I do when I call them up. (…) Yet, there is little you can do when you're not near them" (Angele, April 2020, own translation).*

Some youth clubs organized WhatsApp sessions, in order to reach out to vulnerable young people in a systematic manner. Others decided to not follow the official guidelines and continued to do their work in public space. For example, Yamina explained that a few outreach workers used social media to communicate to their youths when and where they would be hanging out and where they would be available for a chat. Phillip, an outreach worker, confirmed that also within his organization the team has decided unanimously that people who wanted to continue to work in the streets would be supported by their supervisor. Christian: "why still go in the street? In the first place to make sure that everyone is aware of the government measures and because much misinformation is circulating" (Christian, April 2020, own translation).

Most remarkable during the first weeks of the lockdown was the immense mobilization of volunteers and citizen initiatives and organizations in dealing with the shelter and food crisis among vulnerable migrant groups. Impromptu shelters were organized in hotels, hostels, squats and temporary spaces. Organizations that usually provided leisure or social

assistance to undocumented migrants, asylum-seekers, refugees and homeless transformed their entire functioning to food distribution, while creating new networks of mixed commercial and humanitarian partners for the provision of basic goods. Improvised shower facilities were installed and several hubs were set up to provide food, access to toilet facilities, Internet and dry clothes. One employee of an organization focusing on newcomers with a precarious residential situation told that:

> *"We received very distressing signals from families who had no food. We wanted to respond to this, but it grew enormously. Because we also support four squats or collectives of people without legal residence. On top of that, people who did not actually know us but were referred to us via partner organizations or word of mouth, so that has grown immensely in a short space of time. We are now talking about around 500 households. So that takes over our entire operation" (Nelly, April 2020, own translation).*

Many of these initiatives were characterized by hybridity, that is, they are hybrid in their work and in their composition. Hybrid initiatives during the COVID-19 crisis consisted of new networks of various partners in the social and cultural sector, partly supported by the local authorities but also by crowdfunding campaigns, coordinated by grassroots organizations or city administration personnel working in their time off, staffed by civil servants, citizens and activists. They consisted of new constellations of co-workers. One hub was run by the personnel of a theatre, an artistic workspace and a day shelter for homeless, another initiative was run by a day shelter, civil servants and volunteers, while being funded by the city council and provided with basic supplies by a network of around ten social and cultural organizations. Although in some cases the local authorities were involved in the establishment, support or funding of these spontaneous and improvised initiatives, there was no central, city-wide coordination.

> *Yamina: "There is no structure at all, there is no plan at all, as is the case with everything."*
>
> *Q: "Are there any great initiatives by citizens' organizations that you can think of?"*
>
> *Yamina: "All initiatives are citizens 'initiatives'." (Yamina, May 2020, own translation)*

In these hybrid spaces, new and creative ways to get information to vulnerable groups were developed. Christine, a community worker, summarized some of them:

> *"Telephone rounds to check whether our local contacts are okay and whether they need help, leaflet rounds with cards urging people to help their neighbours, websites with sanitary measures and information regarding the virus in 20 foreign languages, bicycle tours with a lot of noise and big carts containing food, while tagging along a big sign featuring the URL and telephone number of the information service" (Christine, April 2020, own translation).*

Some organizations printed huge posters with basic sanitary information or erected bulletin boards, while others provided homeless and undocumented migrants with copies of the legal framework related to COVID-19, particularly with regard to prohibited activities in public spaces. Numerous citizen collectives and student groups supplied food to vulnerable groups, established street antennas of volunteers hanging out in public space and offered comfort to isolated individuals or single-parent households. Bart, an outreach worker (April 2020, own translation): "we set up an initiative called 'Helping Hands' which engages volunteers from the youth club to offer information to vulnerable groups." Christian (March 2020, own translation): "we provided chill spaces for homeless, with couches 2 metres apart and extension cables to charge mobile phones, where people can still sit inside."

The hybridity of these networks as well as the improvised nature of these establishments also resulted in new ways of governance. In the Belgian city of Ghent, certificates for homeless and other precarious groups were drafted and provided by a solidarity network. These documents were designed to prove that these people were in the streets because they had nowhere else to go. These documents were circulated by the network without consultation with the police or local authorities. "We simply forced them to accept it," one volunteer remarked (Peter, March 2020, own translation). A similar example of hybrid governance could be found in Brussels where a temporary shelter and leisure space for homeless, which was scheduled to close in April, was reopened by an outreach worker saying: "we'll claim this space for some time longer" (Phillip, April 2020, own translation).

5. Discussion and conclusion

What happened on the ground during both the 2015-18 reception crisis and the COVID-19 crisis, disturbed a strict binary of state (top-down) vs. civil society (bottom-up) solidarity. Many important initiatives took place in an improvised, creative and hybrid fashion, sometimes beyond the original mission of the actors involved, involving citizens and institutional subjects either in cooperation or in opposition. Civil society solidarity, particularly during a crisis, brings to the light strong weaknesses within traditional spaces of state solidarity. The question here is how one should understand these weaknesses. Admittedly, it could be argued that certain events leading to a crisis may in themselves be highly unexpected—that certainly was the case for the COVID-19 pandemic. At the same time, the scale and consequences of such a crisis are usually the result of political decisions taken pre-crisis (such as, for instance, withdrawing funding from the social sector). In other words, the 'crisis vocabulary' allows politicians to redirect attention to circumstances rather than responsibilities.

At first glance, one could say that COVID-19 jeopardized the asylum and reception system in Belgium. Yet, it is probably more accurate to say that the pandemic laid bare an already ill-functioning infrastructure. In short, these two crises are not just successive but largely overlapping, with an 'exceptional' COVID-19 crisis coming on top of the fall-out of the previous one. The COVID-19 crisis showed that the existing infrastructures of care and solidarity for refugees, asylum-seekers and undocumented migrants were insufficient. This showed for instance in reception centres filled to the brim and going into lockdown in March 2020, or in the 'new normal' of day and night shelters for large groups of homeless and undocumented migrants, which first closed their doors during the COVID-19 lockdown, leaving their target groups abandoned in public spaces. Afterwards, outreach workers provided an unseen amount of apartments and rooms in hotels, hostels, squats and corporate buildings (due to sanitary precautions). It was a crisis on top of a normalized crisis.

Initiatives undertaken by citizens and civil society between 2015 and 2018 significantly 'broadened' the formal, state-provided reception network. One could say that civil society increasingly took on responsibilities which we ordinarily ascribe to the state. This had not changed by the time the first wave of the COVID-19 pandemic reached Belgium. Although many of these initiatives have gained some form of permanence, structure and solidity, many of them suffered more substantially from the sudden sanitary measures than older, more established organizations. Several Brussels organizations which saw the light during the reception crisis afterwards suffered severe crises, with one project being accused of 'unfriendly' practices towards female volunteers and another recently suffering from struggles between members of the personnel.

We therefore agree with Rast et al. (2020) that governments not only ought to acknowledge, connect and facilitate the innovative power of local communities, faith-based organizations, volunteers and refugee organizations in the reception process, while

stopping their own withdrawal in the process. They also have to make sure that these innovative efforts are better integrated in the already existing reception landscape.

Solidarity continues to be shaped in hybrid forms, involving the mobilization of the volunteers' personal and professional skills, alternative forms of communication, and spaces beyond the state-designed formal reception settings. One can indeed argue that this hybridity is a consequence of the institutional gaps in solidarity, a consequence of austerity, 'slim', neoliberal government and disinvestment in social policy. However, it can also be argued that these spaces announce the coming of age of new ways of governing migration (and potentially also new governance of a plethora of other social issues). In the latter case, the strategies adopted during two subsequent crises are simply indicating more effective and resilient modes of interaction with the state, which can also be employed by civil society actors after the crisis.

Civil society solidarity may often be complex and precarious, but there are also advantages and opportunities. The withdrawal of the state has participated in weakening the institutionalized demarcation and categories used to regiment and separate people. The partial retreat of the state from providing care to refugees and other vulnerable migrant groups leads to civil involvement to protect non-citizens, which in turn participates in "destabilising the limited imagination of community associated with state-centred politics" (Cantat & Feischmidt, 2019, 394). States backing down from terrain usually considered their prerogative allows citizens and civil society to reimagine community and politically challenge the distinction of inside and outside. Indeed, in both crises, mobilized citizens demonstrated a largely inclusive approach going beyond legal status and limitations identifying different categories of migrants.

So, should we consider this spontaneous and hybrid constellation of civic/civil society with parts of the withdrawing state a good example of the governance of the future or will it, in the end, result in further budget cuts in social policy? At this point, it may be best for solidarity workers to politicize their work and pay heed to American rapper and activist Killer Mike's speech after the killing of George Floyd: "now is the time to plot, plan, strategize, organize, and mobilize" (Killer Mike, 2020). It is true that a crisis may not be the perfect time to reflect on reform of or action against the state's dealing with vulnerable migrants groups, if only because of a total lack of time among solidarity workers, but is advisable for civil society initiatives or social researchers to collect experiences and thoughts in the heat of the moment, so as not to forget the immediacy of everyday experiences and their importance for the *longue durée*. While it may seem ill-advised to criticize the government of whom civil society is also reliant in a state of emergency, it is also important to take into account Jana Bacevic's analysis that crises stifle dissent (Bacevic, 2020). For that purpose, it remains important to keep connecting, discussing, building solidarity and supporting alternative, critical networks.

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The network function of civil society organizations in times of the COVID-19 pandemic – or how engagement as a practice of solidarity becomes market-relevant

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When political actors mandate the use of protective masks or makeshift masks in public, and these products are scarce on the market, local engagement-promoting organizations arrange their procurement independently. Taking on the responsibility of serving the local need for makeshift masks is based on the engagement of the citizens: as resource contributors and sewers they follow the call of community foundations, for example, to produce masks as a way of practicing solidarity with local actors. Through the 'netnographic' access to and a network-analytical perspective on self-presentations of community foundations, the present article deals with the question of how these foundations organize the production and provision of the product 'makeshift mask'. Conclusions are (1) that the *network function* of the local organizations of civil society with regard to the operation and fulfillment of the need for makeshift masks is central and (2) that *voluntary*- and *solidarity-based* engagement gains *market-relevance* through the production of a 'valuable' product. At the same time, however, solidarity as a basis for action is fragile because it arises from the active engagement of citizens, which also rests on the expectations of reciprocity.

Keywords: community foundations, makeshift masks, network function, solidarity, COVID-19 pandemic

1. Introduction

Local civil society organizations (synonymous with "third sector organizations") that promote engagement are not only multi*functional* because they provide services, represent interests, lobby and perform a socially integrative function as member organizations (Zimmer & Priller, 2007, 20-22; Backhaus-Maul & Hörnlein, 2014, 117): in the face of social challenges and acute need, they are locally networked 'multi-*talents*' that gain market-relevance by producing and distributing a product with high demand, as will be shown in the following article. As political decision-makers, who are aware of the scarcity of the resource 'protective mask' and its high market demand, introduce the mandate of wearing makeshift masks in their municipalities, the question of the availability of this resource – from the perspective of individual citizens – remains an unresolved issue. Organized civil society actors react to the existing need and increased demand for makeshift masks, on

the one hand, and to the introduction of the obligation to wear a mask in defined public spaces, on the other hand, by self-organizing the production of the very popular masks or having them produced by engaged citizens.

The term 'organized civil society' refers to one of three dimensions of civil society that Kocka (2003) introduced into the German discourse: the descriptive-analytical dimension. If the organized actors of civil society are taken into account, a term of civil society is used that relates to "the self-organized, dynamic, tension-filled public spaces of associations, networks, movements and organizations 'between' the state, economy and privacy" (ibid., 32; emphasis in original).

> "*Associated with such a perspective is also a high degree of appreciation for this sector and its associations, as it seems most likely to embody what is associated with the utopia of a largely informal society and a certain organized equilibrium in the sense of a pluralism of different and often conflicting, but in principle unites interests that are equally valid." (Evers, 2020, 11)*

At the same time, this positive form of organized civil society does not simply exist: A number of preconditions are required for the development of a free and relatively peaceful appearance of the organized civil society (ibid.). In addition to the freedom to organize yourself as a citizen in associations, the available resources of the individual (access to associations and material resources, availability of time, etc.) and a differentiated infrastructure of organizations that promote engagement can be understood as prerequisites. Besides the personal and organized opportunities to engage locally, another prerequisite is addressed that can also be considered an expression of civil society: the habitual dimension that is action-oriented and emphasizes behaviors such as nonviolence, compromise orientation and solidarity (Kocka, 2003, 33). The free and relatively peaceful side of civil society must therefore be actively and repeatedly recreated by engaged people in organized contexts. This also addresses the third – the normative – dimension of civil society, which encompasses certain societal foundations of coexistence, such as cross-sectoral and continuous discussion and understanding of what constitutes a 'good society'. For Kocka (2003, 32), the normative dimension of civil society is linked to the fact that it can be understood "as the core of a design or project with still utopian features". With regard to the utopian features, Evers (2020, 17) states: "What constitutes the civility of a 'good society' is never determined once and for all".

If the three dimensions of civil society are considered together, it can be stated that (1) engagement most often takes place in formally organized associations (Simonson & Vogel 2017, 524). (2) From the point of view of those who are interesting in starting a voluntary activity, solidarity is seen as an important value that motivates them, to start it (Huxhold & Müller, 2017, 496). The data from the last nationwide volunteer survey in Germany (from 2014), in which citizens aged 14 and over were asked about volunteering, make it clear, "… that people for whom solidarity is important volunteer proportionally more often (46.8 percent) than people who find this value less important (39.5 percent)" (Huxhold & Müller, 2017, 490). (3) The organizations of civil society can be viewed as institutionalized contexts in which citizens can get involved and exchange ideas about what constitutes, or should constitute, a civil – in the sense of good and/or solidaric – society. After all, the third most common reason to begin engagement activity (after "having fun" and "getting together with other people") is "helping to shape society," which 57.2 percent of the respondents in the volunteer survey fully agree with (Müller et al., 2017, 427).

With regard to the organized contexts in which engagement is promoted and takes place, from a descriptive-analytical point of view it can be noted that:

> *"Engagement in Germany is embedded in a dense network of public and non-profit organizations that promote it and provide opportunities for volunteers to participate locally. Both organized civil society itself and the fields of action in which citizens engage locally are heterogeneous and multi-faceted." (Kuhnt, 2019, 157)*

The systematic survey and analysis of the modes of engagement promotion through various actors in organized civil society and their political-administrative framework for promoting engagement is in its initial stages and there are still research desiderata (Kuhnt, 2018; Kuhnt, 2019; Backhaus-Maul et al., 2015, 610 f.). While Backhaus-Maul et al. (2015, 456) developed a typology for the ideas of engagement and its promotion through actors in welfare organizations, there are very few comparable current analyses and findings in the German discourse concerning how engagement in other organizations is encouraged and integrated into the provision of services. In the German social science discourse, there are only compressed case studies on selected actors of the local engagement-promoting infrastructure (Wolf & Zimmer, 2012), comparatively older findings for volunteer agencies only (Speck et al., 2012), and rather descriptive representations of the local engagement-promoting infrastructure (Jakob, 2010).

What the organizations that Backhaus-Maul et al. (2015) have examined have in common is "that they face the challenge of recruiting, promoting and managing engagement depending on their professional self-image" (Kuhnt, 2018, 551 f.). In general, non-profit organizations in the German welfare state are included in the provision of social services on the basis of the principle of subsidiarity and in context of a welfare-mix. The concept of a "welfare-mix" or "welfare pluralism" describes the division of tasks and responsibilities for welfare production between the four sectors: government, market, informal (or private) and intermediate (or organized civil society) sectors (Evers & Olk 1996, 16 and 23). As part of this division of responsibility for the production of public goods between these sectors, the public sector assumes a "guarantee function". The guarantee function of the public sector includes the provision of suitable regulatory structures, while the implementation and financial responsibility for the provision of public goods and services are transferred to the private and the intermediate sector:

> *"Everything can be relocated, privatized and delegated, the state only has to guarantee that there are corresponding goods and services for all citizens in a certain quality and quantity. The state does not have to act as the producer of these goods and services itself; that can be left to other actors." (Nullmeier, 2011, 292)*

The 'withdrawal' of the state from its guarantee function is based on the guiding principles of an *activating* welfare state:

> *"The corresponding buzzwords are: service activation instead of service reduction, dialogue instead of decree, co-production instead of negotiation, self-organization instead of sovereign welfare or a new division of responsibility instead of transferring responsibility." (Braun et al., 2013, 49)*

In the context of the division of responsibility and the cooperation between public actors and those of the organized civil society for the provision of public goods, Germany has traditionally been regarded as a "prime example of a welfare state with a neo-corporatist character" (Freise & Zimmer, 2019, 11). Particularly welfare organizations are assigned a privileged position in the neo-corporatist welfare arrangement: As corporatist actors they are included in the political decision-making and legislative process, recognized as non-profit (in the sense of benefit to the public) and privileged under tax laws (Backhaus-Maul et al., 2015, 36). From the perspective of the traditionally organized contexts in which engagement is promoted – welfare organizations – engagement is seen as constitutive and it serves as a crucial political basis for legitimation in corporatist negotiations with the

welfare state (ibid., 14 and 581). However, Backhaus-Maul (2019, 96) notes a change in the neo-corporatist welfare arrangement for the organizations within the voluntary welfare as an institution: According to him/this change, individual organizations in particular experience appreciation and gain importance, while the institution itself is rather weakened in the context of changing political economic conditions. In addition to the strengthening of individual organizations within the voluntary welfare sector (Backhaus-Maul primarily refers to federal and state policies), other organized civil society actors – as comparatively 'new players' in the organizational field of engagement-promoting actors – are gaining in importance at the local level.

Especially at the local level, actors of the organized civil society are viewed as important cooperation partners for the local government (Freise & Zimmer, 2019, 12). Compared to the traditional welfare organizations, Community Foundations (CF) can be considered 'newer players' that are increasingly appearing at the local level (Kuhnt, 2020, 328). While for welfare organizations engagement is considered to be constitutive and a basis for legitimation in negotiations with public actors, for CFs, engagement is no less constitutive and its promotion is an essential, if not the central organizational purpose (ibid., 323). With a view to the self-conception and purpose of CFs it becomes clear that when they are operationally active, they respond to local needs in project form. It is therefore not surprising that CFs are especially understood as "money collectors" (Wolf & Zimmer, 2012, 148) and cooperation partners for other local actors (ibid., 149). With regard to the question of which local needs should be served in project form by CFs, one thesis is that it is primarily the actors who can be activated as providers of resources such as time, knowledge and money who decide on the urgency of the needs to be processed (Kuhnt, 2020, 331). And thus, about the eligibility of projects. There is a risk that weak interests may potentially be disregarded.

When political decision-makers introduced the obligation to wear a mask in defined public spaces, but from the perspective of the citizens its procurement was unclear, it could be observed that CFs took on their function as collectors of resources at the local level and started appeals for donations. Based on this observation, in the following article the question is examined regarding how community foundations, as local actors in organized civil society, manage the production and provision of makeshift masks and in this context take responsibility for the procurement of a good of public interest.

In order to pursue the leading question, three CFs in Germany were initially selected through a netnographic access to the field, as will be explained in chapter two. The selected CFs ('cases' in chapter three) will be analyzed with regard to their online calls for producing and donating masks and materials. After the description of the cases, in regard to the calls presented online, in which it becomes clear that the CFs serve the local need for makeshift masks in network structures, an ego-centered network analysis will be carried out to evaluate the different modes in which they take on local responsibility for mask production and provision (chapter 4). Since (ego-centered) network analysis is not a singular, stringent method (Clemens, 2016, 46) and there is no one 'proven' procedure for the evaluation and analysis of (ego-centered) networks based on qualitative data, the data considered here are evaluated inspired by qualitative content analysis that is focused on empirical typification (Kuckartz, 2016, 153). In the conclusion (chapter 5) it will become clear that in times when political actors at the local level are urging citizens to wear makeshift masks due to a pandemic, but the availability of the masks is not ensured, the CFs show that they are capable of doing more than just mobilizing resources from active citizens. They have proven to be reliable actors who take responsibility for the production and distribution of a publicly relevant good when the political decision-makers have outsourced the responsibility for its procurement to the citizens themselves. In this context, CFs act as important cooperation partners for actors of the local government and for those

of the civil society, but also become market-relevant actors through the self-organization of the production of a product with high demand, regardless of their non-profit nature. And finally, a central thesis is that CFs in particular can achieve market-relevance because they take on a local network function, which ultimately enables them to generate resources and distribute products.

2. Case selection based on a netnographic approach to the field

The data that forms the basis of the analysis in this article includes publicly accessible, online self-presentations of three selected CFs in Germany, meaning the public calls that the CFs have communicated online to generate material donations and donations of makeshift masks from engaged citizens. The selection of, and access to, the qualitative data material that is considered relevant for the processing of the leading question is made from a netnographic perspective. The term netnography is usually used synonymously for online ethnography (Geimer, 2018, 176).

> *"Netnography is based on the observation of text documents of the user generated content. [...] As an online adaptation of ethnography, netnography is a primarily qualitative research method based on the cultural contextualization of online data." (Janowitz, 2009, 4-5)*

In this sense, in this article the actors in CFs are considered to be those who use the internet to post and distribute content. From a methodical-methodological perspective, netnography is a type of access to the field and finally to the research subject of interest through (ethnographic) observation of activities that primarily take place online. With regard to the fusion of everyday life with the Internet, Geimer (2018, 176) states that, on the one hand, there are no fixed boundaries between offline and online and, on the other hand, this fusion opens up different degrees of opportunities for people to participate and, accordingly, different opportunities of (ethnographic) observation as well. In the course of a netnographic access to the field, there is no need to spend a long time in it, as is common in traditional ethnographic studies (Geimer, 2018, 177). One reason for this is that the observed communication processes are already 'logged' by the researched subjects themselves, presented in text or pictorial form and are therefore relatively quickly accessible to researchers. While in ethnographic discourse the text production by researchers is viewed as a method of gaining knowledge (Przyborski & Wohlrab-Sahr, 2014, 400), the netnographic access to knowledge is similar to a treasure hunt for communication material that has already been generated by the researched themselves. Although in complex netnographic studies it is usually provided that the researchers address the field and the research subject both online and offline in order to link the online observations back to offline observations (Bozdağ, 2018, 139), here only an online perspective is taken. There is no extensive access to the field, as the data collection or the observation of the forms of representation and communication in the self-presentations of the CFs takes place exclusively through an online focus. This contribution gives situational and temporary insights into the field, in that the research period is limited to what can be considered part of the beginning of the COVID-19 pandemic in Germany, from May 1 through May 12, 2020, and generating findings that 'invite' the academic community to conduct further in-depth offline research. The self-image of the respective CFs, which is publicly presented online, depicts the ideas of how they want to take responsibility by producing and distributing masks, how they address third parties (i.e., citizens and actors of organized civil society) and which structures for assuming responsibility they describe. The online focus doesn't allow the researcher to experience the action that takes place offline, the ways in which the addressees follow the appeal of the CFs, the motives for which they follow it, or the forms of recognition they receive for their engagement, for example. Although the analysis

of the actors' online communication content is a specific cutout of an online reality created by them, it should be emphasized that – because of the online focus – this (also) enables an analysis of that reality to see how the actors want to be perceived and how their target group potentially sees them and reacts (or not) to their communication. Due to the chosen online focus with the added situational and temporal limitations, only the organizations' "facade" pages (Kühl, 2011, 89) are accessible. The other pages presenting organizational practice ("machine" and "game" pages; ibid.) could be the subject of a subsequent analysis. However, it must be taken into account that the facade pages help organizations gain legitimacy within their organizational environment (Walgenbach & Meyer, 2008, 64), which is relevant in order to be effective, as the final part of this article will show. To put it in the words of Kühl (2011, 89; emphasis in the original):

> *"With the image of organizations as '*facades*,' 'stages' or 'theatre', observers emphasize that it is important for organizations to mobilize support in their environment with a smooth external image."*

In order to analyze the mobilization potential of CFs, the online focus concentrates on the call of the organizations on their facade pages, through which engaged citizens should be mobilized or activated. The criteria for the selection of the analyzed cases are the following: (1) There is an online call for engagement in the form of the production of makeshift masks, and (2) the content of the call is made publicly available online. The CFs in Braunschweig (Lower Saxony), Gutersloh (North Rhine-Westphalia) and Jena (Thuringia) serve as exemplary cases that meet these criteria.

3. The cases in comparison

The Community Foundation Braunschweig initiated the "mask project" in cooperation with "Sandpit of the TU Braunschweig", a university-based project for the voluntary engagement of those affiliated with the university TU Braunschweig (Technische Universität Braunschweig, 2020) and the local fabric shop "SchickLiesel." Goal of the project is to distribute makeshift masks for "medical, nursing and social institutions" (Bürgerstiftung Braunschweig, 2020a) produced by engaged citizens and supplied to the CF. The project itself does not have the capacity to organize the provision of masks produced by volunteer sewers to citizens; the foundation does, however, refer citizens to local (commercial) points of sale (ibid.). After the CF reported having distributed 13,000 masks to 160 institutions in Braunschweig – from medical facilities to schools – its website announced on May 7, 2020 that the project was ending due to declining requests from organizations (Bürgerstiftung Braunschweig, 2020b). It can therefore be assumed that the needs in the previously defined fields of action (medical, nursing, social) had been met.

Figure 1: The Community Foundation Braunschweig informs citizens about local points of sale for makeshift masks

Image in the representation of the online call; Source: Bürgerstiftung Braunschweig (2020c).

As part of the "Mask on" campaign, the Community Foundation Gutersloh voluntarily calls on engaged sewers to sew makeshift masks and donate them to the CF to be sent to "midwives, visiting nursing services, medical and physical therapy practices, social institutions and private initiatives" (Bürgerstiftung Gütersloh, 2020) after prior registration and according to availability (ibid.). The masks are passed on to local care services, residential groups, retirement homes, the German Red Cross or to schools in Gutersloh, for example (dein-guetersloh.de, 2020). Private citizens who need makeshift masks are explicitly excluded: they are primarily addressed as engaged sewers and/or citizens who wish to donate resources (i.e., sewing materials). In the context of the call to action, the CF sees itself as a "support platform" (Bürgerstiftung Gütersloh, 2020) that "brought willing donors of boil-proof, breathable fabric, bias or elastic, […] and engaged producers together." (ibid.).

Figure 2: The Community Foundation Gutersloh calls on engaged sewers to produce masks

Image in the representation of the online call; Source: Bürgerstiftung Gütersloh (2020).

On its homepage (Bürgerstiftung Jena 2020), the Community Foundation Jena supports the municipality's appeal "citizens sewing for citizens" by calling on engaged citizens of Jena to sew makeshift masks. The homemade masks can then either be donated to the CF or to other "distribution points in every district" (ibid.). After being donated to the "distribution points", the makeshift masks are "laundered for the first time and then distributed to organizations in need" (ibid.). In addition to organizations that need makeshift masks, individuals can also receive up to two makeshift masks from the distributing points for personal use. Distribution points are provided by seven organized civil society actors (e.g., a meeting point of the *Workers' Welfare Association* 'AWO', an institution of the Catholic Relief Services *Caritas*, and the local Christian social service institution *Diakonie*) as well as

the district mayors' offices in the surrounding towns. It is interesting that the CF presents itself as the center of the coordination of the masks, while the welfare organizations that are comparatively more established in Germany are correctly described as 'teammates' (distribution points) and not as centers of coordination themselves, as they rely on the CFs for their mask supply. The CF published a list of all the names and addresses of these locations on their homepage. One distribution point was noted to also distribute masks to personal mailboxes upon request (ibid.).

Figure 3: The Community Foundation Jena informs the public about the city's appeal "citizens sewing for citizens"

Image in the representation of the online call; Source: Bürgerstiftung Jena (2020).

The CFs' activities as communicated online make it clear that they act as reliable, locally organized actors with regard to offering solutions to pressing problems that are not adequately dealt with by neither the state nor the market. Furthermore, they seem to be successful: in the case of Braunschweig, the declining number of requests for masks by the organizations suggests that the demand for masks has been met (in specific organizations and fields of action) through the extensive engagement of mobilized sewers.

Regarding the self-image of all of the CFs as presented on their homepages, it is apparent that they want to be seen as cooperation partners, support platforms and coordinators. It is interesting that in two of the CFs under consideration, the need for the (scarce) resource makeshift mask is primarily assigned to organizations in defined fields of action, and a distribution of the product is not intended to supply individual private citizens with makeshift masks. The self-presentation of CF Jena, which presents itself online as a coordinator between the municipality's call for the production and donation of makeshift masks and their delivery to distribution points, deviates from that of the others. In Jena, citizens are also addressed beyond their capacity as sewers and people who donate material alone: they are also addressed as citizens with their own needs for masks. In this respect, the CF Jena differs from the other foundations considered.

In times of the COVID-19 pandemic, community engagement shows itself as a mode of responsibility for the local community on the part of citizens themselves. In organized forms, citizens practice solidarity by donating and bundling resources to meet local needs that cannot be adequately met otherwise (by the state or by the market):

> *"This particularly reflects the innovative function of engagement, which willfully and locally shapes fields of action either in addition to or compensating for professional practice." (Kuhnt, 2019, 165)*

The municipalities act as a kind of director, delegating the procurement of masks to citizens and civil society organizations because they cannot do it themselves; in their capacity as directors, they call on citizens to assume responsibility and organize themselves:

> *"However, since there is currently a shortage of commercially available cloth face masks, it is recommended that people sew masks themselves or have one sewn for them. Dense woven cotton can be used for this, corresponding sewing instructions can be found here, for example: …" (Stadt Jena, 2020).*

The perception of local political decision-makers reflects the functional and action logic of the state that is based on hierarchical structures and with a mandate to instruct; from a party-political perspective, this logic is "focused on the acquisition and exercise of state power" (Evers, 2020, 10). Although the obligation to wear a makeshift mask in public spaces is justified (the political decision and in this respect the exercise of power can be justified as a protective measure and risk reduction of virus spread), the delegation of responsibility for its procurement excludes citizens who are not able to adequately follow the call to self-organize and meet their needs for masks. Instead, these people use ill-fitting pieces of cloth to cover their faces. It could be argued that they could still buy makeshift masks. For market economy providers who switch their production of other textile goods to makeshift masks, this transition may be a lucrative company model because they can set corresponding prices for the product. Based on the functional and action logic of the market economy sector, it is apparent that the purchase of makeshift masks primarily depends on the purchasing power of citizens who need a mask, on the one hand, and on the availability of that resource on the market, on the other. Ultimately, the market sector aims to serve consumer demand via a price-mediated exchange (money for product) in order to maximize profits for providers. Depending on the provider, material and processing of the masks, the price of makeshift masks varies between four and 20 euros (Schnabel, 2020). It should also be taken into account that the purchase of several masks appears to be sensible and necessary if people want to follow the hygiene guidelines specified by the Robert Koch-Institut (e.g., changing the mask once it becomes damp) (Robert Koch-Institut, 2020). Citizens who are willing to wear makeshift masks in public but are not able to pay market prices are referred to the activated organized civil society (i.e., CFs) that shows solidarity with them by helping them meet their needs. In the context of welfare state research, solidarity and reciprocity are discussed as "an obligation to mutual support" (Zimmer, 2019, 28); Zimmer also states that it has not yet been a central topic of welfare state research "… to what extent civil society contributes to anchoring the welfare state in society and making welfare society possible" (ibid.). This shows the strength, and at the same time the fragility, of civil society and their organized contexts: Neither hierarchy nor price-mediated market exchange control and coordinate the organizations of civil society, but rather reciprocal forms of action control are constitutive for them; these forms are based on solidarity, trust and mutual expectations (Backhaus-Maul & Hörnlein, 2014, 117). Solidarity-reciprocal forms of action control and coordination are fragile insofar as they rely on the fact that the expectations of reciprocity are also met. The data from the volunteer survey show that motives for taking up a voluntary activity, from the perspective of those interested in volunteering, are both related to the common good and self-related: "having fun" is the most frequently mentioned motive of those engaged, other self-related motives include, for example, "acquiring qualifications" and "gaining reputation and influence" (Müller et al., 2017, 427). A thesis in this context is that engaged citizens (generally) also have expectations of their volunteer work and do not exclusively do it for altruistic reasons. What motives and expectations the engaged had in this specific context (i.e., who donated material and masks) is an independent research question that could be investigated in an offline mode in a follow-up to this article. Organizations whose self-image is

based on solidarity depend on engaged citizens who contribute to it for their own gain and that of others, therefore helping the organizations gain legitimation and fulfill their organizational purpose. CFs obtain legitimacy primarily through the inflow of resources from engaged citizens (time, knowledge, money), through which they can fulfil their organizational purpose (or at least they succeed in telling credible stories, the success of which can be measured by the inflow of resources; Kuhnt, 2020, 331). Evers (2020, 10) states that, in contrast to the market economy sector, the civil society/third sector "is not primarily concerned with the production of goods and services and therefore not with organizations that are forced by market arrangements to generate a monetary gain". However, with regard to the community foundations' objective of supplying makeshift masks, the foundations become market-relevant actors regardless of their non-profit nature because they have goods that are on high demand. Engagement itself gains market relevance through the production of a 'valuable' product based on voluntary action and solidarity. What if you actually calculate approx. 12 euros per mask (as of April 28, 2020; see: Jahberg, 2020) for the 13,000 masks produced and donated in Braunschweig (Bürgerstiftung Braunschweig, 2020b), the near 1,800 masks made for the CF Gutersloh (Bürgerstiftung Gütersloh, 2020), and for the approximately 10,000 masks donated in Jena? The combined market value of these masks would be approximately 297,600 euros based on an average price of 12 euros per mask. Imagine the financial investment that the medical, nursing and social institutions would have to make if they had to pay the 'real' market value for the scarce good, or if volunteers expected monetary remuneration for their time and/or material resources. These numbers show how valuable this free and solidarity-based engagement of citizens really is, and how important it is for the continued work of the organizations as end users.

In their organized contexts, engaged people not only comply with the appeal of political decision-makers by taking the responsibility for the provision of makeshift masks, they also strengthen the value of solidarity by following the appeal for the benefit of third parties. The engaged citizens can also be ascribed a market relevance since they manufacture products that are on demand and donate them to distribution points free of charge. The assumption of responsibility for third parties essentially takes place in network structures, which are discussed in more detail below.

4. Serving the needs in network structures

In comparison to the condensed case descriptions, it becomes clear that the assumption of responsibility by engaged, sewing citizens and the division of responsibility by organized actors at the local level are arranged similarly to a network.

> *"A network is defined as a delimited set of nodes or elements and the set of so-called edges running between them." (Jansen, 1999, 52)*

The CFs' online self-presentations enable an analysis of the CFs' *ego-centered networks*. In the context of the analysis, each CF is understood as an "ego" that maintains different relationships with other local actors, which the ego presents online from its own perspective. The ego-centered network analysis "represents minimal network analytical access to reality, insofar as data are only collected about individual focal actors, and not about groups or entire networks" (Jansen, 1999, 73). The individual focal actors (here: CFs) constitute the center of the network, from which the relationships to other actors within their network as presented online by the ego can be traced.

In the analysis of the ego-centered networks based on online communication material (here: the online calls of the CFs to donate material and produce makeshift masks), the focus is on the discursive construction of the object-related relationships. Only the CFs' (online-based) communication material that is considered 'relevant' to answering the

main question of this contribution is included in the analysis. Communication material is considered relevant if it contains information about the network structures of ego in relation to other actors – named by ego – in the context of the call for sewing makeshift masks as presented online by ego. The material is also examined with regard to the relational meaning (Fuhse, 2018, 148; Clemens, 2016, 58) (i.e., with regard to the relationships between ego and the other actors mentioned). Since (ego-centered) network analysis is not a singular, stringent method (Clemens, 2016, 46), different – primarily quantitative – approaches can be found in the discourse regarding the analysis of relationship structures. While quantitative analyses of networks generally do not differ significantly from the general statistical methods used in social science (Fuhse, 2018, 122), different methodological approaches are chosen for the investigation and analysis of qualitative data (Hollstein, 2006, 23).

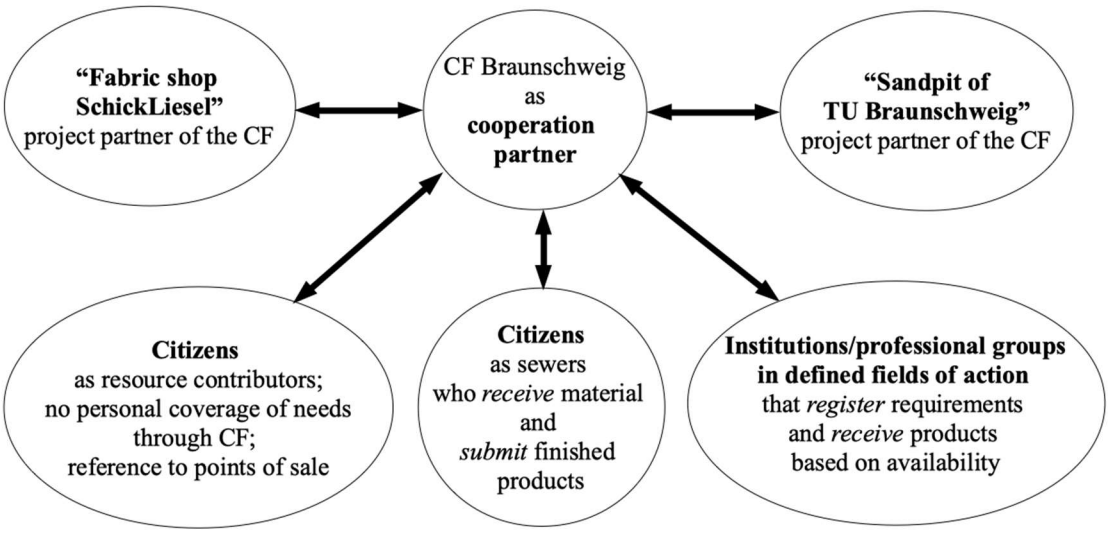
The choice of a suitable method for the analysis of the qualitative data is primarily made with regard to the respective appropriateness for the object under investigation. Accordingly, there is no such thing as one 'proven' procedure for the evaluation and analysis of (ego-centered) networks based on qualitative data. In the present exemplary consideration of network structures in CFs, the qualitative data is evaluated inspired by a qualitative content analysis, which focuses on empirical typification (Kuckartz, 2016, 153). The typification here is focused on the online self-presentations of the CF in the context of their calls for the assumption of responsibility for the production of makeshift masks. The content of the respective types is determined by using thematic categories, which are developed according to the qualitative material – that is, based on the online self-presentations of the CFs themselves. The thematic categories are (1) the self-images of the CFs; (2) the specific relationships to other local actors; and (3) how CFs address the actors mentioned. The qualitative content analysis focused on empirical typification is considered a suitable methodological approach since the thematic categories can act as 'nodes' in the graphic representation of the ego-centered networks. There are two different types of nodes: collective actors, such as the organizations or the distribution points, and addressed citizens. The nodes shown additionally contain the analyzed communication content (thematic categories). Albrecht (2010, 128) states that the different nodes can be regarded as one and the same without neglecting the differences in their attribute data, which the analysis accounts for. As a result, three types can be found empirically that are similar in terms of how the CFs relate to other local actors in order to serve the need for makeshift masks: (1) the cooperation partner; (2) the support platform; and (3) the coordinator. These are characteristically heterogeneous types (Kuckartz, 2016, 150) in that the mode of action the CFs present online differs according to which actors they are referring to: cooperation, (re-)distributing resources and coordination.

From the perspective of the foundations as the ego of their network, the relationships to other local actors differ depending on the foundation's self-image and how they address other actors; it can be stated that the relationships are both one-sided and two-sided. The foundations' addressing is comparable in that organizations are addressed as consumers, and citizens as volunteers who act out of solidarity by supplying the organizations with resources and donating finished products. The addressing can also be contrasted because the CFs address engaged citizens differently: On the one hand, citizens are addressed as responsible for, and capable of, producing masks for themselves and others, donating material for their production or procuring masks themselves. On the other hand, citizens are addressed as people who cannot meet their needs themselves (by sewing or buying masks) but are dependent on third parties who show solidarity with them so that they can also follow the guidelines of the political actors to wear a mask in defined public spaces.

The relations and addressing of the CFs presented as a cooperation partner, support platform and coordinator with reference to other network actors can be represented in a graph (figures 4–6):

(1) The analysis of the online self-presentation of the *Community Foundation Braunschweig* shows that it cooperates with two other local actors on a project basis (a fabric shop and the so-called "sandpit" of the university, which acts as a contact point for voluntary engaged members of the university). The relationships are reciprocal to the CF in that the actors initiated the mask project together. Citizens are mutually related to the CF in two ways: as resource providers (sewing material) so that the CF can deliver it to sewers, on the one hand, and as sewers who can donate finished products (makeshift masks) to the CF, on the other. Citizens who have a need for manufactured products themselves are referred to points of sale by the CF because the CF itself only delivers the finished products to institutions and professional groups in defined fields of action. The relationship to the latter is mutual in that they have to actively contact the CF with a request in order to be able to receive the finished products (depending on availability).

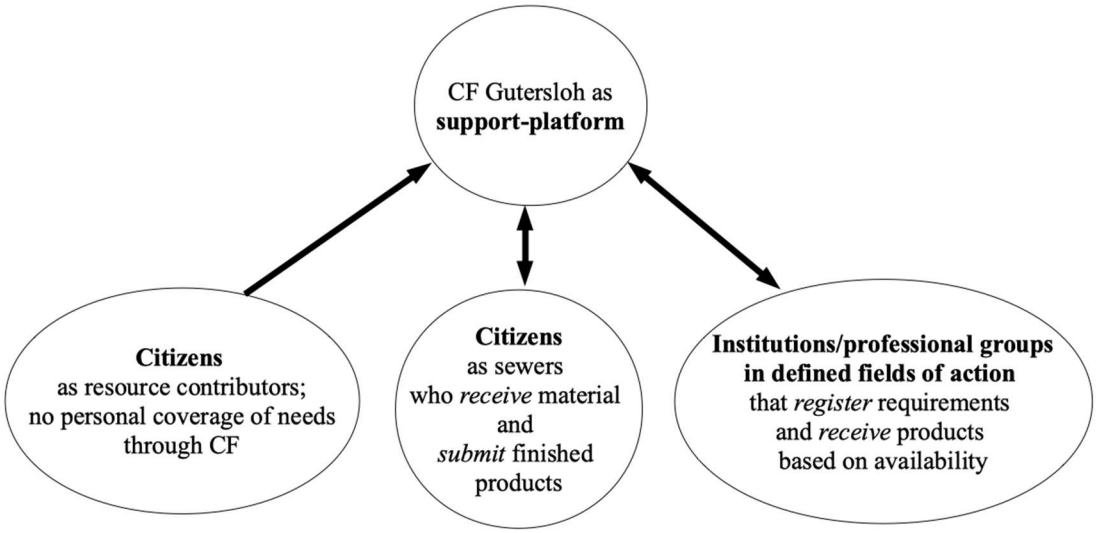
Figure 4: The Community Foundation Braunschweig's ego-centered network



Source: own elaboration.

(2) The *Community Foundation Gutersloh* presents itself as a "support platform" (Bürgerstiftung Gütersloh, 2020). It is in this capacity that it accepts material donations from citizens and passes them on to other citizens who manufacture masks as volunteer sewers – mutually related to the CF – who then later donate the finished products to the CF. The relationship with citizens who 'only' submit material is one-sided in that they follow the call of the CF, but do not receive any reciprocal benefits (mask) to meet their own mask needs. Mutual relationships – according to the online self-presentation of the CF – exist with citizens who are able to sew and local institutions and professional groups in defined fields of action. The former receive material from the CF and can submit finished products to the CF, and the latter can register requests with the CF and, depending on availability, receive masks. In this regard, the self-image as a platform is primarily limited to the function of delivering material and finished products manufactured by engaged citizens to institutions and professional groups that register for masks beforehand.

Figure 5: The Community Foundation Gutersloh's ego-centered network

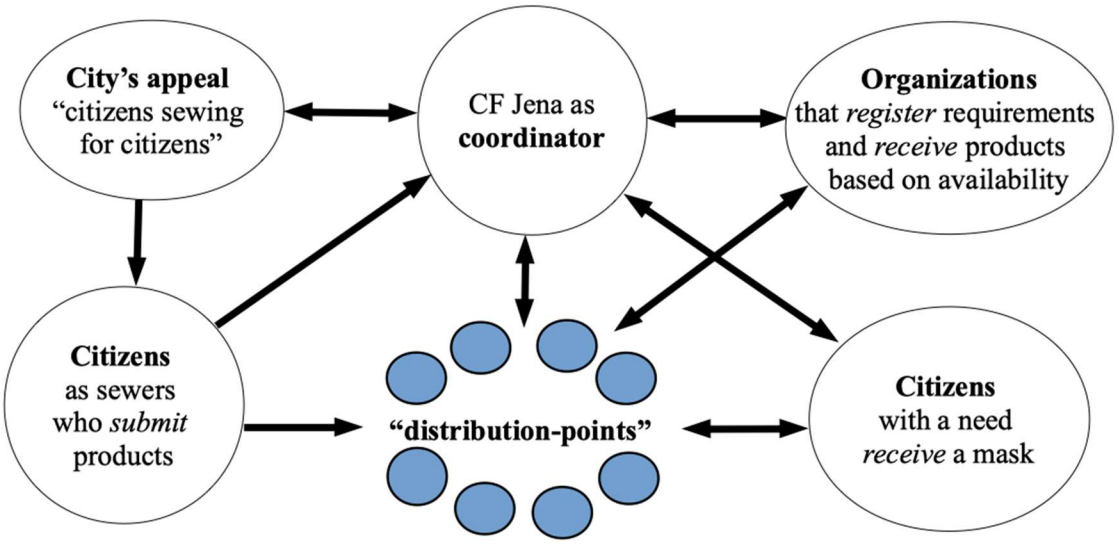


Source: own elaboration.

(3) The *Community Foundation Jena* can be understood as a coordinator between engaged, sewing citizens, seven local civil society organizations (known as "distribution points") and the local mayors in surrounding towns who serve the needs of citizens and organizations according to makeshift masks. It is reciprocally related to the distribution points with the exception of the citizens who follow the call of the CF and submit finished products but do not receive a service in the sense of reciprocity. In this regard, an open question to be researched would be what forms of recognition or appreciation citizens who sew and/or contribute material have received from the CFs in order to define the one-sided relationship here as reciprocal. The CF follows the appeal that comes from political decision-makers in the municipality, which is primarily aimed at the citizens themselves. Under the motto "citizens sewing for citizens", all citizens in Jena are asked to meet their own needs for makeshift masks on their own accord or to help others as volunteer sewers. The CF is also visible to other local actors in its capacity as a coordinator to meet the need for makeshift masks. The University of Jena, for example, provides information about the CF's offer and refers students who do not have their own makeshift mask to the local CF (see the university's FAQ):

> *"In addition to hand-sewn face masks, scarves, shawls, buffs and fabric cuts from bed sheets or other densely woven cotton fabrics (washable at 90 ° C) are also an option. If you are not able to sew, you can get a mask from the Community Foundation Jena […]." (Friedrich-Schiller-Universität Jena, 2020)*

Figure 6: The Community Foundation Jena's ego-centered network



Source: own elaboration.

Overall, by comparing the network structures that serve the local need for makeshift masks for personal or professional use as registered with the CF, it becomes apparent that the CFs, in addition to their operational, charitable and supportive function (for foundations in general see: Strachwitz, 2019, 104) perform a local network function. Depending on how the CFs see and present themselves, they perform the network function in their capacity of forwarding, cooperating or coordinating actors. The CFs compensate for the shortcoming of state and market sectors in terms of fulfilling the public's need for makeshift masks. Based on the findings, it can be discussed to what extent the political/public sector fulfill the guarantee function assigned to them in the activating welfare state for goods of public interest. The "new division of responsibility" (Braun et al., 2013, 49) for the production of goods of public interest is shown in the cases analyzed as follows: It is a one-sided shift of responsibility for the procurement (including the financing) and the provision of the goods on the side of the engaged and the actors of organized civil society who follow the appeals of the political decision-makers, meaning they are activated to sew and donate in the interests of the 'common good'. To put it in more drastic terms: The division of responsibility shows itself "through a policy of *omission* that activates citizens to independently close the emerging gaps in infrastructure and services of general interest" (van Dyk & Haubner, 2019, 269; emphasis by the author). This omission is certainly related to the fact that the political decision-makers cannot develop or offer a solution for the procurement of the masks, but rather shift finding solutions to other (private and organized civil society) actors. At the same time, it can be stated that the CFs are able to develop and offer a solution precisely because they are locally networked and, above all, visible to donors and organizations in need. This goes hand in hand with the fact that their visibility for citizens (as volunteers or people in need) and other interest groups (organized civil society, politics and administration) influences the flow of resources and the recruiting of cooperation partners and 'multipliers' who promote the project ideas of the CFs. As a result, the practice of solidarity – sewing and donating for others in order to enable health protection – expresses the civil side of organized civil society. From a normative point of view, other self-organized formations in Germany that have emerged during the pandemic, such as the movement whose actors call themselves 'lateral thinkers', cannot be included in the sphere of civil society because they endanger the health of others, preferring to claim their individual right to freedom. With their objectives and actions, they identify themselves as *uncivil* "and thus not non-violent and willing to compromise" (Freise & Zimmer, 2019, 9).

Although Freise and Zimmer (2019, 9) name other formations, the aspect that these formations can be viewed as uncivil can be transferred to the aforementioned. This formation can be viewed as uncivil because the majority of its actors demonstrate without complying with the hygiene rules (socially distancing, hand washing and wearing masks), disregarding the need to protect other people from virus transmission. Considering that social distancing is a suitable means to protect other people from transmission, wearing a mask appears to be a compromise in order to be able to meet people when social distancing is not possible.

5. Conclusion

In summary, the following answers the main question regarding how community foundations, as local actors in organized civil society, manage the production and provision of makeshift masks and in this context take responsibility for the procurement of a good of public interest:

In times of ad-hoc political decisions that affect the local community, these actors show they are multi-talents: reactive and capable of acting, locally visible to other actors and engaged people, and in their engagement-promoting and coordinating function as reliable, networked and indispensable. By fulfilling a network function in various ways based on local conditions (cooperation, forwarding resources and coordination), it is possible for them to fulfil the needs perceived as urgent, which cannot be met by the state, nor by the private-economic sector, the private-economic sector can only meet the need to the extent that its actors change their produced goods and the customers with mask needs are able to pay market prices. The fulfillment of the network function is based on the bundling of resources provided by citizens on the basis of voluntary and gratuitous engagement – as a practice of solidarity. In this article one can speak of solidarity as a self-obligation by citizens to mutual support. The recipients of the support are in particular institutions, that provide socially relevant services (in the care and social sector as well as in schools). The fulfillment of their need for masks was and is necessary so that they can also carry out their tasks.

With the mobilization of engaged people for the production of the scarce good makeshift mask, CFs can also be ascribed market relevance since they distribute products with a corresponding market value due to their high demand to organizations and citizens. Even though civil society organizations are not geared towards maximizing their financial profits with their range of services (and here the mediated products), the consideration of the network function shows that there are both financially relevant and non-monetary profits for the participants. In financial terms, the voluntary practice of solidarity by engaged citizens, who bring in their resources to meet the needs of community actors is a benefit for those in need of a mask. Finally, this practice of solidarity enables those who receive a mask to save the real market value and to be relieved of having to pay the real market value at all. In non-monetary terms, the practice of solidarity based on the engagement of citizens proves to be a gain in legitimacy for the organizations, which can only result through this practice itself. Without following the appeals and calls by engaged citizens who show solidarity and/or cooperative actors on site (such as project partners) as well as their practical engagement, the calls would go unheard and the projects would be ineffective at the operational level. Solidarity as a basis for action is fragile, however, because it originates from the active engagement of citizens, which is (also) based on self-obligation for the good of others and the expectations of reciprocity. Organized civil society actors are challenged in the pandemic in several ways: They operate in the area of tension between being commissioned by political actors who delegate responsibility and the need to gain legitimacy by presenting themselves as independent of both the state and the market in order to gain the trust of those who donate resources. And they are called upon to

defend their civil side discursively and produce it in the form of practices of solidarity in order to oppose the uncivilized formations in society.
Looking ahead, a future empirical study could investigate: (1) to what extent the spontaneous reactions of civil society organizations, which have led to the development of networks to meet an urgent need, will be transferred into sustainable structures that are supported by local engagement policy or by local politicians in the sense of fulfilling a guarantee function and therefore assuming the responsibility for ensuring "that there are corresponding goods and services for all citizens in a certain quality and quantity" (Nullmeier, 2011, 292). After all, engagement policy in particular is an issue that depends on the creative will of the political decision-makers. In this context, an offline focus could be used to investigate the local framework conditions in the context of which the CFs (and other local organized civil society actors) could continue their network function in the sense of sustainable engagement-promotion. (2) Regarding reciprocity as it concerns the organizations and the people who donate resources, an offline focus would have to be used to examine the mutual relationships in order to determine which expectations were fulfilled, meaning which forms of recognition and appreciation were shown by the CFs in connection with the engagement that is limited in terms of time and purpose.

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The scalar arrangements of three European public health systems facing the COVID-19 pandemic: Comparing France, Germany, and Italy

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In France, Germany, and Italy, the management of the COVID-19 pandemic has required coordination on different territorial levels of a plurality of actors—some para-public, others non-profit, and others for-profit and private—and dealing with local differences in the impacts of the crisis, all of this under severe time constraints. The healthcare systems of the three countries represent complex institutional arrangements that have undergone far-reaching reforms, mostly involving economic liberalization, in the last four decades. In particular the funding and resources available for healthcare have been subjected to radical transformations and sometimes drastic cutbacks. In keeping with the general trend in social policy that has led to marketization and increasing emphasis on individual responsibility, this shift has influenced the coordination of a wide range of players active in diverse social and territorial spaces during the COVID-19 pandemic. In this article, we examine the social coordination of the French, German, and Italian healthcare systems facing the COVID-19 pandemic by focusing on two sets of issues. First, we analyze policy discourses and crisis management measures taken by these governments. Specifically, we examine the concept of solidarity expressed by government leaders when the initial lockdowns were put in place and legal measures and governance structures drawn on in managing the crisis. Second, we look at two key operational elements in the fight against the pandemic: introduction of test strategies and provision of intensive care beds. Both require the deployment of a specific concept of solidarity—or a deceptive version of the concept—as well as coordination of key actors. The results of our comparison lead to conclusions regarding more general changes in European welfare states.

Keywords: Healthcare systems, social policy coordination, territorial organization, test strategies and intensive care beds in the COVID-19-pandemic, French-German-Italian comparison

1. Organizing solidarity in complex, fragmented, and multilevel healthcare systems in France, Germany, and Italy

Combatting the spread of the Sars-Cov-2 and dealing with the health impacts of COVID-19, the disease it causes, has required coordinating the action of a great number of players in the health and social policy domains on various territorial levels and under severe time constraints (OECD, 2020, June 16). In most countries of the European Union, public healthcare is a fundamental part of the welfare-system. It contributes, together with social policies, to fostering and maintaining solidarity within society. Yet, the health and social policy domains in the European welfare systems are complex and fragmented with respect to funding and resource allocation, social needs and medical requirements, guaranteed access, and prevention of non-take-up. This is the case for the French, German, and Italian systems, albeit for each in a specific way. As a reflection of the historical configuration of the actors involved and more or less in line with either the Bismarckian or the Beveridgian welfare-state models, the organization of public health and social affairs in these three countries combines para-public as well as private not-for-profit and private for-profit organizations.

In addition to this horizontal dimension marked by the plurality of actors, the territorial regulation of social and healthcare systems in France, Germany, and Italy represents a key vertical structural dimension. The institutional organization of the centre-periphery and territorial organization of the French, German, and Italian health systems differ significantly. In spite of reforms aiming at decentralizing the administration of healthcare, France has maintained one of the most centralized health policy systems in Europe. In France, the level of public spending remains one of the highest among OECD member states. As a federal state, Germany appears to be clearly more decentralized than France. Even if the core principles of the health policy system (financing, standard rules, etc.) are defined at the federal level, the autonomy of policy players at the regional (*Land*) and local, that is, municipal or district level, is important. Public funding for healthcare in Germany is also high in a European comparative perspective. The Italian health system has been regionalized to a high degree, both regarding funding and organization. Regionalization of the financing of social schemes has been a significant issue in recent years.

As the governments of France, Germany, and Italy established their management of the COVID-19 crisis, they referred to the virtues of their respective national public health systems and the universal values of their welfare systems, in particular to solidarity. However, the healthcare systems of the three countries have undergone far-reaching reforms, mostly related to economic liberalization, in the last four decades. Their funding and resources have been subjected to radical transformations and sometimes drastic cutbacks. This evolution in the health policy domain is consistent with the general trend in social policy that has led to both marketization and an increasing emphasis on individual responsibility (Dörre, Lessenich & Rosa 2015; Gray 2009). The discrepancy between the rhetoric of appealing to national solidarity and what has become an institutionalized policy agenda of limiting public spending in the domains of health and social policies is striking and raises the question of whether the solidarity concept has undergone a deceptive conversion during the COVID-19 pandemic.

Against this backdrop, we focus, in this article, on the specific forms of social coordination implemented within the differentiated and fragmented health systems facing the COVID-19 pandemic. Our aim is to identify what standards and concepts have played a key role in shaping the interaction between various segments and scalar levels of healthcare and health policymaking by comparing crisis management in France, Germany, and Italy during the first wave of the COVID-19 pandemic from January 2020 to summer 2020. Within the interactions structured by institutional norms and territorial scales, the actors involved gauge their activities in multiple ways. They refer, for instance, to medical professionalism

or administrative procedures and hierarchies, to their knowledge about financing or economic resources, and to policy discourses that encourage or discourage specific forms of relations between actors. The multiple layers that pervade this social coordination in France, Germany, and Italy have posed a great challenge to the implementation of measures against the spread of COVID-19 in the complex and fragmented arrangements of public health.

To compare the diverse ways in which the health crisis caused by COVID-19 has been managed in the three countries, we proceed in three steps. First, we shed light on the institutional dynamics of health policies in France, Germany, and Italy. By looking more carefully at the tension between funding and social entitlements, we can provide a brief overview of the transformation of institutionalized solidarity in the domain of health policy.

Second, we consider two complementary aspects of governance in the COVID-19 crisis: political discourses and legal and administrative measures. By analyzing policy discourses as reflected in pronouncements by heads of state or government at the outbreak of the health crisis, we scrutinize, in a first step, governmental rationales for crisis management as well as the respective concepts of solidarity expressed as the first lockdowns were enforced in the three countries. In a second step, we will look at the legal measures and governance structures that have shaped the core choices of crisis management.

The third and last part of the article focusses on concrete hygiene measures to curb the pandemic, concentrating on two key elements of crisis management: massive testing, as a preventive tool recommended by the WHO, and mobilizing intensive care units (ICU) beds and staff as essential for the treatment of the most seriously affected patients. The massive mobilization of tests at an early stage of the pandemic has required the cooperation, on a large territorial scale, of various types of laboratories as well as other service providers and professions—operators of testing facilities, general practitioners, nurses, etc. The extent to which the various health systems have had reliable access to an adequate number of ICU beds in the context of the crisis has depended on earlier structural choices about how to develop and maintain a specific stationary healthcare infrastructure. This has had an impact on the more short-term capacity to mobilize beds in the various types of stationary institutions, public and private, within the most affected areas and beyond. Making tests available and ensuring that the results are obtained rapidly, organizing the personnel and infrastructure needed for contact tracing, and securing the availability of ICU beds and appropriate nursing staff calls for essential economic and educational resources and builds on long-term structures in public health systems. Both have been put under pressure by the marketization of public health and the focus on individual responsibility.

2. The institutional background of the French, German, and Italian healthcare systems

The systems of public healthcare in France, Germany, and Italy aim at establishing general access to healthcare, planning to meet health service needs and ensure the quality of healthcare, and budgeting the effective and efficient use of healthcare funds (Klinke, 2008, 63-64; Pfaff et al., 2018, 329). The following brief institutional-comparative analysis of the French, German, and Italian healthcare systems examines the different ways these three goals were addressed in the three countries and highlights the institutional backgrounds of COVID-19-pandemic management in France, Germany, and Italy.

Despite variations in their redistributive capacity, welfare systems in Europe were originally developed within the tradition of a concept of solidarity; the contribution of all members of the community to welfare systems was to protect them individually in the face of hardship. The idea of individual and collective safeguards against the detrimental power of the market has been progressively replaced by an emphasis on individual accountability. In the context of the decline of the industrial labour force and its clearly defined social rights and the rise of much more fragile employment in the service sector (Lengwiler, 2020;

Raphael, 2019), a vestigial form of welfare state that merely provides a minimal safety net has supplanted the notion of more comprehensive protection against market impacts.

2.1 France: disorganized centralization

The French welfare state is often presented as a Bismarckian system. Founded in its modern form after World War II, financed by payroll contributions, and governed by joint regulatory bodies that involved labour unions and employers' associations, the system preserves the stratification of income. Although the goal of offering social protection to the whole population was formulated at the end of World War II, concrete measures to this end were not realized until the late 1970s. The *Sécurité sociale* is a co-payment system. The bulk of the population also has healthcare coverage from non-profit insurance companies (*mutuelles*). The general insurance fund (*régime général*) today provides health insurance for 93 % of the population, but specific insurance funds also continue to exist for various professions—miners, agricultural workers, various types of civil servants, etc. Since the 1990's, the share of general income tax in the overall financing of the welfare state has increased significantly. In 2018, payroll contributions covered 54 % of the *régime général* for all insurance funds (Direction de la sécurité sociale, 2019). From the early 2000s and in a context of persistently high levels of unemployment and social exclusion, various reforms have aimed at guaranteeing basic health insurance coverage (PMU for *protection maladie universelle*) as well as complementary health insurance (*Complémentaire santé solidaire*) for every legal resident of France. Both are tax financed. Besides the increased share of tax funding, the governance of the *Sécurité sociale* has increasingly been transferred since the mid-1990s to political authorities (government administration and the national parliament).

Over the last few decades, the French authorities have decided to maintain coverage of secondary healthcare costs, such as treatments for cancer or most other serious conditions. However, coverage of primary medical costs has been constantly reduced. From 2000 to 2018, per capita private healthcare expenditure (voluntary insurance plus out-of-pocket payments) have increased by 48.7 % in France, according to OECD health statistics (see Table 1). A system of mostly self-employed general practitioners and private clinics provides the bulk of primary care. The health insurance system finances this care but is hardly able to control the system's cost dynamic. Public hospitals are torn between their responsibility to supply all kinds of healthcare and their role in fulfilling the most advanced technical and research-centred healthcare tasks. Their situation is exacerbated by the fact that, since the mid-1980s, public hospitals have been seen as accounting for the largest part of public healthcare expenditures. From global budgets to systems of fee-for-service pricing, there have been frequent radical changes in funding, with impacts on the organization of public hospitals, some of which have led to considerable disorganization (Domin, 2020). At the same time, the idea that these institutions offer an unlimited potential for cuts in public spending has become a sort of presupposition in health policy-making. Every annual budget for the healthcare system since the mid-1980s has imposed further funding restrictions.

The institutionalization of the *Agences régionales de santé* (ARS or Regional Health Agencies) was supposed to regulate, at the regional level, both private and public as well as ambulatory and stationary inpatient forms of healthcare and to establish a more coherent governance of the French health system. However, the ARS are a very heterogeneous set of institutions, due to the fact that—on a local level (*préfets*) and especially in the realm of public health—they are subordinate to representatives of the central state. Moreover, their relations with regional authorities are poorly defined. The implementation of national health policy goals on a regional level via the instrument of specific regional planning goals such as "combatting unequal access to healthcare" appears rather contradictory.

The poor coordination between the social welfare and healthcare systems and the deficits in the public health system are two further key points. A succession of crises and scandals that have plagued the domain of public health at least since the mid-1980s (Gilbert & Henry, 2009) has led to a series of reforms that have created a complex and intricate governance of public health affairs. Besides the creation of various regulatory agencies (for drug oversight, quality control of various stationary institutions, public health, etc.), the national health ministry (*Ministère des solidarités et de la santé)* has maintained control over most key areas. In particular, the central department of the ministry (*Direction générale de la santé*) has retained oversight over most functions that were supposed to have been delegated to other government agencies. This is most notably the case with monitoring health services and security (*Sous-direction Veille et sécurité sanitaire* in the *Direction générale de la santé*).

2.2 The German case: economization of public health

The German healthcare system reflects, firstly, the fundamental goal of status preservation and, secondly, the corporatist nature of the welfare state in the Federal Republic of Germany since the 1950s (Kaufmann, 2015). Building on Bismarckian traditions, the three functions of the healthcare system—providing access to healthcare, ensuring its quality, and financing its cost—are primarily accomplished on the basis of compulsory insurance, which relies to almost 100 % on contributions to statutory insurance funds. Tax-financed access to public health, for example for recipients of social welfare benefits, has traditionally played a minor role in the German healthcare system (Rau, 2008). Mandatory contributions from social assistance recipients or long-term unemployed persons are, however, in most cases financed at the municipal level. As in France, the healthcare system in Germany reinforces the stratification of income and is specifically advantageous for higher income groups.

The architecture of health insurance in Germany is accompanied by the institutionalization of a territorially organized triangular relationship between three groups of actors, each representing one of the three functions of the public health system at the federal, *Länder* (regional), and municipal (county) levels. These three groups are the service providers (e.g. the German Hospital Federation as well as organizations of healthcare professionals), the financial backers (the local statutory schemes such as company health insurance funds, the craft guild health insurance schemes, etc.) and those who have statutory insurance (that is, pay contributions). The governance structures of the German statutory insurance system clearly offer advantages for the employers' side, which has representatives on the boards of directors of statutory insurance providers.

A joint committee representing providers of statutory insurance and of healthcare negotiate the conditions for access to public health services, health service needs and the quality of care, the cost rates for medical services and interventions, which health services must be paid for out-of-pocket and at what rates, etc. Full-cost coverage by insurance has been abandoned for more and more health services since the 1990s. From 2000 to 2018, per capita private healthcare expenditures have increased by 51.6 % in Germany (see Table 1), and a growing number of citizens with public as well as private insurance now have supplementary insurance for individual health services. This example demonstrates how the German healthcare system merges public, non-profit, and for-profit private actors and transforms them, based on the self-governance principal, into corporate stakeholders within an increasingly economized system. Public health is primarily in the hands of 400 health authorities (*Gesundheitsämter*) that are responsible for individual health advice, healthcare that is relevant for collective health service needs, and public preventive hygiene (e. g. in the case of epidemics). These agencies collaborate when necessary with

public assistance agencies and represent the only institutionalized link between healthcare and governmental social policy intervention.
The current self-governance structures are the result of a plethora of laws and decrees in the healthcare sector (Illig, 2017, 2) and reflect growing state regulation of the health system as part of attempts to control the costs of public healthcare in the last forty years (Lengwiler, 2020). Forced to agree to trade-offs with the *Länder* governments because of the bicameral legislative system, the federal government has enacted laws and administrative decrees that redefine the criteria for access to healthcare, the services provided and the quality of healthcare, and cost coverage. Whereas until about 1977 government actors subordinated budget problem and financing to the primacy of providing access to public healthcare and promoting public health, since then they have increasingly transformed the healthcare system into a specific sector of the market. Calls for supplying cost-effective care have become arguments in favour of more competition between the statutory insurance providers, increased co-payments and out-of-pocket payments, introduction of diagnosis-related group systems for inpatient services, the classification of certain medical services as optional, etc. (Klinke, 2008, 98-99; Hensen & Hensen, 2008; Lengwiler, 2020).
The discourse about the healthcare "cost explosion" has focused on the share of social contributions in salaries and wage costs but not on the problem of shrinking revenues for the statutory health insurance providers in the context of rising unemployment, the growth of precarious work-relations in the service sector, and a decline in the relative contribution of dependent labour to the GNP (Braun, Kühn & Reiners, 1998). Structural reforms aimed at strengthening the principle of solidarity in public healthcare have been practically absent from negotiations between the stakeholders of the German public health system since the late 1970s (Süß, 2020).

2.3 Italy: anti-state federalism

In accordance with article 32 of the Italian constitution, the Italian healthcare system is built on a universalistic concept of solidarity and promises to ensure care and assistance to all, regardless of nationality, residence, and income. The National Health Service (*Servizio Sanitario Nazionale*) was established by Law no. 833 of 23 December 1978 and implements the aforementioned article 32 of the constitution. This agency represents a system of structures and services that aim at guaranteeing universal access to the equitable provision of healthcare. Conceived in the tradition of the Beveridge model, the normative rationale of the Italian healthcare system is based on tax funding. Governmental actors and legislation are central for determining the frames of outpatient and inpatient medical care, of public and private providers of health services, and last but not least for linking healthcare to public action in the social domain.
From the 1990s onwards, public health reforms have been combined with constitutional and fiscal reforms: the 1992-1993 public health reforms (Legislative Decree no. 502/1992 and no. 517/1993), the reform of health system funding as a part of fiscal federalism (art. 10 of Bill no. 133/1999 and Decree Law no. 56/2000), and, in 2001, several reforms that have redistributed powers, resources, and competences to the regions and have led to the regionalization of the National Health Service. After 2000, financing of the public health funds changed completely. On the basis of Legislative Decree no. 56/2000, the old health fund was replaced by the additional IRPEF (a supplement on personal income tax) and by a share of excise duty on petrol and a VAT contribution. These taxes, together with the Italian Regional Tax on Production (*Imposta Regionale sulle Attività. Produttive*, IRAP) have to finance the entire health sector. In addition, the reform of Title V of the Italian constitution (Law no. 3/2001) has introduced concurrent legislation on health protection for regions. According to the constitutionally determined assignment of competences, the three

functionalities of public healthcare are accomplished on two governmental scales: on the one hand, by the central government, which defines both the essential levels of care (*Livelli Essenziali di Assistenza, LEA*) and the frameworks for fees or free in-kind services and the total amount of resources needed to finance them; and on the other hand, the regions, which are responsible for organizing their respective regional health services and for guaranteeing the provision of the relevant services in compliance with the essential levels of care (Mapelli, 2012; Gabriele, 2015).

Subdivided into Regional Healthcare Authorities (*Aziende Sanitarie Locali*), Hospital Organizations (including university hospitals), scientific institutes for research, hospitalization and healthcare (IRCCS), and accredited private establishments, the Italian healthcare system mirrors Italy's complex territorial structure of 20 regions (15 ordinary regions and 5 special regions), 2 self-governing provinces (Bolzano and Trento), 107 provinces, 14 metropolitan areas, and 7,926 municipalities. The special statute regions (Sardinia, Trentino-Alto Adige, Friuli-Venezia Giulia, and Valle d'Aosta with the exception of Sicily that contributes only to a part of healthcare expenditures, with the central state funding the remaining part) and the autonomous provinces of Trento and Bolzano provide funding for the National Health Service from their own budgets. With respect to public spending on healthcare, from 2000 to 2018 the increase was 74.7 %, one of the lowest among European OECD countries. Italy is in the third-to-the-last place, with the last three places taken by Greece (52.4%), Luxembourg (56.9%), and Portugal (69.1%). Private expenditures for health, including both voluntary schemes and household out-of-pocket payments, increased from 2000 to 2018 by 63.9 % compared to the average of the OECD countries (see Table 1).

From 2010 to 2019, the National Health Service was forced by the Stability Pact to comply with a series of rules blocking staff recruitment. The financial law of 2010 (191/2009) introduced an expenditure limit for the staff of the National Health Service. The maximum level of expenditure for personnel was to be set at that of 2004, a reduction of 1.4 %. From 2010 onwards, the institutions of the European Union, e.g. the European Central Bank, have forced Italy's national government to cut central transfers to regions and local governments for the policy areas disability, children, migrants, and welfare (Petmesidou *et al.*, 2020). Consequently, total public health financing decreased by €900 million in 2012, €1.8 billion in 2013, and a further €2 billion in 2014 (Ferré et al., 2014). In 2019, the amendment agreed upon between the Ministry of Health, the Ministry of Economy and Finance, the Ministry of Public Administration, and the regions abolished the expenditure limit in force since 2010. From 2019, staff expenditure may not exceed the 2018 value plus 5 %.

Table 1: Increases in private spending (voluntary schemes and household out-of-pocket payments) from 2000 to 2018; current expenditure on health (all functions), per capita, current prices, current PPPs

France	48.7%
Germany	51.6%
Italy	63.9%

Source: OECD Data on health expenditure and financing, 2020.

In spite of differences in healthcare in France, Germany, and Italy, the three countries have witnessed important similar developments for the last four decades. In different ways and to varying degrees and at varying speeds in France, Germany, and Italy, reforms have not only aimed at reducing the growing costs of healthcare but have also been the outcomes of general and internationally promoted discourses on individual responsibility in the health domain and in protection against social risks. These discourses have not only justified "social vulnerability" as unavoidable but also defined strategies of "social risk

management" (Holzmann & Jorgensen, 1999; Alwang et al., 2001). The concepts of "social vulnerability" and "social risk management" assign individual responsibility for processes that depend on clearly defined governmental and intergovernmental choices (Bothfeld & Betzelt 2011). In the French, German, and Italian context, limiting public expenditure, privatization, and the individualization of important financial issues have been successfully framed, at least since the late 1990s, by the neoliberal narrative that has moved from governmental accountability to individual responsibility. However, specific issues of social coordination both between public and private actors and between the levels of territorial regulation appear to be salient in each national configuration. Two main deadlocks mark the French case. First, the failed attempts to decentralize the health system have disorganized its governance. Second, the focus placed on cutting spending in public hospitals has represented a further concrete obstacle to providing the services needed in all areas of the country. In the German case, the corporatist nature of the system and its greater capacity to reach agreements in the context of the federal system have maintained the ability of the health system to react to changing demands but have also led to an almost unquestioned economization of the health system. This economized system 'outsources' the costs of solidarity by making the individual responsible for her/his health and by creating increasingly heavy workloads for hospital staff. Nevertheless, in comparison to France, measures to limit the rise in healthcare costs have been more equally distributed between stationary and ambulatory care. The Italian case is characterized by both strong decentralization, which has meant that the governance capacity of the overall health system is now more and more fragile, and by long-term underfunding.

3. French, German, and Italian health crisis governance

In order to compare the way in which the French, German, and Italian healthcare systems related to solidarity in the context of the COVID-19 pandemic, we begin by focussing on governance aspects. We consider how the notion of solidarity was framed by policy discourses invoked by the heads of state or government in France, Germany, and Italy, as they announced their core policy responses to the first wave of the pandemic in mid-March 2020 (see 3.1.). We then compare the organizational, institutional, and legal arrangements put in place when the crisis broke out (see 3.2). Our analysis will consider the scales relevant for coordinating the various interactions in the health sector.

3.1 Policy rationales and privileged concepts of solidarity expressed in policy discourses

"We are a community in which every life and every person counts." When Chancellor Angela Merkel of Germany declared the first lockdown (officially *Beschränkung sozialer Kontakte*, also called *Kontaktsperre* – a word referring to a ban on contacts for prison inmates) with this solidarity formula in her speech on 18 March 2020, she emphasized "how vulnerable we all are, how dependent on the considerate behaviour of others". She combined this basic socio-political insight with a "thank you to people who are thanked too seldom" and referred to supermarket cashiers as an example. The central element of her speech, however, was to call on every individual, every "fellow citizen" to assume personal responsibility and to respect the restrictions during the lockdown. She promised that the federal government would do everything "to cushion the economic impact—and above all to preserve jobs" for companies, businesses, stores, restaurants, and freelancers (Presse- und Informationsdienst der Bundesregierung, 2020). As she emphasized, part of the contribution which she was asking everyone to make was to temporarily forego their "freedom of travel and movement", in her eyes a "hard-won right", and accept the fact that Germany was closing its borders.

The president of the French Republic, Emmanuel Macron, made two key speeches in mid-March, in which he presented the national public health strategy. At the very beginning of

his public address on 12 March, Macron paid tribute to the commitment of medical staff, calling them "heroes in white coats" and also commended the composure or "*sang-froid*" of the population in facing the virus (Elysée, 2020a). He praised the capacity of citizens to "put the collective interests first and form a humane community that bonds together thanks to shared values: solidarity, brotherhood". Macron evoked three further principles. The first one was "faith in science". The second was solidarity with disadvantaged citizens and businesses in the context of the lockdown. He insisted that "providing free healthcare" and "our welfare state" were not to be considered "costs or burdens" but "precious assets". And he added: "What the pandemic reveals is that there are goods and services that should be safeguarded against market laws". The third principle referred to by Macron was international and, specifically, European coordination in combatting a "virus that does not hold a passport". On 16 March, in his second official address, however, the president stressed restrictions on movement in public and on travel (France has implemented a strict version of the lockdown), on citizens' obligations in general, and on what he referred to three times as their indispensable "sense of responsibility" (Elysée, 2020b). He also mentioned the idea that France is "at war" with the virus and its impacts five times.

On 11 March, in the period when Italy was the country that was second most hard-hit by COVID-19 after China, Italy's prime minister Giuseppe Conte announced the government's new measures to combat the pandemic and prevent the spread of the virus and evoked a national sense of belonging. "Italy, we can say it loudly and with pride, is proving that it is a great nation, a great community, united and responsible" (Conte, 2020). Public affirmation of such sentiments has traditionally been limited in Italy. This emphasis on national community underscores individual accountability with the aim of preventing further pressure on healthcare facilities at a time when they were already facing enormous difficulties. In his first speech, Conte tried to reassure the population, in particular economic actors, by adopting a paternalistic rhetoric and by highlighting the effectiveness of the measures taken by the government. However, there are no references in the speech to civic and social solidarity.

The significant differences between the two French president's speeches create a similar ambivalence. Macron at first clearly insisted on the value of the French welfare state, but he then urged people to act responsibly during the pandemic, arousing feelings of guilt in French citizens. The German chancellor also combined the notion of collective solidarity with individual responsibility. In Merkel's speech, however, no intention to inculcate guilt in the population is apparent.

3.2 Setting up crisis-governance: structures and legal frames

In January 2020, with the outbreak of the pandemic, the Italian government declared a national state of emergency based on article 24 of the Italian Civil Protection Code (art. 24, Legislative Decree No. 1, 2 January 2018). The Civil Protection Code has been the legal basis for the management of the pandemic. In accordance with article 24 of the Code, the central government is allowed to intervene directly in the organization of local administrations (regions, provinces, metropolitan cities, and municipalities). Subsequently, on 23 February, with Decree Law no. 6, 11 municipalities in Lombardy and Veneto were placed under quarantine. In these municipalities, people's right to freedom of movement was suspended and police surveillance imposed (Wuhan model). The first phase of pandemic management began on 9 March and ended on 3 May. In this phase, free movement outside of one's home was strictly limited, schools were closed, and work activities that were not in the public interest were prohibited at first in Lombardy and in 14 provinces in central and northern Italy and soon after in the entire country. From 4 May to 14 June, the second phase of pandemic management was initiated with the reopening of factories, some businesses, and public places. On 15 June, the management of the third phase began with the

ongoing suspension of teaching activities and monitoring of access to public places. The new decree strictly limited to 200 the number of people allowed to visit cinemas or museums at any given time. Social distancing measures remained in place in closed public spaces and large-scale meetings and events were still prohibited (smaller meetings were allowed only on the condition that distancing was respected). At the beginning of November, in order to avoid another lockdown and the total closure of production facilities and services, the minister of health signed a new ordinance defining three different areas associated with different levels of risk (medium-high risks or level 3 were marked orange, the highest was level 4 and marked red). This ordinance classified all regions in Italy based on the analysis of epidemiological data on the spread of the epidemic and risk scenarios spelled out in the report of the Higher Institute of Health (*Istituto Superiore di Sanità)*. From February to October 2020, the Council of Ministers of the Italian Government adopted 18 legislative decrees and 20 decrees passed down by the president of the Council of Ministers. During the same period, the Civil Protection Department of the Presidency of the Council of Ministers adopted 46 ordinances. The Ministry of Health adopted 28 ordinances. This overproduction of laws in Italy has served to legitimize a government that does not have a common agenda. At the same time, the silencing of parliamentary debate has prevented decision-making processes from becoming caught up in the political game. The management of the pandemic crisis was greatly affected by interactions between the national and regional levels. On a formal level, the constitution and parliamentary legislation are recognized as expressions of the superior power of the central government. On a substantive level, the autonomy granted to the regions made the implementation of national policies to tackle the pandemic crisis dependent on the regional administrations. This led to a conflict between different levels of decision-making that prevented timely and effective management of the pandemic.

In view of development of the pandemic in Italy in February 2020, the German Federal Minister of Health commissioned the Robert Koch Institute (RKI), the central state agency for disease surveillance and prevention (§4 *Infektionsschutzgesetz*), to update the existing pandemic plan. On 4 March, the RKI presented this updated plan (RKI, 2020a). The plan set first standards for Sar-CoV-2 testing and the use of ICU beds in hospitals. In France, in contrast, instead of mobilizing the institutions charged by law with management of health emergencies (*Institut de veille de sanitaire*, *Santé Publique France*, *Direction générale de la santé*), the president of the republic established an ad hoc scientific committee on 12 March and installed an interministerial crisis management unit on 16 March under the authority of the Ministry of the Interior. This improvised crisis governance structure has been criticized by an international evaluation report for its complexity and its weak capacity to coordinate activities with the regional health agencies (ARS) and the *préfets* (Mission indépendante, 2020). Moreover, most key decisions concerning the pandemic are taken in the strictly hierarchical Defense and National Security Council convened by the French president at the central governmental institution—the Palais de l'Elysée.

In Germany, the first Law for the Protection of the Population in the Event of an Epidemic Situation of National Significance was passed by the Bundestag on 25 March and by the Bundesrat on 27 March. This law, like the second Law for the Protection of the Population in the Event of an Epidemic Situation of National Significance, dated 19 May 2020, significantly expanded governmental control over the German healthcare system and in particular strengthened the administrative authority of the RKI. Both laws clearly shifted healthcare responsibilities to the executive branch at the expense of the legislative branch and, last but not least, at the expense of the self-administration of the various corporatist actors involved in the healthcare system such as the Association of Statutory Health Insurance Physicians, the German Hospital Federation, or the boards of the statutory health insurance providers (Worschech, 2020, 235). However, this shift to more centralization has

not meant that federalism has been overridden in German crisis management of the pandemic. Cooperation between the governments on the federal level and the *Länder* level has intensified (Behnke, 2020). Each *Land* has enacted, on the basis of the two federal Laws for the Protection of the Population in the Event of an Epidemic Situation of National Significance, its own *Corona-Verordnung* (COVID-19 ordinance) and has reached decisions at different times on banning public events, opening or closing stores, entry restrictions for travellers, etc. Until the end of August 2020, German federalism has allowed the two laws and the decrees of the Federal Minister of Health to be efficiently adapted to local developments in the pandemic, to the need for immediate response, and to specific healthcare problems. However, in view of the increasing number of infections and the RKI categorization of risk areas in Germany established in September 2020, the heads of the *Länder* decided on a ban on accommodating residents from these risk areas who travel to other regions (*Beherbergungsverbot*). These bans demonstrated the absurd ends that the cooperative structures of German federalism could lead to and negated the existence of social ties across the borders of *Länder* and districts. These interactions, however, represent absolutely necessary contributions to solidarity, whether in the realm of economic or educational activities, care, family ties, or knowledge production. In controversial negotiations between the Federal Chancellery and the heads of the *Länder* from the second half of October on, these bans were largely withdrawn.

On 23 March, the French National Assembly passed the so-called health emergency law (*LOI n° 2020-290 du 23 mars 2020 d'urgence pour faire face à l'épidémie de COVID-19*). It enables the government not only to assume control of the entire health system but also authorizes the *préfets* (the head of the central state administrations at local level) to implement the national strategy. This law has enabled the government to replace the regular legislative process with executive decrees pertaining to the various dimensions of the health crisis. This strong concentration of power in the hands of the central state administration was at first enacted for two months and was extended several times and is currently valid until 1 June 2021 (*LOI n° 2021-160 du 15 février 2021 prorogeant l'état d'urgence sanitaire*). The poor integration of local authorities and the weaknesses of the public health administration with its decentralized structures have hindered coordination of the activities needed to mobilize in a national health crisis. Territorial conflict between the central state and mayors of big cities was limited during the first wave of the pandemic but increased significantly during the second wave from the beginning of October 2020 on.

The three countries have all undergone a phase of centralization of the decision-making process in the context of the COVID-19 pandemic. However, whereas Germany has rapidly returned to a federal form of shared crisis management, with the risk of creating great confusion at the beginning of the second wave of the pandemic, France has stuck to a strongly centralized management of the pandemic that centres on public actors (Bergeron et al., 2020). This strategy obstructed efforts to deal with the pandemic in the first phase of its spread and has fostered territorial conflicts in the second wave. Finally, in Italy, the central state was able to impose restrictions on local and regional levels but had a hard time dealing with the decentralized health systems.

4. Combatting the pandemic via key health policy measures

In this last part of our analysis, we examine how two key public health resources have been deployed in a more or less planned manner in these three countries: testing strategies and capacities (see 4.1.) and the provision of ICU beds and medical staff qualified to treat patients in them (see 4.2). As early as 10 January 2020, the WHO pointed to these resources in its "Review tool for a novel coronavirus". In considering these two elements, we will consider efforts in France, Germany, and Italy to coordinate their healthcare systems in view of two dimensions: territorial (vertical) and public-private (horizontal). More

specifically, securing the availability of mass test capacities entails coordination of the work of various types of more or less commercial laboratories with that of primary healthcare centres. In the case of ICU beds, the strong regional concentration of disease outbreaks in Europe during the first weeks of the pandemic meant that interregional solidarity was a key issue. This also raised the question of various forms of solidarity or at least coordination between public and private operators of stationary care provision and secondary care. The governance patterns of the health systems of the three countries and the funding logics of health policies in each country (see section 2) have influenced greatly the provision of both tests and intensive care beds.

4.1 Testing as a key preventive measure

Tests are key elements of prevention in the context of the COVID-19 pandemic. In order to be efficient, tests had to be made available to the public health system as quickly as possible at the beginning of the pandemic. In that phase, this represented both an organizational challenge and a challenge for the relevant industries. Coordination between private and public actors (researchers, producers, prescribers, providers, etc.) played a key role. However, tests also generate costs that, on the one hand, call into question the concept of solidarity in the various countries and, on the other hand, yield income for the producers and providers of the tests.

Table 2: Comparison of the data on testing for COVID-19 in Germany, France, and Italy

2020	**Tests** (in absolute numbers)	**Country's population**	**Testing rate** (per 100.000 residents)	**Rate of positive tests** (per cent)
2 March–8 March				
Calendar week 10				
Germany (source TESSy*)	124,716	83,019,213	150.22	0.59
France	11,101	67,012,883	16.56	5.54
Italy	29,132	60,359,546	48.2	16.34
13 April–19 April				
Calendar week 16				
Germany	331,902	83,019,213	339.80	5.85
France	145,316	67,012,883	216.52	12.42
Italy	346,348	60,359,546	571.81	6.82
11 May–17 May				
Calendar week 20				
Germany	432,076	83,019,213	520.45	1.19
France	151,346	67,012,883	225.84	2.27
Italy	439,048	60,359,546	727.39	1.48
24 August–30 August				
Calendar week 35				
Germany	1,120,883	83,019,213	1350.15	0.69
France	885,824	67,012,883	1321.87	1.45
Italy (country GitHub)	518,704	60,359,546	958.76	0.48
9 November–15 November				
Calendar week 46				
Germany	1,565,418	83,019,213	1885.61	8.43
France	1,051,249	67,012,883	1568.72	16.39
Italy	1,503,673	60,359,546	2491.90	16.10

*The source is case-based data submitted by Member States to TESSy, if not otherwise mentioned. When the data has not been submitted, the ECDC has compiled data from public online sources.

Source: European Centre for Disease Prevention and Control (ECDC), Data on testing for COVID-19 by week and country (19 Nov. 2020).

Comparison of the number of reverse transcription polymerase chain reaction (RT-PCR) tests and, since September 2020, rapid antigen nasal swab tests administered, the testing rate per 100,000 residents, and the percentage of positive tests over the period of our investigation in Germany, France, and Italy points to the differences in national testing strategies and their implementation (see Table 2). In Germany, the strategy that followed the motto "test, test, test – but in a targeted way" has played a major role in containing the pandemic. A team led by Christian Drosten (who became one of the most well-known virologists thanks to a weekly radio broadcast) at the German Institute for Infection Research of the Berlin University Hospital, Charité, published a RT-PCR-test protocol on 23 January 2020 on the platform *eurosurveillance* that the WHO had already announced on 13 January 2020 (Corman et al., 2020). Thanks to the "short distances" for cooperation and the exchange of information between scientific research, especially at university hospitals, and the associations of medical and pharmaceutical product manufacturers that are a result of the corporatist structure of the German healthcare system, the first tests quickly went into production in Germany. The launch of production was also speeded by a dense network of technologically advanced medium- and small-sized companies working on a local level. These companies were able to bring the test to market without long supply chains and offer tests to governmental health authorities, hospitals, and private laboratories. By early March, 124,716 tests had already been performed in 90 laboratories (RKI, 2020b, 17). In mid-April, the Federal Ministry of Health announced in a fact sheet that around 150 laboratories in Germany had carried out 1.7 million tests (Faktenpapier, 17 April 2020). According to this fact sheet, Germany had a test capacity of about 700,000 RT-PCR tests per week.

In Italy, the number of tests administered has differed significantly by regions throughout the entire period of pandemic management so far. Lombardy has by far the highest number of tests conducted with more than 3,500,000, followed by Veneto (more than 2,500,000 tests), Emilia-Romagna and Lazio (less than 2,000,000), Tuscany, Campania, and Piedmont (around 1,250,000). In the majority of the Italian regions, less than one million persons (in Sicily) or even less than 500,000 persons (in Sardinia or Calabria) have been tested (Statista, 2020a). However, while much fewer persons were tested in Italy than in Germany in the week from 2 March to 8 March, the number of tests administered has increased quickly and, in some periods, surpassed testing in Germany. The testing capacity of the Italian public health system has remained high (see Table 2).

In France, the testing capacity was at first very low (see Table 2). In the week of 6 April, the daily testing capacity was still less than 18,000 tests a day. This capacity increased slowly during the month of April. The situation improved in quantitative terms during the month of May: more than 42,000 tests a day were run in the week of 11 May, the first day of the French lockdown (see Rapport d'information, 2020, 103-105). Throughout most of the month of March, tests were mostly run in hospitals and were principally dedicated to identifying COVID-19 patients. A resolute decision to develop and implement a mass testing strategy was not reached until March. Poorly developed cooperation between the public testing centres (most of them in public hospitals) and a weak and decentralized private sector (see Mission indépendante d'évaluation, 2020, 33), a lack of infrastructure (laboratory equipment for processing tests), and the inability of the administrative system to respond swiftly to these deficits were obstacles to upscaling the national testing capacity. These difficulties, which were only gradually overcome in France, were apparently not encountered in Germany.

The German test strategy could build almost seamlessly on the territorial and corporatist structures of the national healthcare system, which traditionally bring together public and private actors both in the realm of healthcare provision and in activities on an administrative level. These structures have facilitated, at least in the first pandemic wave, the

interactions between the RKI and the regional and municipal health authorities (*Gesundheitsämter*), and professional associations in the medical sector. In France, procurement of testing capacities by the authorities began on 10 April. Acquisition of diagnostic equipment for laboratories by the French Ministry of Health was delayed and installation throughout the country did not commence until late March and was not completed until the end of April (21 machines were bought simultaneously). Finally, the decision to establish a comprehensive information system for registering all COVID-19 tests run in the country was not taken until 11 May. The quantitative scale-up of testing capacities in France has not solved all problems related to the country's testing strategy. In early September 2020, the COVID-19 scientific advisory board clearly stated that the French strategy *tester-tracer-isoler* (test-track-isolate) was not implemented appropriately (Conseil scientifique COVID-19, 2020a). The task of tracking infected persons and their contacts was assigned to local health insurance providers. These had no experience or competence in the sphere of public health and thus encountered difficulties in accomplishing this mission efficiently. A further warning report by the COVID-19 scientific advisory board clearly stated at the end of September that delays in reporting test results severely hampered the virus containment strategy (Conseil scientifique COVID-19, 2020b).

The German Ministry of Health underlined the need for targeted testing in a fact sheet issued 17 April 2020. One element of targeted testing has been to define priority groups. Initially only persons with symptoms and those for whom there was medical evidence of a suspected infection were tested. Later the criteria were extended to include asymptomatic contact persons, healthcare personnel with contact to COVID-19 patients, and those being (re)admitted to hospitals, nursing homes, homes for the elderly and disabled, and "other facilities for particularly vulnerable groups" (RKI, 2021). Other symptom-free groups were added on 9 June (with payment of tests guaranteed retroactively from 14 May) such as travellers returning to Germany from a risk area abroad. As of 6 August 2020, previously voluntary and free tests for these travellers became obligatory, and from October 2020, travellers who were aware before their trip that they were entering a risk area had to pay for these obligatory tests.

In Italy, in the first phase of the pandemic in February 2020, testing focussed on hospitalized patients with severe symptoms and was extended from March to include anyone with symptoms, medical personnel, and persons with contact to those infected. Whereas the German authorities began offering tests to people without symptoms as of June and the French authorities from the end of July, their Italian colleagues maintained the strategy of testing people with symptoms and a prescription written by a general practitioner or the medical monitoring service (*Guardia Medica*). Travellers from risk areas in other countries were defined, as in Germany, as a further test group as of August 2020. In some regions, school staff is in part also one of the officially defined test groups but screening is limited to teaching and educational staff.

With respect to costs, the situation differs in the three countries. In France the tests are in general free of charge and covered by the national health insurance scheme. From October 2020, it was decided that everyone could apply to be tested (Ministère des Solidarités et de la Santé, 2020). Prior to that decision, access to tests and processing of results was prioritized for specific groups; these were people with medical prescriptions, those with symptoms or contact with others who had tested positive for SARS-CoV-2, and health-sector professionals. The added expenditures in the public health sector were estimated at more than €15 billion 2020—but this figure includes masks and the bonuses regularly paid to healthcare employees as well as the cost of testing (Compte rendu du Conseil des ministres du 7 octobre 2020).

In the Italian case, all residents and non-residents apart from priority groups have access to tests in private laboratories at costs on an average between €50 and €162 for RT-PCR

tests and €22 for rapid antigen nasal swab tests. Refunds for tests carried out in private laboratories are granted only to persons with serious and chronic or rare diseases, those who meet specific income criteria, or during pregnancy.

With the aim of pursuing serial testing and testing as part of sentinel surveillance in Germany, the Federal Minister of Health issued a decree on 9 June 2020 that allowed reimbursement of the cost of tests for symptom-free individuals retroactively from 14 May at the expense of the national health fund (*Gesundheitsfonds*). In this period, additional expenditures for the laboratory costs of RT-PCR tests (not including, for example, the remuneration of physicians) were estimated to be €50.5 million. As early as February 2020, it was decided that the test costs would be part of the outpatient service catalogue of the statutory health insurance. This means that the statutory health insurers must cover, on the basis of the national health fund, the costs of the tests—not only for those insured by the statutory health insurance but also for all privately insured persons who are tested either as contact persons or in the context of the identification of clusters or sentinel tests (Engeser, 2020). From the end of August 2020 to the end of February 2021, free testing in Germany has been increasingly limited to persons with symptoms and those with a medical prescription. In most *Länder,* asymptomatic contact persons, people who wish to be tested before visiting family members or friends, and resident and non-resident travellers who are obliged to be tested when they enter Germany must pay for their tests. During this period, the "targeted testing" strategy (with the exception of serial and sentinel testing) seems to have been subordinated to quarantine as a preventive measure.

Germany would appear to have been most successful in anticipating the requirements for testing in the context of the first wave of the COVID-19 pandemic. The French public health system has apparently first had difficulties in grasping the importance of testing and then in installing an efficient testing strategy. In the Italian case, the mobilization of tests occurred when the virus had already spread widely throughout the most affected regions. Free tests and the organization of easy access to them for many (residents and non-residents) can been seen as an expression of solidarity and may have promoted people's willingness to be tested.

4.2 Mobilizing intensive care beds

Intensive care beds are a key instrument in treating COVID-19 patients. Their availability is the result of structural health policy choices going back to political decisions taken from the 1980s onwards (for Germany: Kühl & Tümmers, 2020). Inter-regional and in part international transfer of patients has also played an important role during the crisis and represents a concrete dimension of solidarity in the context of the COVID-19 pandemic.

Comparative analysis of the number of ICU beds is hampered by existing differences between countries, including from the very definition of what constitutes "intensive care". The data provided by national statistics institutes (Insee for France, Statistisches Bundesamt for Germany, Istat for Italy) as well by Eurostat and the OECD offer very different figures.

According to Eurostat, in 2018 Germany had 602 curative hospital beds per 100,000 inhabitants, France 304 and Italy 259 (Eurostat, 2020). In 2017, Germany had 423 nursing professionals per 100,000 inhabitants and France 533; this number is not available for Italy (OECD, 2019). In the French public debate about healthcare policies, the cost of public hospitals is seen as the largest factor in healthcare expenditures and frequently regarded as a burden (Juven, 2019). The number of hospital beds in France has been reduced from 484,279 in 2000 to 395,670 in 2018 (Statista, 2020b), the equivalent of a decline from 8 beds per 100,000 in 2000 to 6 beds per 100,000 in 2018. This policy is part of a strategy that aims at reducing the period of hospital treatment and concentrating various stationary institutions. Short-term hospitalization and day care have been main cost reduction

objectives for decades. Since 2007, the number of full-time hospitalization stays has remained constant at around 12 million a year in France, but the total amount of day care hospitalization has increased from 13.5 million a year in 2009 to almost 17 million in 2017 (Drees, 2017). From 1998 to 2018, the absolute number of full-time public hospital beds has dropped by one-third. Over the same period, the proportion of public beds in the total amount of full-time stationary beds has declined from 64% to 61% (Insee, 2020).

The emergency plan or *plan blanc* was initiated by French health authorities on 12 March 2020 and triggered mobilization of all inpatient capacities and postponement of non-urgent operations. The number of ICU beds throughout France—5,000 in mid-March—was doubled by mid-April (Mission indépendante d'évaluation, 2020). The high incidence of COVID-19 patients in two regions—Grand-Est and Ile-de-France—was addressed by transferring 660 patients to regions less affected by the pandemic or to neighbouring countries (Germany, Luxembourg, and Switzerland). Intensive care bed capacities increased in this period—mostly in the public sector—by 158 % in the region Grand-Est, by 138% in the region Ile-de-France, by 200% in Corsica, by 121% in Auvergne-Rhône-Alpes, by 97% in Hauts-de-France and by 66% in Burgundy Franche-Comté (Rapport d'information, 2020). However, the rapid rise in hospitalized cases in a short timespan (between 23 March and 20 April) led to extreme stress and fatigue for hospital staff—at the height of the first wave in France, 7,019 patients were treated in intensive care units (see Rapport d'information, 2020, 76). Moreover, mobilizing ICU beds in the private sector proved difficult due to the complex organization of the French public health system.

In Germany, hospital beds have been reduced by 25% since 1991, while the number of intensive care beds has increased by 36% from 20,200 to 27,500 in the same period (Statistische Bundesamt, 7 October 2020). In 2018, Germany had a total of 498,192 hospital beds and 27,500 ICU beds. At first glance, this development seems to have contributed to the success of the German crisis management system, which was praised in France and Italy. Nevertheless, the bed figures, which reflect the economization of the hospital healthcare sector (Bauer 2008, 152-156; Kühl & Tümmers, 2020), do not reveal considerable regional differences in the number of hospital beds (including ICU beds) as well in occupancy rates: for instance, Thuringia and Bremen have 7.4 hospital beds per 1000 inhabitants but Baden-Wuerttemberg has only 5. In 2018, the bed occupancy rate in Berlin was 84.1%, whereas in Sachsen-Anhalt less than three quarters of all beds were occupied. The bed figures also fail to show the impacts of additional workloads for hospital nurses due to increases in documentation tasks that have come with new billing systems and shortages of skilled nursing staff (DIP, 2018). Between 1991 and 2018, for example, the number of physicians in German hospitals increased by 73%, while the number of nursing employees in 2018 was only slightly higher than in 1991 (Statistisches Bundesamt, 7 October 2020).

In 1991, every second hospital in Germany was in public hands; in 2018 the figure was 29%. Non-profit organizations maintained a further 34% of the hospitals (39% in 1991) and commercial private operators managed 37% of the hospitals (15% in 1991) (Statistisches Bundesamt, 7 October 2020). In addition to privatization, since the mid-1980s hospitals have increasingly been seen as businesses, regardless of whether they are run by a public provider (such as state-run university hospitals or municipal hospitals), a non-profit provider (e.g. the Red Cross or other charitable organizations), or a private commercial operator. On the one hand, this shift has led to higher workloads and exacerbated the pressures that all hospital employees face (Hardering, 2018). On the other hand, it has led to an increasing recourse to precarious employment contracts. In particular small public hospitals on the municipal level have been forced to close because of the impacts of market competition or the introduction of diagnosis-related group payment schemes.

Faced with the problem that the treatment of COVID-19 patients leads to a loss of hospital revenue, especially in the utilization of ICU beds, the German government enacted the

COVID-19 Hospital Relief Law in March 2020 with the aim of mitigating economic consequences of the pandemic for hospitals and physicians paid by the statutory health insurance providers. Currently, hospitals receive financial compensation for every delayed operation or treatment; this amounts, for example, to €560 for every unoccupied bed held in reserve for COVID-19 patients and a bonus of €50,000 for every additionally created ICU bed. As in the case of SARS-CoV-2 tests, the costs are financed from the liquidity reserves of the national health fund. Treatment costs for COVID-19 patients transferred to German hospitals from France, Italy, and Belgium since April 2020 and again since November 2020 are covered by the German government, i.e. financed from tax revenues. As Federal Minister of Health Jens Spahn explained on 20 April 2020, "that is our understanding of European solidarity" (Bundesgesundheitsministerium, 2020).

In Italy, the gradual reduction of ICU beds since the 1990s has heightened the vulnerability of the country's hospitals during the first phase of the COVID-19 pandemic. These deficits were exacerbated by the far-reaching austerity measures that the government was forced to implement in the wake of the European debt crisis. Prior to the spread of COVID-19 there were 5,179 ICU beds across Italy, with significant regional differences in distribution (Statista, 2021). In 2018, the total number of hospital beds dropped to 3.1 per 1,000 inhabitants (OECD, 2021). Pneumological beds decreased from 4,414 in 2010 to 3,573 in 2018 (Italian Ministry of Health, 2020). On the backdrop of the deficits of the Italian public health system, the Italian government adopted the decree on Urgent Provisions for the Strengthening of the National Health Service in Relation to the COVID-19 Emergency on 9 March 2020 and allocated €845 million for 2020 to implement extraordinary measures to pay for personnel, equipment, and services. Based on the Law Decree No. 18 of 17 March 2020 (the so-called *Cura Italia Decree*), the government also spelled out its right to requisition health and medical facilities from private healthcare providers. Moreover, prefects could order requisitioning of hotels and other buildings in order to provide rooms for patients. In addition, the Italian government adopted the Law Decree No. 34 of 19 May 2020 (the so-called *Relaunch Decree*) and allocated resources to strengthen the public and private health sector, including €3.2 billion for hospitals and care structures and 3,553 new ICU beds and recruitment of 9,000 nurses. At the end of October 2020, there were only slightly more than 1,000 new ICU beds compared to the more than 3,000 planned. Besides the lack of ICU beds, the enormous problem of recruitment of medical staff (doctors and nursing personnel) has become obvious. With respect to medical staff, the decree of 9 March on Urgent Provisions for the Strengthening of the National Health Service in Relation to the COVID-19 Emergency defined specific rules for the enrolment of doctors and healthcare personnel, including hiring of trainees and temporary and self-employed positions in the national healthcare system, recruitment of retired doctors and nurses, recruitment of general practitioners and paediatricians, and an increase in outpatient specialist hours. Many doctors and nurses trained in Italy are employed in long-term jobs throughout Europe rather than in Italy, due to the endemic lack of investments in the Italian health sector.

5. Conclusions

Our scrutiny of availability of intensive care beds and the organization of hospital capacities, including nursing staff, in France, Germany, and Italy during the first wave of the COVID-19 pandemic has revealed some of the difficulties encountered in mobilizing private market actors and integrating them into the public health strategy for combatting the pandemic, especially in France and Italy. In Germany, the relatively successful containment of the pandemic has meant that intensive care units were not overwhelmed during the first wave. However, the crisis has shed light on the shortages of nursing staff and the effects of economization of work relations in the hospital system. The insufficient ICU bed

capacities have been an obvious consequence of the economization of healthcare in Italy, due to austerity measures in this sector. In the Italian case, the decentralization of the public health system, in part inadequate infrastructure, and private actors who are poorly adapted to serving the public interest have been obstacles to combatting the pandemic. In France, a complex, centralized system of healthcare governance and the inability to share decision-making processes with decentralized and private actors have hindered the drive to mobilize ICU beds in the private sector.

In Germany, public healthcare management was at first centralized during the crisis. Subsequently, however, decentralized public (in particular the local and regional health authorities, the *Gesundheitsämter*) and private actors in the system were successfully integrated and coordinated. Coherent and timely information as well as concerted decision-making has eased the mobilization of most stakeholders in the German health system. This was particularly evident in the German test strategy and its implementation during the first wave of the pandemic. Conflicts between the federal state, the *Länder* and some local authorities re-emerged in September 2020, largely against the backdrop of party-political tensions, especially over the succession to Merkel in the future federal election. These conflicts were, however, widely resolved through intensive discussions between the chancellor and the heads of the *Länder* at the end of October, no doubt in part under the impression of the looming second wave. In France, the central state's actors and agencies tried to compensate for their unpreparedness by creating more centralized and authoritarian governance structures. As some authors have pointed out, the complexity of these structures—in particular as they pertain to relations between the national health ministry and public health authorities on the central and regional levels and to governmental and inter-ministerial relations—has emerged as one of the major problems of French management of the COVID-19 crisis (Rapport d'information, 2020; Mission indépendante d'évaluation, 2020). This has in effect initially hampered public health actors' response to the pandemic and was identified as one reason for the delays in setting up an appropriate testing regime that met France's quantitative and qualitative needs. In Italy, the central state also reacted in a rather hierarchical way to the issues associated with monitoring of restrictions, which triggered conflicts between the central state and the regions. Regional autonomy has demonstrated the existing disparity between regions in the healthcare sector and the resulting differences in implementing an efficient testing strategy.

Overall, our comparison of French, German, and Italian pandemic containment regimes for preventing the spread of SARS-CoV-2 and treating patients with COVID-19, including measures aimed at monitoring the population, has revealed unresolved tensions and conflicts linked to the distribution of resources and power between the various levels of governance. As we have detailed in this text, in particular in the fourth section, these tensions and conflicts shed light on, on the one hand, particularities of the three public health systems and their respective path to marketization and individualization of responsibility for health, especially financially. The analysis shows that the specificities of the different health systems, above all the relationship between the public and private sectors and between central and peripheral levels of government, has played a key role in the management of the pandemic so far. The amount of resources allocated to public health over time and their distribution at various territorial levels were decisive in managing the crisis.

Moreover, the emphasis that the governments of the three countries have placed on individual accountability and recovery of a "sense of community" point to the communalities of marketization and individualization of responsibility in the three countries. This emphasis on the individual and the responsibility assigned to him/her for containing the pandemic has little to do with civic and social solidarity (Lessenich, 2020), which is the glue that holds society together, and represents a deceptive version of this solidarity concept. Governments in France, Germany, and Italy have pursued a twofold and ambivalent

strategy for containing the pandemic. On the one hand, they have emphasized the role of individual citizens' responsibility to practice voluntary self-limitation and self-management of epidemiological risks. This attitude is in keeping with the celebration of individualism rather than collectivism; we would argue, however, that this in fact hinders self-discipline on the part of citizens in the interests of the collective good. The culture of the new capitalism, as Sennett (2007) points out, which was established with the neoliberal turning point of the 1980s, promotes an idealized self that disdains dependency and denies the essential role of care in our societies (Tronto, 1993). This continuing emphasis on the development of the individual's ability to survive has become particularly pronounced in the realm of health. On the other hand, in the three countries analysed here, citizens are called on to participate in societies that have been shaped for some time by the dismantling of the welfare state. Civic solidarity was one of the pillars on which the welfare state was built. More specifically, thanks to the mutual obligations of citizens, it has been the foundation of the European social model, in which social rights are guaranteed by a universalistic welfare state. The public sector and its services still represent a cornerstone of European societies; its regulation plays a key role in maintaining political consent and economic growth. From the 1980s onward, and especially after the financial and economic crisis that began in 2008, many governments have launched reforms of their public sector and public budgets. Welfare state retrenchment plays a noticeable and crucial role in the weakening of social and civic solidarity.

Besides differences in discourses about the notion of solidarity amongst the three European countries, we also observed dissimilarities in relations between political power and scientific expertise. Whereas in Germany the trust of the federal and *Länder* governments in scientists and medical experts and their contribution to decision making has been a constant in the management of the COVID-19 health crisis, in France there has been a tendency for the government to instrumentalize recourse to scientific knowledge production. Medical experts were used to justify political decisions in the first phase of the pandemic and have been marginalized since September 2020 and excluded, for political rather than medical reasons, from decision-making circles since January 2021. In the Italian case, the lack of scientific journalism has led to an overexposure of scientists in the media; they often offer conflicting and/or ambivalent messages to the public. The relationship between science and political power has been deeply affected by tensions between central government and regions. Relations have been more stable and successful on the central level and more conflicted on the regional level. These differences in relating to scientific expertise are no doubt in part a reflection of how democratic traditions diverge, even amongst founding members of the European Communities like France, Germany, and Italy. But they should not obscure the social relations that have created, over the course of several decades, close ties between these countries through economic, professional, scientific, educational, family, and other interactions. By focussing on these interactions, management of the COVID-9 crisis in France, Germany, and Italy could gain in terms of coherence, solidarity, and, last but not least, effectiveness. Coordination between the member states of the European Union could be enhanced, not only in the domain of pandemic containment strategies but also in managing and financing the social consequences of the COVID-19 pandemic. The pandemic has uncovered deficits in the functioning of government and the health system, but it is as yet difficult to predict whether this crisis will contribute to promoting a move away from neo-liberal concepts in favour of recognizing public health and scientific research as collective goods in which governments should invest substantial structural resources.

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Making sense of the 'new normal': The COVID-19 crisis in the communication of the prime ministers of Ireland and New Zealand

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This article analyzes the communication of the prime ministers of Ireland and New Zealand during the first phase of the COVID-19 pandemic in 2020. Ireland and New Zealand share the characteristics of being small, prosperous OECD island states with a liberal political culture. Both countries experienced a similar COVID-19 trajectory in which a sharp increase in cases was followed by a strict shutdown of public life and a decreasing rate of infection in early summer 2020. Our analysis focuses on three aspects: Firstly, we investigate the role of the prime ministers' political orientation on public communication in times of crisis. Secondly, we examine the framing of solidarity by conceptualizing it as either action-oriented or institutionalized and we account for different scales of solidarity. Thirdly, we ask how solidarity is referred to in various policy fields. We apply a qualitative content analysis to examine these aspects in press releases and public speeches in the time period February to June 2020. We demonstrate that political orientation has little bearing on the framing of solidarity. Both prime ministers used both conceptions of solidarity to a similar extent. Moreover, they emphasized public health and economic policies to deal with the crisis and overcome the pandemic. The article contributes to the study of governmental communication in times of crisis, how solidarity is articulated by heads of government, and how small island states have dealt with the COVID-19 pandemic.

Keywords: COVID-19, governmental communication, Ireland, New Zealand, Solidarity

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1. Introduction

The COVID-19 pandemic is an unprecedented global crisis. It strongly challenges the current societal, economic, and political relations and questions the stability of state and societal structures in these hard times (Tooze, 2020). Hence, the way in which national governments make sense of the crisis, the types of solution they offer, and the justifications they give for the actions they take, are crucial. One response to such an unstable situation and a perceived threat is the appeal to solidarity (Prainsack, 2020): a call to the public to

support each other and overcome adversity together. While prior research argues that a crisis is a sufficient rather than a necessary condition for solidarity (Koos, 2019), research also demonstrates that times of crisis are still exceptional situations in which the call for solidarity resonates more strongly in public debate than in "normal times" (Wallaschek et al., 2020). Solidarity may be used by political actors, such as governments, to justify measures that limit civil liberties or demand more financial assistance in specific public sectors. Solidarity may also be a rhetorical feature in public speeches by national party leaders: it may constitute a moral appeal to citizens to follow the rules and contribute to the common good, reducing the existential health threat in the COVID-19 pandemic.

This paper addresses the crisis-solidarity relation by examining how heads of government communicated to the public during the COVID-19 pandemic in 2020 and analyzes to what extent and in which ways solidarity featured in public speeches. This encompasses an analysis of whether solidarity is encouraged at a national or international level and of the policy fields addressed. For this purpose, Ireland and New Zealand, and the public communication by their prime ministers, respectively Leo Varadkar and Jacinda Ardern, between late February and June 2020 have been selected as the focus of this research.

Ireland and New Zealand provide a highly interesting selection of cases for the purpose of analyzing governmental crisis communication during the COVID-19 pandemic. Based on contextual economic, political, and cultural factors, the two islands constitute rather similar cases. The trajectories of the two countries during the first phase of the pandemic were also comparable. A sharp increase in the number of cases in March was followed by a strong decrease in new cases and deaths after the introduction of severe lockdown measures. Until the end of June 2020, it seemed that both countries were able to contain the virus sufficiently to not overburden the health and economic sectors and, subsequently, relax the lockdown measures and slowly re-open economic, social, and cultural activities.

Ireland and New Zealand, however, differ in one crucial aspect: political orientation of the head of government. During the first six months of 2020, EU member state Ireland was governed—although in the capacity of a caretaker government after the general elections on 20 February—by a coalition of the liberal-conservative party, Fine Gael, and several independent politicians, with Varadkar as prime minister (in office from 2017 until end of June 2020). New Zealand, on the other hand, was governed by a Labour-led coalition (together with the Green Party and the nationalist party New Zealand First) with the prime minister Ardern (in office since 2017). Previous studies on the effect of economic and cultural conflicts suggest that the divide between left and right parties (Thijssen & Verheyen, 2020; Kriesi et al., 2012) may impact the frequency and the manner in which heads of government refer to solidarity as part of their crisis communication. Nonetheless, we do not claim a causal relation due to the complex nature of such an unprecedented crisis (Kuehn, 2020).

The paper makes three important contributions. Firstly, we show that governmental communication in Ireland and New Zealand was similar in terms of the use and scope of solidarity during the first phase of the COVID-19 pandemic. Secondly, we highlight the role of public health and economic policy measures as topics within the governments' public addresses during the crisis. While they were at the core of governmental communication in both countries, their framing differed. Lastly, we demonstrate that both prime ministers emphasized national issues and national solidarity in their public communication and hardly referred to the European or international dimension of the pandemic.

The paper is structured as follows: In the second section, we discuss the literature on solidarity in times of crisis and how party politics matter in dealing with crisis situations. Next, we describe our data and method and explain our coding procedure. We present the main

findings of our analysis in the fourth section which is followed by a discussion of the results, the limitations of the study, and potential future research pathways.

2. Solidarity and party orientation in times of crisis

Solidarity has become one of the most active research fields over the last decade. The increased interest in solidarity goes hand in hand with recurring crises situations. Whether it was the global recession from 2007 onwards, the eurozone crisis, the migration crisis in Europe or the various protest movements across the globe (Occupy Wall Street or the Arab Spring) being addressed, the appeal to solidarity was strongly present in public debates (Wallaschek et al., 2020). It resonated in party manifestos (Thijssen & Verheyen, 2020) and parliamentary debates (Hobbach, 2019; Closa & Maatsch, 2014) as well as in offline and online media debates (Brändle et al., 2019; Trenz et al., 2020) and thereby demonstrated that public claims on solidarity may refer to any kind of crisis.

The growing interest in solidarity has also spurred a debate on the conceptualization of solidarity. Concepts of solidarity are predominantly centred either on structures and institutions or on actions and behaviour (Lahusen, 2020; Stjernø, 2009). The former focuses on institutional settings and uses the welfare state as an example of a solidarity structure which is reciprocal, collective, and relocates goods and resources to people in need. It has predefined boundaries which are mostly defined in a national-territorial manner and are based on group membership (of national citizens) (Ferrera, 2006; Börner, 2013). An institutional understanding of solidarity may also include providing economic assistance and financial aid to other countries or companies, as we have previously seen in the eurozone crisis (Gerhards et al., 2020). Hence, we follow Stjernø in his definition of solidarity as the "preparedness to share resources with others by personal contribution to those in struggle or need and through taxation and redistribution organized by the state" (Stjernø, [2005] 2009, 2). This type of solidarity is called "institutionalized solidarity" (Gelissen, 2000).

A second type of solidarity refers to specific actions and shared values that convey mutual support or common beliefs. It locates solidarity not so much in structural arrangements but rather in individual or collective behaviour and perceptions regarding certain issues or social groups (Lahusen & Grasso, 2018; Sangiovanni, 2015). As Lahusen (2020, 10) has recently stated in this regard: "Solidarity is understood here as dispositions and practices of mutual help or support, be that by personal contributions or by the active support of activities of others, tied to informal and/or institutionalised groups". We call this type of solidarity 'action-oriented solidarity'.

We use the two concepts to study the political communication by the heads of government in Ireland and New Zealand. Thus, we can assess which type of solidarity is used more often, how it is used, and whether this changes during the pandemic. We expect that the political orientation of actors shapes the framing of solidarity. Furthermore, we expect that it not only influences the degree to which crisis communication refers to solidarity and in what way, but also the emphasis on certain thematic fields. Additionally, we expect that the COVID-19 crisis shapes the scope of solidarity claims.

Regarding the *first expectation*, scholars have demonstrated that a leftist political leaning favours a solidary attitude toward immigration or Europe (Ciornei & Recchi, 2017; Mau & Burkhardt, 2009). On the party level, prior studies show mixed results on whether party ideology shapes the framing of solidarity (Closa & Maatsch, 2014). In an historical and seminal study, Stjernø (2009) points out that the ideological and historical foundations of the conservative and Christian democratic parties lie in Catholic social teaching and religious ideas of charity and altruism. Conversely, the social-democratic parties tend to derive their understanding of solidarity from the emergence of the labour movement in the 19th century as well as Marxist ideas about class structure and the basic conflict between labour

and capital. However, traditional fault lines have shifted due to contextual changes such as economic globalization, changing social structures, or the rise of new parties. Thijssen and Verheyen (2020) show that these structural transformations have led to the emergence of the new social and political fault line of solidarity which structures the political programme of all parties. Solidarity is thus no longer expressed exclusively by actors to the left of the political spectrum, but in various forms by all other party groupings as well.

In line with this argumentation, studies show that conservative parties, and in particular the German parties CDU and CSU, significantly shaped the solidarity discourse in the eurozone crisis and European migration crisis (Wallaschek, 2020a). Conversely, Hobbach (2019) demonstrates that the German and French solidarity discourses in the national parliament during the eurozone crisis follow a left-right positioning, with parties on the left making more statements on European solidarity than right-wing parties. Interestingly, according to Hobbach (2019), French parties on the right made more solidarity statements than German parties on the left during the eurozone crisis. National political cultures thus seem to influence the use of solidarity in political-discursive language.

Against this background, it is not possible to formulate an expectation about the frequency of use of solidarity statements based on the party's positioning on the left-right spectrum. Various studies have demonstrated that not only left-wing parties, but also more conservative parties, make frequent use of solidarity references during crises. Nor is it possible to make a similar distinction based on political culture, as the political culture is similar in the two cases of Ireland and New Zealand. Yet, we can examine how the political orientation of the heads of government shapes the *framing* of solidarity during the COVID-19 crisis. We expect to find a similar number of statements on solidarity in both countries. Nonetheless, regarding the specific framing, we expect to see that, due to the historical legacy of the labour movement, the support of the welfare state, and a more state-centric political programme of leftist political actors, Ardern claims more institutionalized solidarity in her public statements than Varadkar. In contrast, we expect the conservative politician Varadkar to argue for 'action-oriented solidarity' to a greater extent than Ardern, by locating solidarity in individual behaviour and private contexts rather than in state-centred arrangements.

Directly linked to the first expectation, our *second expectation* relates to the relative importance of policy fields addressed by governmental crisis communication in the two countries and the framing of solidarity within each individual policy field. Partisan politics theory is a good starting point for this endeavour. The left-right criterion is still one of the most important criteria to differentiate between parties. Dalton, Farrell, and McAllister (2011) show that voters in democracies still attach vital importance to the left-right dimension in choosing parties that match their personal positions. The authors also demonstrate that political parties largely abide by their electoral promises once in government. Differences based on the location on the left-right spectrum are particularly evident in the context of social spending. Their conclusion is in line with findings of earlier studies on the partisan effects on distributive spending (Hibbs, 1977).

Two caveats apply: Firstly, the suggested prominence of the left-right dimension does not imply that other criteria are irrelevant for the organization of the political space. It has been repeatedly demonstrated that multiple dimensions beyond the left-right cleavage are at play (Bakker et al, 2015; Stecker & Tausendpfund, 2016). Moreover, a comparison across countries and over time discloses additional shortcomings of a simple left-right differentiation. Existing research shows that the national context as well as the moment in time influence the specific meaning of left and right (Blais et al, 2020; de Vries et al, 2013). Secondly, social spending—and attitudes towards it—is not only a function of partisan politics but might be influenced by additional factors. Numerous studies have highlighted

shortcomings of the traditional partisan politics approach with its inherent focus on the ideological family. Instead, they put the spotlight on the role of electoral constituencies, institutions (for example, the electoral system), and the linkages between parties and electorates for the party's position on welfare issues (Häusermann et al, 2013).

A global crisis such as the COVID-19 pandemic may alter political preferences, including those on welfare spending. The crisis urged governments around the world to present prompt and adequate solutions in various fields affected by the crisis. Cleavage theory (Lipset & Rokkan, 1967) may help us understand party positions as well as their implementtation in the face of a crisis. The literature suggests that political parties' positions remain relatively stable over time. Although they try to adapt their positions to voters' preferences, research reveals their positional room for manoeuvre to be limited because of internal selection mechanisms in terms of personnel and topics (Dalton & McAllister, 2015; Hooghe & Marks, 2018). Cleavage theory adds that, even against the background of a major external shock, extant political parties tend to adhere to their traditional positions (Hooghe & Marks, 2018, 119). With the example of the transnational cleavage, the authors show not only how changes to international trade and migration—culminating in Europe in the eurozone crisis and the migration crisis—led to the emergence of a new cleavage, but also how national political systems reacted to it. Instead of established political parties shifting their positions to accommodate concerns about European integration and immigration, they clung to their traditional positioning. Changes to the party systems, on the other hand, stemmed from the rise of new political parties within the political arena.

With that in mind, and with respect to our study, we do not expect partisan politics to determine the relative importance of individual policy fields in the public communication of Ardern and Varadkar. However, we predict that it shapes how the policy fields are framed. Following expectation one, we envisage a tendency to frame solidarity as 'action-oriented solidarity' by the conservative politician Varadkar and a tendency to frame solidarity as 'institutionalized solidarity' by the Labour party politician Ardern to become most manifest in the policy fields that convey the differences between left-wing and right-wing political parties: 'economy' and 'public health'. However, we expect the differences to be relatively small, as additional factors beyond partisan politics may equally impact the prime ministers' political positions.

Our *third expectation* revolves around the scope of solidarity claims. The literature suggests that crisis contexts are not always favourable to attitudes towards cooperative and solidary behaviour beyond the nation state. While successive crises have accompanied the European project since its early beginnings without seriously impeding further integration (Cross, 2017), Kriesi and Grande (2015) observe indications for a "renaissance of nationalism" in the political debate around the eurozone crisis. Similarly, Polyakova and Fligstein (2016) demonstrate how the financial crisis 2007-2009 affected European citizens' sense of belonging. Against the background of the failure to find collective political solutions at the EU level that would mitigate the deteriorating economic effects across the EU, the authors find that Europeans reverted to national identities. This finding is particularly strong in EU member states that were worst hit by the economic recession, including the Baltic States, Great Britain, Italy, Ireland, France, and Greece.

A similar tendency can be observed when considering early reflections of nationalism scholars on the impact of the COVID-19 pandemic on the role of the nation state and international cooperation around six months into the pandemic (Woods et al., 2020). They highlight the temporal coincidence of the COVID-19 pandemic with a more general nationalist resurgence around the globe, reinforced by ethnic and populist dimensions. As a result of the pandemic, they expect the influence of transnational institutions to decrease—as exemplified by the US's temporary withdrawal from the World Health Organization (WHO)—

and the "securitization of health" to increase (Woods et al., 2020, 815)—as evidenced in the competition over medical supplies in Europe and the Americas (Woods et al., 2020, 821). At the same time, scholars highlight the compatibility of a strengthened nation state with strong international cooperation. Accordingly, in the past it was often at the initiative of states that international institutions were founded or further developed (Woods et al., 2020, 822).

Additionally, previous studies on solidarity demonstrate that geographical scope is a crucial category for understanding which social groups and territorial entities actors refer to in their political actions as well as in their public communication (Gerhards et al., 2020; Lahusen, 2020; Wallaschek, 2020b). These studies evince that the national scope is still the main reference point for solidary actions. While citizens seem to prefer a national over a European solidarity scheme, scholars also observe that national and European solidarity are not mutually exclusive but can complement each other (Lahusen & Grasso, 2018; Gerhards et al., 2020; Ignácz & Langenkamp 2021, in this issue). Owing to the multi-layered nature of the concept of solidarity, we analyze the degree to which different scopes of solidarity figure in governmental crisis communication. Drawing on the former considerations, our third expectation is that both Ardern and Varadkar articulate predominantly national solidarity in their public communication. Regarding the European and/or international scope of solidarity, we expect that Ireland, due to its EU membership, tends towards an international cooperative framing more strongly than New Zealand which is not a member of any regional integration project of this kind.

3. Data and Methods

For analyzing governmental public communication during the COVID-19 pandemic, we have selected the cases of Ireland and New Zealand and the public communication by their heads of government, respectively Varadkar and Ardern, between February and June 2020. The selected period of investigation allows us to closely examine the first phase of the pandemic, including the first lockdown in both countries. In order to investigate the governmental crisis communication during the COVID-19 pandemic, our case selection was driven by a "paired comparison" (Tarrow, 2010) and the method of difference, dating back to John Stuart Mill's *System of Logic* (1843/2011). Following the most-similar-systems design, we have selected two cases that share multiple contextual economic, political, and cultural characteristics but differ with respect to one explanatory variable of interest (Seawright & Gerring, 2008).

Ireland and New Zealand are contextually similar. Both are small islands with almost the same size of population (approximately 4.8 to 4.9 million inhabitants). Both countries have open and prospering economies, with a high GDP (in the global comparison, Ireland is ranked 32nd and New Zealand is ranked 52nd) and have a comparable Gini coefficient (Ireland: 0.796; New Zealand: 0.672) which points to increased levels of inequality in both countries. They both have a proportional electoral system and are predominantly perceived as liberal countries and as countries in the "English speaking cultural zone" (Payne & McCashin, 2005; Hallin & Mancini, 2004; Inglehart, 2002). Regarding the COVID-19 pandemic, they also showed similar trajectories of sharp increases in the number of cases in March and a strong decrease in new cases and deaths after the introduction of severe lockdown measures. Until the end of June 2020, it seemed that both countries were able to contain the virus to avoid overburdening the health and economic sectors and could subsequently relax the lockdown measures and slowly restart economic, social, and cultural activities.

Ireland and New Zealand, however, differ with respect to the party ideology of the head of government. For the duration of the period under investigation, the Irish government

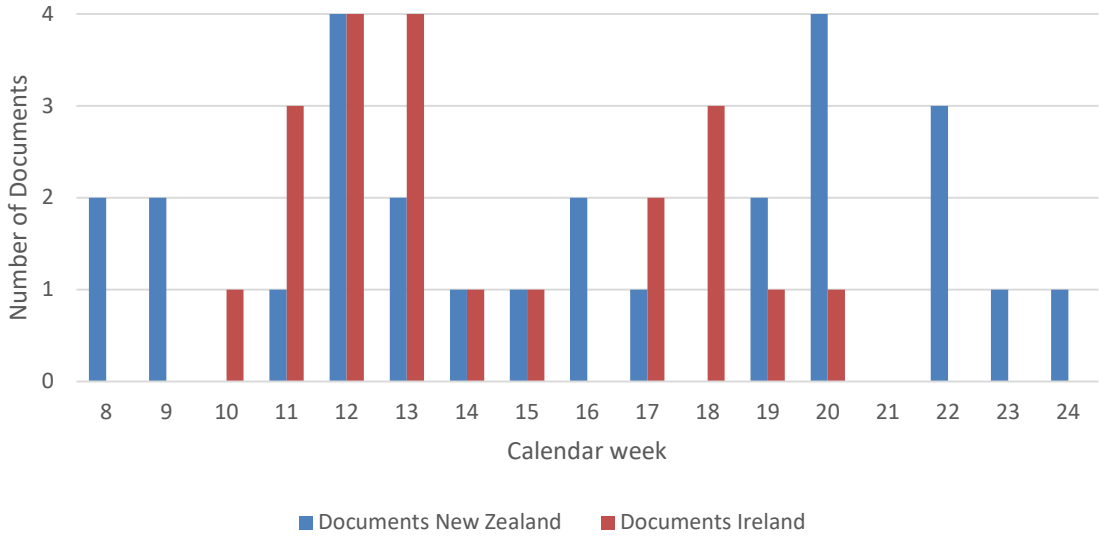
was led by the centre-right party, Fine Gael, and the prime minister Varadkar (in office from 2017 until end of June 2020), while New Zealand was governed by a Labour-led coalition (together with the Green Party and the nationalist party New Zealand First) with the prime minister Ardern (in office since 2017).

The corpus comprises all public speeches and press releases by Varadkar and Ardern that broached the issue of the COVID-19 pandemic between late February and June 2020. The items were identified by a search for the keyword 'COVID-19' on the official online portals of the government of Ireland (www.gov.ie and https://merrionstreet.ie) and New Zealand (https://www.beehive.govt.nz) respectively. We have limited our corpus in three ways: in terms of governmental actors, document type, and timespan covered. *Firstly*, the present analysis encompasses the public communication by the heads of governments of the two countries studied. While other government portfolios, especially health and, later, economy, also played a crucial role during the first phase of the pandemic, both heads of government, as in many other states across the globe, declared the management of the COVID-19 crisis a top priority for themselves. As both Varadkar and Ardern were in the spotlight during the first phase of the pandemic, we focus on their public communication. As prime ministers, they can set the country's political agenda and represent the government's position. Moreover, by speaking to the public, they legitimize the political actions and measures taken during the pandemic.

Secondly, as concerns the types of documents, the corpus includes official press releases and speeches at press conferences or other occasions that directly addressed the wider public. Speeches or statements made in parliament, by contrast, have been largely excluded from the corpus for the reason of audience. Two exceptions apply in the case of New Zealand: The Ministerial Statement on the State of Emergency of 25 March as well as the Prime Minister's Budget 2020 speech of 14 May were included in the corpus because of their general importance to the situation of country and, therefore, their visibility in the public arena.

Finally, with respect to the time covered, the corpus is limited to the so-called first wave of infections, covering all governmental communication from the start of the pandemic—that is, around the time when the first case of COVID-19 was registered in the country—up until the moment when the number of weekly new infections decreased to the extent that governments started to lift the severe lockdown measures that had been introduced earlier. The time period varies slightly for the two countries (see also Figures A1 and A2 in the appendix). Both Ireland and New Zealand witnessed their first official COVID-19 case in calendar week 9. In the case of Ireland, the first relevant document was issued on 6 March (week 10)—a press release providing guidance on mass gatherings, yet not prohibiting them. The final document to be included in the Irish sub-corpus is a press release issued on 15 May (week 20), which announced and specified the decision to move to Phase 1 of COVID-19 restrictions. With respect to New Zealand, the first document identified is dated 20 February (week 8), before the first case of COVID-19 was even registered in the country. The press release issued on the occasion of the Papua New Guinean Prime Minister's visit to New Zealand specifies the two countries' cooperation in their responses to the COVID-19 outbreak, in particular regarding the safe return of citizens. The final document included in the New Zealand sub-corpus is Ardern's speech on 8 June (week 24) when she announced that, after 17 days without any new cases of COVID-19 in the country, New Zealand would move to Alert Level 1 again. In total, the corpus comprises 48 documents (21 Ireland and 27 New Zealand) over a period of 16 weeks, of which 18 are speeches (6 Ireland and 12 New Zealand) and 30 are press releases (15 Ireland and 15 New Zealand), as shown in Figure 1.

Figure 1: Number of corpus documents per calendar week



Source: Own illustration.

We used the software Maxqda to apply a qualitative content analysis according to Mayring (2014) and combined content structuring coding through the assignment of deductive categories with theme analysis through inductive category formation (Mayring, 2014). We proceeded in three steps. Firstly, based on our solidarity conceptualization (see above), we differentiated between 'institutionalized solidarity', 'action-oriented solidarity', and 'non-solidarity issues'. For each category, we identified exemplary phrases in both corpora that guided our subsequent coding process. These contained the term solidarity for the first two categories. In a second step, we extended the coding to phrases that did not have the term solidarity in it but referred to understandings of mutual support by the state or by citizens, the redistribution of resources, and active engagement of individuals to help each other. By doing so, we were able to capture a broad spectrum of solidarity meanings that are covered by the concepts 'institutionalized solidarity' and 'action-oriented solidarity'. If none of the meanings or the term solidarity appeared in the selected text material, but still the text referred to the COVID-19 pandemic, we coded the phrase as 'non-solidarity issue'. We also established five scope categories to analyze the relative importance of various levels of governance in governmental crisis communication: global, neighbouring countries, European Union, national, and local. Through the allocation of a specific territorial level to each issue identified in the first step, we aimed at analyzing potential differences between the scopes of solidarity. In a final step, we developed additional categories inductively to analyze the texts more closely and identified the following policy fields in which both solidarity and non-solidarity issues occur: public health, economy, social/culture/sports, civil liberties, other. The appendix of this article includes the codebook which lists and explains the categories and sub-categories. In total, we coded 196 phrases in 21 documents in Ireland (9.3 coded phrases per document) and 275 phrases in 27 documents in New Zealand (10.2 coded phrases per document).

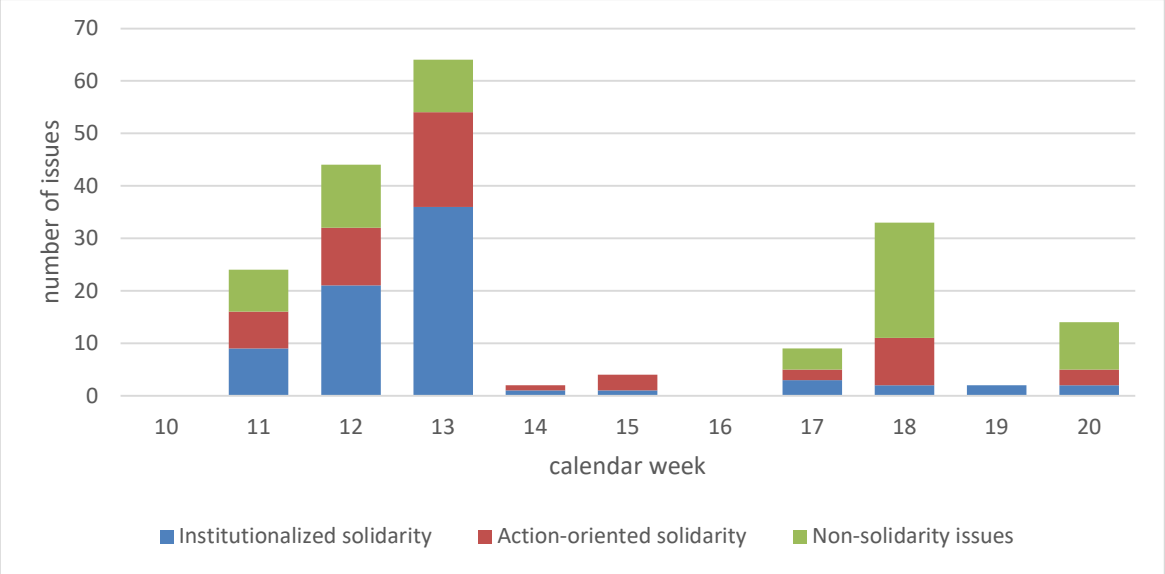
4. Results

The results of our qualitative content analysis are presented in four steps. First, we give an overview of the codes for both countries and describe temporal changes to contextualize our findings. Second, we discuss our findings on how political ideology affects the framing of solidarity. Third, we explore potential differences between policy fields. In the fourth and final step, we show the results for the scope of solidarity. We present quotes from the text material to underline our findings and interpret them in greater detail.

4.1 Overview of the cases

Ireland and New Zealand reacted slightly differently to the COVID-19 pandemic. While the New Zealand government addressed the virus before the country had its first case (week 8 in 2020), the Irish government issued its first statement after having detected the first COVID-19 case in Ireland (week 11 in 2020), as shown in Figure 2. After different beginnings, however, Ireland followed a similar but time-delayed trajectory to that of New Zealand, as the numbers of newly infected people sharply increased in the following weeks, hitting a peak in week 13 (New Zealand) and week 16 (Ireland), and swiftly declining thereafter (more sharply in New Zealand than in Ireland).

Figure 2: Number of issues in government communication in Ireland (per week)



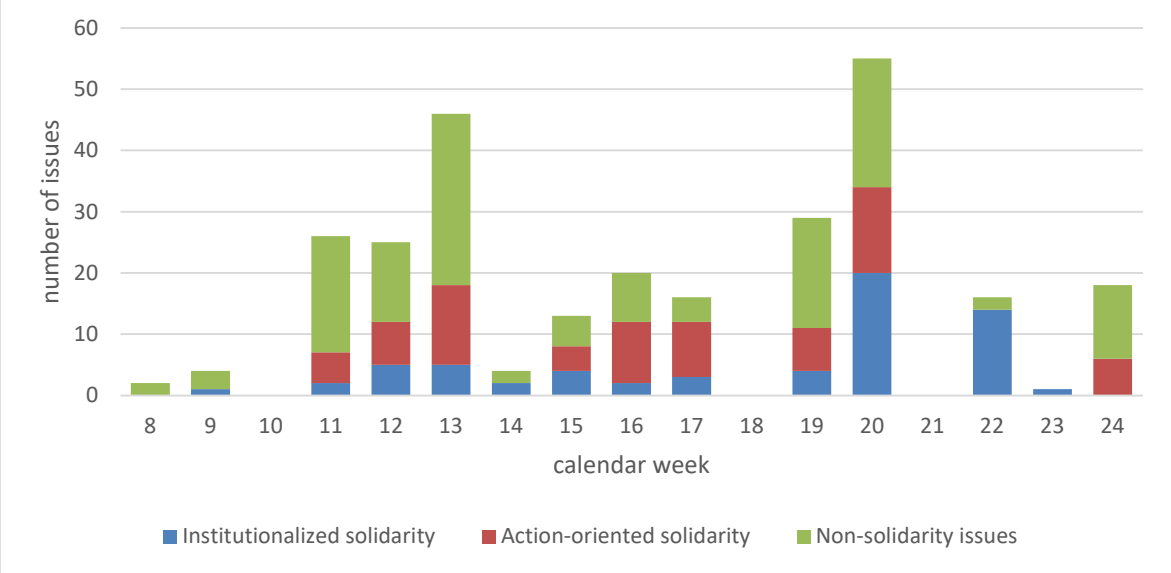
Source: Own illustration.
Note: N = 196 (institutionalized solidarity = 77; action-oriented solidarity = 54, non-solidarity issues = 65).

At the beginning of the COVID-19 crisis in Ireland, Varadkar highlighted the dangers and the severity of the pandemic for Irish politics and society. Hence, on 12 March (week 11), the Irish prime minister declared a national lockdown. In the subsequent two weeks, he explained and justified in various public speeches the measures that had been taken to this end—four out of six speeches took place in these three weeks (week 11 to 13). Simultaneously, the number of public references to solidarity increased. As of week 14, the number of coded issues sharply declined, particularly the share of issues that refer to solidarity. On 1 May (week 18), Varadkar declared the lockdown measures would be relaxed in a five-step process, starting on 18 May. His public speech on that day justified the governmental actions and explained the upcoming changes once again. Solidarity, however, only played a minor role in his communication at that point.

In comparison to Ireland, New Zealand shows a similar trend with respect to the relation between the number of newly infected people and the number of coded issues in governmental texts (Figure 3). Until week 13, both rose and then fell again until week 18. Ardern

announced the lockdown on 21 March (week 12) as well as a four-stage alert system to minimize the risk of a further virus outbreak. This underlines the government's awareness of the health crisis from the beginning of the pandemic. From the end of March (25 March, week 13) to the end of April (28 April, week 18), New Zealand was in a national lockdown. Even after the lockdown, Ardern regularly explained governmental actions to the public, indicated by the higher number of public speeches that she gave during this time (a total of 12 speeches). Even when the number of newly infected cases almost reached zero (week 20), the New Zealand prime minister continued to raise public awareness of the danger of the virus and publicly addressed its severity and potential consequences. In contrast to Ireland, Ardern did not refer to solidarity as regularly as her Irish counterpart Varadkar. Claims on non-solidarity issues often constituted a similar or even higher share of weekly statements than solidarity issues.

Figure 3: Number of issues in government communication in New Zealand (per week)



Source: Own illustration.
Note: N = 275 (institutionalized solidarity = 63; action-oriented solidarity = 75, non-solidarity issues = 137).

Following this short overview, we now present a more in-depth analysis of the public communication by Varadkar and Ardern. The section is guided by the first expectation on the relevance of party ideology for the framing of solidarity during the COVID-19 crisis.

4.2 The role of political orientation

We expected the same number of solidarity claims in both countries, yet differences with respect to the specific framing of solidarity: While Labour politician Ardern might refer more often to institutionalized solidarity than the conservative politician Varadkar, he might use action-oriented solidarity more often than Ardern.

In both countries, we see a high share of solidarity issues, demonstrating the relevance of solidarity claims during the pandemic. Ardern used understandings of solidarity 138 times in 27 documents while Varadkar referred to solidarity 131 times in 21 documents. Notably, however, the relative share is lower in the case of New Zealand than in Ireland (50% and 66.8%, respectively, of all coded issues referred to solidarity). To further differentiate the use of solidarity in governmental communication, we examine the presence of institutionalized and action-oriented solidarity in the text material. Overall, Ardern and Varadkar referred to action-oriented solidarity to the same extent (about 27% of all issues in both countries) while Varadkar used the notion of institutionalized solidarity considerably more frequently (about 39% of all issues in Ireland; about 23% in New Zealand).

As shown in Figure 2, Varadkar appealed to institutionalized solidarity in the unfolding of the pandemic in Ireland and stressed that the Irish government would do whatever it took to protect its citizens and initiated various measures to implement the national lockdown, support the economy, and minimize the impact on the labour market and health sector. Thus, most of Varadkar's claims referred to the economy and the public health sector that the Irish government (financially) supported from March 2020 onwards (see also section 4.3). As Varadkar stressed in his speech on 24 March:

> *"The government has today announced a National COVID-19 Income Support Scheme. This will provide financial support to Irish workers and companies affected by the crisis." (IRE_0324_CW13)*

> *"In recognition of the fact that so many fellow citizens have lost their jobs so suddenly, we are raising the COVID Unemployment Payment to €350 a week. This is approximately 75% of average earnings in the sectors most affected, and compares favourably to what is being done in other countries. The first payments will be made on Friday." (IRE_0324_CW13)*

The Irish politician highlighted the responsibility of the Irish state to support Irish workers and companies to overcome the crisis by setting up financial schemes. The latter can be interpreted as a sign of institutionalized solidarity. Financial schemes are crucial for managing the crisis as they offer support to those who are most strongly affected. Varadkar stressed this aspect throughout the timespan covered. He argued that if the Irish state did not support the Irish workers and the Irish economy during the pandemic, there would be severe and lasting economic consequences. Beyond the economic sector, Varadkar also announced various measures to support the health sector, cultural activities, and artists, as well as educational facilities, to deal with the crisis. Thus, he pointed out:

> *"All our resources are being deployed in this great national effort." (IRE_0324_CW13)*

The New Zealand prime minister also announced government schemes to combat the COVID-19 pandemic by financially supporting workers and companies as a form of institutionalized solidarity. Ardern highlighted the danger that the pandemic posed to the economy and the labour market:

> *"The Coalition is united in doing everything we can to support New Zealand workers and businesses." (NZ_0317_CW12)*

Additionally, Ardern linked the crisis to other areas, such as education or the climate crisis, to expand the significance of the crisis beyond its understanding as a public health crisis. She even depicted it as a window of opportunity to change politics. She stated:

> *"We went hard and early to fight COVID-19 and that success has opened up economic opportunities. Now, it's time to make the most of the head start New Zealand has with its economic recovery. This Budget shows how we are positioning New Zealand for that right now. It shows that we know this is not the time for business as usual, it's the time for a relentless focus on jobs, on training, on education, and the role they all can play to support our environment, and our people." (NZ_0514_CW20)*

Although institutionalized solidarity features most prominently in the governmental texts by the Irish politician, his public communication regularly referred to action-oriented solidarity as well: Varadkar appealed to Irish citizens to comply with the rules of conduct put in place to manage the further spread of the virus. Varadkar's communication suggested that a person's compliance with the COVID rules constituted solidarity with fellow citizens. He claimed that only if individuals supported each other, kept their distance, and helped those in danger or those who cannot live by themselves, could Ireland cope with the

pandemic. Institutionalized solidarity alone is not enough. Instead, Varadkar emphasized the social duty that people have to protect one another:

> *"Unfortunately we cannot stop this virus but working together we can slow it in its tracks and push it back. Our national objective must be to flatten the curve. We can succeed if everyone takes sustained action. Nothing less will do." (IRE_0326_CW13)*

Ardern equally empathically urged the 'Kiwis'—New Zealand inhabitants—to follow the health advice to help flatten the curve of newly infected people whilst still supporting each other in this unprecedented crisis. In this way, she emphasized the need for action-oriented solidarity. While she highlighted that the government could establish national schemes to help the economy and the people, Ardern also stressed that, to overcome this crisis, New Zealanders needed to actively show mutual support and translate it into practice through considerate behaviour.

> *"In the face of the greatest threat to human health we have seen in over a century, Kiwis have quietly and collectively implemented a nationwide wall of defence. You are breaking the chain of transmission. And you did it for each other. As a Government, we may have had pandemic notices. We may have had powers that come with being in a national emergency. But you held the greatest power of all. You made the decision that together, we could protect one other. And you have. You have saved lives." (NZ_0409_CW15)*

Interestingly, Varadkar and Ardern both used the expression, the 'new normal', indicating that the people must get used to certain precautions, such as physical distancing or limited social gatherings. The severe health crisis would render this situation unavoidable for the time being and the near future. Yet, both heads of government also highlighted the citizens' possibility to shape this 'new normal'. Accordingly, the crisis could be understood as a chance to change or adapt personal behaviour. In doing so, Ardern and Varadkar linked this 'new normal' to coping with the crisis in the long run.

> Ardern: "*But there does have to be a new normal. And that normal means that we will be breaking out of our bubbles, we will be around more people. But we can do that, and get more activity going, if we balance that with keeping our distance, and keeping our social gatherings small for now. […] That's why we are asking you all to be incredibly careful as we get back to a new safer normal. None of us can assume COVID isn't with us." (NZ_0511_CW20)*

> Varadkar: "*It will take some time for our lives to get back to normal. To a new normal. But it will happen." (IRE_0501_CW18)*

In conclusion, our initial expectation that Ardern refers more to institutionalized solidarity while Varadkar uses the notion of actor-oriented solidarity is not supported. Both prime ministers appealed to action-oriented solidarity in a similar way and stressed that people's behaviour and mutual support for each other make a difference in the COVID-19 pandemic. Regarding institutionalized solidarity, Ardern and Varadkar both highlighted that the government would take whatever action is necessary to combat the crisis and minimize the impact on the economy and labour market by setting up national support schemes. Hence, the public communication of both prime ministers hardly differed in this respect. This seems to support the idea that, notwithstanding divergent political orientations, governmental communication works similarly in the event of crises for which no one was directly responsible. Due to the specific crisis constellation for which no one can be blamed, solidarity is not linked to any conditions or requirements that should be fulfilled beforehand. Solidarity is predominantly framed as a solution to a crisis and as such takes

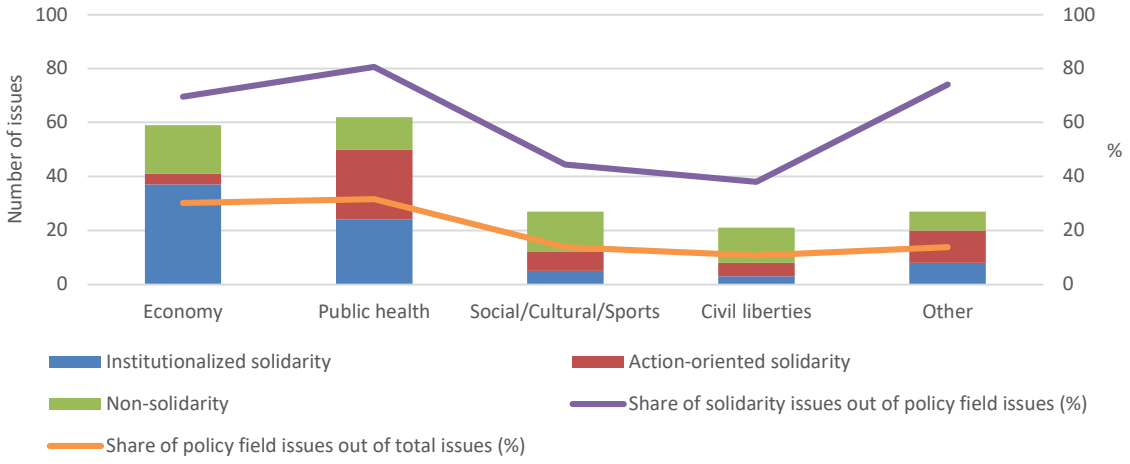
whatever is necessary to reduce the negative effects of the pandemic on the society and economy.

4.3 Differences between policy fields

Here, we examine the various policy fields that Varadkar and Ardern addressed and compare the relative importance of each policy field, as well as its framing in solidarity and non-solidarity terms, between Ireland and New Zealand. We expected no difference in the distribution of issues in the various policy fields, yet envisaged that the tendency toward more action-oriented solidarity framing by a conservative politician and the tendency toward more institutionalized solidarity framing by a Labour party politician would become most manifest in the fields of economy and public health.

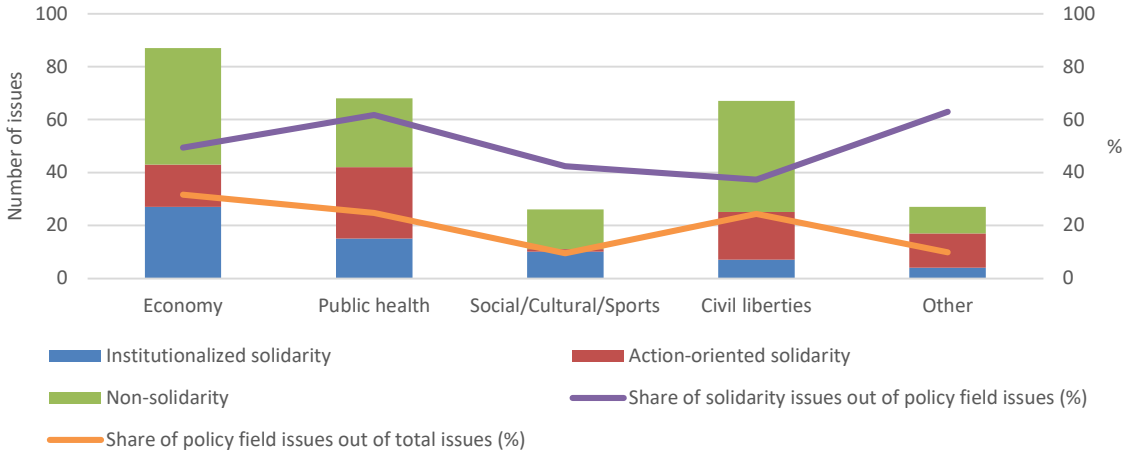
With respect to the overall distribution of policy fields (Figures 4 and 5), we can observe that 'economy' and 'public health' constitute important policy fields in the communication of both prime ministers with at least a quarter of the total number of issues accorded to each field in both countries. By contrast, 'culture/social/sports' plays only a minor role, with 13.8% of the issues in Ireland and 9.5% of the issues in New Zealand. Differences exist with respect to the field 'civil liberties', which also includes mobility aspects. While in Ireland only around one in ten issues (10.7%) pertain to this policy field, the share is more than twice the size in New Zealand (24.4%).

Figure 4: Distribution of issues per policy field in Ireland



Source: Own illustration.

Figure 5: Distribution of issues per policy field in New Zealand



Source: Own illustration.

When taking a closer look at the individual policy fields, and given the nature of the crisis, the salience of public health issues in the communication of the two prime ministers comes as no surprise. Moreover, as compared to New Zealand, 'public health' was framed more frequently in terms of solidarity in the governmental crisis communication in Ireland. Around four fifths (80.6%) of all 'public health' issues in Ireland were framed as a solidarity issue as opposed to around three fifths (61.8%) of the public health related issues in New Zealand. The difference between the two countries also has to do with Ardern's sometimes detailed description of the (health-related) policy measures, especially when she announced changes to the national alert level.

Nonetheless, 'public health' is characterized by numerous references to action-oriented solidarity in both countries. In fact, it constitutes the policy field with the highest share of action-oriented solidarity issues in Ireland (41.9% of total issues within policy field) and in New Zealand (39.7% of total issues within policy field). Both prime ministers frequently referred to the citizens' responsibility toward one another:

> Ardern*: "In short, if you have a sniffle, or a sore throat, or a cough—get advice and get a test. Quickly. Please don't be a stoic Kiwi. If you do your bit, we all must keep doing ours."* (NZ_0511_CW20)

> Varadkar: "*We all need to stay physically active, stay connected with friends and family, and look after our mental health. […] We're in this together and we will come out of it together too. So let's set ourselves the target to do something each day to make us feel a little healthier and a little happier."* (IRE_0424_CW17)

Moreover, in New Zealand, the government's efforts in the field of public health were regularly accompanied by a war-like rhetoric vis-à-vis the virus: For example, Ardern spoke about the "explosion of COVID-19" (NZ_0420_CW17) and the need to "eliminate the virus" (NZ_0416_CW16) or to "stamp it out" (NZ_0314_CW11) in order to keep New Zealanders safe. Action-oriented solidarity is central in this context, too: When Ardern announced the relaxation of restrictions from alert level 3 to level 2 on 11 May she reflected upon the collective efforts that had led the way:

> *"Determined that this was a war we could eventually win, but only if we acted together. So we formed a team, and as a team we created a wall of protection for one another."* (NZ_0511_CW20)

To some extent, we also find this kind of martial language in Varadkar's statements on health issues, for example when he highlighted the need to "defeat [the] global threat" (IRE_0504_CW19).

Secondly, statements in the policy field of "economy" account for almost one third of the total number of issues in either country (31.6% in New Zealand; 30.1% in Ireland). The public communication of both prime ministers evinces the vital importance of this policy field in the context of the COVID-19 crisis. Both prime ministers openly communicated their awareness of the consequences of health-related lockdown measures on businesses and employment early on. They warned the public about hard times in the period ahead, stressing the "significant" (Ardern, NZ_0319_CW12), "sudden and […] enormous" (Varadkar, IRE_0324_CW13) impact on the economy. These warnings were usually followed by the intention to mitigate adverse economic effects as far as possible. Additionally, Ardern justified short-term adverse economic effects with their necessity for economic viability in the long run. She directly connected public health related measures to measures in the field of the economy and highlighted this already back in March:

> *"Ultimately though, the best protection for the economy is containing the virus. A widespread outbreak will hurt our economy far more in the long run than short term measures to prevent a mass outbreak occurring."* (NZ_0314_CW11)

Ardern affirmed her position two months later, stating that "[the] best economic response to the virus was always a strong health response" (NZ_0513_CW20).

As the crisis continued, statements of intention to bolster the economic effects of the crisis were followed by the announcement of concrete governmental support measures in both countries. Moreover, the narrative of damage reduction was supplemented by plans of economic recovery. Although we can make this observation in both the Irish case and the New Zealand case, there are differences with respect to the framing of economic issues. Whereas in Ireland, more than two thirds of all economy-related issues (69.5%) were framed as a solidarity issue, this was the case for about half of the economy issues in the New Zealand case (49.4%). In particular, the Irish case is characterized by references to institutionalized solidarity in this policy field: 'economy' does not only constitute the policy field with the highest share of institutionalized solidarity issues (62.7% of total issues in this policy field); it also represents a very small share of action-related solidarity issues (6.8%). Varadkar's speeches on the introduction of subsidy schemes for various groups that were worst hit by the crisis, are exemplary of this trend. In this context, the Irish prime minister regularly referred to the responsibility of society, illustrated by the following statement:

> *"Everyone in our society must show solidarity in this time of national sacrifice. For those who have lost their jobs and had their incomes reduced temporarily… there must be help and understanding from those who can give it… particularly the banks… government bodies and utilities."* (IRE_0317_CW12)

The New Zealand case is different: the share of institutionalized solidarity issues within the economic policy field is much lower (31%) than in the Irish case. At the same time, Ardern also regularly deployed an action-oriented framing of economic issues (18.4% of total issues in this policy field). Interestingly, this is not only the case when she referred to the individuals' and businesses' contribution in the national economic recovery, for example by encouraging people "to buy, play and experience New Zealand-made to get our country moving again" (NZ_0608_CW24). It is also the case when Ardern introduced government support measures—which are usually prime examples of institutionalized solidarity. She regularly framed government measures as action-oriented solidarity, as exemplified by the following statement made at the announcement of the new annual budget:

> *"In fact, that is what the Budget is called, 'Rebuilding together'. At its heart it is the simple idea that our team of 5 million has united to beat the virus, now together we can also unite to rebuild our economy."* (NZ_0511_CW20)

Thirdly, as mentioned above, the policy field of 'civil liberties' is considerably more relevant for the New Zealand case than for the Irish case (10.7% of the total issues in Ireland and 24.4% of the total issues in New Zealand). Issues relating to 'civil liberties' were present in Ardern's public communication throughout the first phase of the pandemic as she repeatedly referred to aspects concerning citizens' ability to move freely in the public sphere. Border-related policy, including the arrival of tourists and the return of New Zealanders, also accounts for a considerable share within this policy field. The border constituted a significant element of the New Zealand crisis strategy: The country closed its borders to everyone except for New Zealanders three weeks after the first case was confirmed. Furthermore, the prime minister continued to refer to the importance of border measures throughout the first phase of the pandemic, as represented by the following statement:

> *"[O]ur border remains our first line of defence as we aim not to import the virus."* (NZ_0608_CW24)

Although travel restrictions and border controls at ports, airports, and land border crossing points with Northern Ireland occasionally figure in Varadkar's public communication, too, we do not find the same relevance attached to the border in the Irish crisis strategy. Instead, the majority of his statements in this policy field refer to (the reduction of) social interactions.

It is striking that the policy field 'civil liberties' was widely framed as a non-solidarity issue in both countries. The combined share of institutionalized solidarity and action-oriented solidarity issues accounts for less than 40% in both countries: the lowest share of all policy fields. Admittedly, both prime ministers expressed their sympathy for citizens having to bear measures that severely restricted their personal freedom. For example, Ardern acknowledged that she could "understand that self-isolation [was] a daunting prospect" (NZ_0323_CW13) and that she did "not underestimate the gravity of what [was] being asked of [New Zealanders]" (NZ_0325_CW13). Similarly, Varadkar noted that "some of this [was] coming as a real shock" (IRE_0312_CW11). Both prime ministers alluded to the individuals' solidarity at times. Yet, in the majority of cases these measures were presented as obligations individuals were simply supposed to fulfill. This observation is surprising, not least because 'civil liberties' measures affected every individual equally.

One reason may relate to the type of measures applied in the respective policy field. In comparison to the fields of 'public health' and 'economy', measures relating to 'civil liberties' have a lower threshold and do not require extensive financial resources from the public and private sectors. The two prime ministers might have felt that in particular public expenditures required the solidarity of taxpayers and, therefore, might have felt less compelled to allude to solidarity when introducing (inexpensive) restrictions to civil liberties. Additionally, restrictions to individual mobility and social interactions interfere with individuals' fundamental rights and private life and need to be justified by law. These restrictions might be perceived as unpopular sacrifices by the citizens. Therefore, the two prime ministers might have felt the need to refer to instrumental arguments that emphasized the severity of the pandemic for public and personal health as well as the sheer necessity to avoid personal contacts as a result of it. Appeals to solidarity by both prime ministers might thus be understood as more suitable regarding the economy and public health.

In summary, apart from 'civil liberties', the policy fields are distributed fairly similarly in the two countries. 'Economy' and 'public health' were highly important in the crisis communication of the heads of government of Ireland and New Zealand, while 'social/culture/sports' were referred to less frequently. In terms of relative numbers, the two countries differ most with respect to the importance of 'civil liberties': the share of issues is more than twice as high in New Zealand than in Ireland. When comparing the different policy fields in terms of how they were framed, the two cases also demonstrate similar tendencies: the share of solidarity issues is highest in the policy fields 'economy', 'public health' (and 'other') and lowest in the policy fields 'social/culture/sports' and 'civil liberties'. However, unlike our expectation, the data do not provide any major indication for Labour politician Ardern using more institutionalized solidarity or for the conservative politician Varadkar using more action-oriented solidarity, especially in the fields of 'public health' and 'economy'. Instead, action-oriented solidarity plays an important role in the communication of both prime ministers in the field of 'public health'. As concerns the field of 'economy', institutionalized solidarity is predominantly present in the Irish case: while it constitutes the policy field with the highest share of institutionalized solidarity issues in Ireland, the share is only half the size in New Zealand (62.7% v. 31.0% of total issues in this

policy field). Therefore, expectation three is only partially met by our data. This may constitute yet another indication that factors other than partisan politics impact a prime minister's policy preferences as well as her communication about those preferences.

4.4 National and international solidarity

The fourth and final step considers the relevance of the scope of solidarity. We expected that national solidarity would figure more prominently in public communication by both Ardern and Varadkar than the European and/or international scope of solidarity. Yet, due to its EU membership, we expected that this level would play a more important role in Ireland than it would in New Zealand.

Overall, it is not possible to discern any quantitative differences between Ireland and New Zealand with respect to the geographical scope of the government's crisis communication. In both cases, national issues largely dominated the public communication by the heads of government. Of the total number of issues brought up, 88.4% in New Zealand and 88.8% in Ireland were aimed at the domestic level. Conversely, in both countries the heads of government directed their statements at a level beyond the national in only around one in ten cases. Small variations between the two cases can be observed with respect to the relative importance of the individual geographical levels (see Figure A3 in the appendix) as well as their distribution in time during the period of analysis. Notwithstanding the general trend, international cooperation in times of crisis was valued in the public communication of both heads of states. We can find examples of this kind in both countries:

> Ardern: *"Working collectively is paramount. We recognise the importance of multilateralism as essential for global post-COVID-19 recovery, for peacebuilding and prosperity, and for addressing other critical global issues, such as climate change."* (NZ_0527_CW22)

> Varadkar: *"The only way we can defeat a global threat is by working together on a multilateral basis. Ireland and the European Union are committed to doing exactly that."* (IRE_0504_CW19)

The European Union only played a minor role in Varadkar's crisis communication. In particular, the press release following the European Council meeting on COVID-19 of 17 March included several issues that indicated cooperation among EU member states in various fields: medical supply, the mitigation of economic disturbances caused by the crisis, the management of external borders, or the evacuation of EU citizens from destinations outside the EU. They were mostly framed as issues of institutional solidarity, as exemplified by the following section:

> *"They [the heads of states of EU member states] agreed that in all matters they would do whatever it takes to protect citizens in the face of an unprecedented crisis, and that they would continue work together on this."* (IRE_0317_CW12)

What seems to be more important in the Irish case are references to Northern Ireland. Several statements underlined the "all-island dimension to the crisis" (IRE_0316_12) and the related need for coordinated action. Whereas this was mostly framed as a non-solidarity issue, by simply referring to the individual field cooperation (public health, border management, economy), in one instance Varadkar also signalled institutional solidarity by stating:

> *"The protection of the lives and welfare of everyone on the island is paramount, and no effort will be spared in that regard."* (IRE_0314_CW11).

Consequently, the data confirms our expectation about the national focus in the public crisis communication; yet it does not demonstrate a tendency toward more international/European solidarity in the Irish case.

5. Conclusion

When the present text was written, much of the world remained preoccupied with the struggle against the repercussions of the global COVID-19 pandemic. With the number of new cases sharply increasing in the autumn of 2020, many governments found themselves forced to reintroduce severe lockdown measures (or lockdown-like measures for that matter) to curtail the further spread of the virus. State and governmental actors across the world needed to communicate to their citizenry again the rationale for the reintroduction of severe restrictions to public life.

We have analyzed the governmental communication during the first wave of the COVID-19 pandemic, more specifically by the (then) heads of government of Ireland and New Zealand, Varadkar and Ardern. The two island states constituted an interesting pair as they shared numerous contextual economic, political, and socio-cultural factors and experienced a similar COVID-19 trajectory during the first months of the year 2020. Building on prior research, we investigated the use of two types of solidarity (institutionalized and action-oriented solidarity), including the scope of solidarity and the policy fields addressed in the communication by Ardern and Varadkar.

Based on a qualitative content analysis, we presented three main findings. First, government communication regarding solidarity hardly differs between the two countries. Despite differences in the political orientation of the national leaders, the claim for solidarity was present in both contexts. Both stressed that people's behaviour and mutual support make a difference in the COVID-19 pandemic. Moreover, Ardern and Varadkar highlighted the full commitment of their respective governments toward minimizing negative repercussions of the crisis on the economy and the labour market. The public communication was less concerned with shifting the blame for the crisis to a specific social group or actor and more focused on dealing with the crisis and overcoming the pandemic. This is a stark contrast to previous crises (such as the eurozone crisis or migration crisis in Europe) and might explain why solidarity claims have been so widely shared. Appeals to mutual support and reassuring public statements that the crisis can be overcome by the head of government aim to demonstrate responsible actions by, and increase the trust in, the national government. Another explanation might be the selected time period, since we looked at the beginning of the crisis. As previous research has shown (Closa & Maatsch, 2014; Brändle et al., 2019; Wallaschek, 2020b), when directly facing a moment of crisis, the appeal to solidarity becomes prominent. In as serious a situation as the COVID-19 crisis, partisan differences seem to be supplanted by other, more pressing considerations: the key priority is to overcome the crisis quickly and decisively. Therefore, government communication focuses on financial support for the economy, the protection of the people, and the application of rules of conduct. In that sense, public appeals to solidarity in the first months of the crisis can be understood as coping mechanisms for dealing with the severity of the pandemic and the insecurity created for political actors as well as ordinary citizens who are uncertain how to act/behave in such an unprecedented time.

Secondly, regarding the policy fields, we show that 'economy' and 'public health' are highly important in the crisis communication of the heads of government of Ireland and New Zealand. The two fields are also predominantly framed as solidarity issues by the two prime ministers. While it is possible to observe a tendency toward institutionalized solidarity in the economic field and action-oriented solidarity in the field of public health, we cannot note any major differences based on partisan politics. The main reason for this difference

might be the two varying foci: Solidarity in the economic policy field is mainly adopted to provide state-led schemes and financial assistance to companies and employees to minimize the impact of the crisis on the national economy and the labour market. In that sense, institutionalized solidarity is a rather *top-down perspective* from the national government to the economy and citizens, and the government shows its capabilities in hard times by setting up various support schemes. On the other hand, action-oriented solidarity in the public health field rests on the moral demand from the heads of government that people follow the new rules of conduct. Accordingly, action-oriented solidarity might be understood as a *bottom-up action* in the pandemic. The threshold to governments in democracies to physically enforce social distancing and reduce social mobility is high and therefore Varadkar and Ardern regularly refer to action-oriented solidarity in their public speeches highlighting the relevance and necessity of these new rules of conduct in pandemic times. Thirdly, the strong presence of the national solidarity scope shows that the COVID-19 crisis itself, as well as the political measures to contain it, were mainly perceived as a domestic issue in both countries. When either prime minister proclaims solidarity, in most of the cases he or she refers to either the national economy or the national population. While this is not necessarily a sign of the 'renaissance of nationalism' in hard times, it still demonstrates that the political priority of solidarity claims is the domestic context. Despite the fact that the pandemic is also a transnational phenomenon, much as the eurozone crisis or Europe's migration crisis were, framing the crisis in general and solidarity in particular in more global terms did not seem to matter. The heads of government seemed to be more concerned with their constituency (voters in Ireland and New Zealand) and domestic issues than with addressing the pandemic on an international level.

Both cases clearly demonstrate that the COVID-19 pandemic is not only seen as a health crisis but is strongly linked to economic issues and the question of how institutional and action-oriented solidarity can help to overcome the crisis. In the case of Ireland, one reason for this strategy might be that the country experienced one of the worst economic and financial recessions including a bailout and a strict austerity programme during the eurozone crisis. Ardern might also have had the voters in mind when communicating during the pandemic since, at the start of the crisis, the New Zealand general elections were in sight. The results of the elections demonstrated that Ardern's communication strategy was successful: Labour increased their share of the vote by more than 12% and now occupy the majority of seats in parliament.

Our study has some limitations. The time period is rather short and only includes the first phase of the global pandemic. Thus, future studies can build upon our analysis and might reveal discursive changes or continuities at a later stage of the COVID-19 crisis. Moreover, our study could also be extended to other countries to get a better understanding of government communication across different contexts and of how other governments frame solidarity in times of crisis. By looking at two small island states—a European and a non-European country—with similar political liberal cultures, we can demonstrate that solidarity also resonates beyond Europe and receives similar public attention as was observed in previous crises, such as the eurozone crisis or the European migration crisis (Wallaschek, 2020a). Hence, our study also offers a closer examination of solidarity during the COVID-19 pandemic and helps to broaden the geographical focus in the study of solidarity.

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European solidarity patterns during a pandemic

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In recent years, a variety of crises have made European solidarity a salient topic. Amidst the COVID-19 pandemic, European solidarity yet again came to the fore in spring 2020. The pandemic has burdened European citizens financially, socially and physically; likewise, EU member states have struggled under the economic and social pressure. Consequently, European solidarity will likely be affected by the pandemic as well. This paper uses a primary dataset collected in Germany between 27 March and 26 April 2020 to investigate individual willingness to extend solidarity transnationally. Overall, the paper contributes to the literature in three important respects. First, it introduces new attitudinal questions about supporting Europeans suffering from the novel coronavirus and about European healthcare institutions struggling to care for COVID-19 patients. Second, the study uses confirmatory factor analysis to investigate how attitudinal questions about support for European citizens and healthcare institutions under the COVID-19 pandemic relate to other forms of European solidarity. Finally, the study provides new insights into the underlying structure related to European solidarity and extends our overall understanding of what European solidarity entails.

Keywords: European solidarity, COVID-19, generalized attitudes

1. Introduction

In spring 2020, the COVID-19 pandemic reached Europe. Since then, European societies have found it difficult to handle the resulting crisis: the pandemic has strained European healthcare systems and propelled economic downturns (Coibion et al., 2020; Khurshid & Khan, 2020; Saunders, 2020). Some initial studies have consequently shown growing levels of cultural and educational inequality (Jæger & Blaabæk, 2020). Likewise, the aftermath has left Europeans in vulnerable labour market positions and led to hardships of various kinds: economic (Bauer & Weber, 2020), social (Kreyenfeld et al., 2020; Möhring et al., 2020; Sibley et al., 2020; Wachtler et al., 2020), and psychological (Czymara et al., 2020; Pfefferbaum & North, 2020).

Yet, despite the rapidly accumulating number of studies investigating the pandemic's impact on society, little is known about how it has affected attitudes towards European (institutionalized) solidarity (for a recent assessment of informal solidarity, see Voicu et al., 2020). Nevertheless, there are good reasons for connecting the issues of European solidarity and the pandemic and seeking to understand their relationship. For one thing, both are phenomena affecting transnational societies. Moreover, learning about attitudes

towards European solidarity is important both at a practical and theoretical level. In such trying times, are Europeans ready to extend their support beyond their national borders? Political responses to the COVID-19 pandemic were initially nationally oriented and focused on rolling back transnational practices (Anderson et al., 2020; Sülün, 2020). However, as time went on, policymakers broadened their strategies to provide extensive transnational support. For instance, EU member states openly addressed questions of European solidarity (also in this special issue: Wallaschek & Ziegler) and they took a number of measures in response: the European Solidarity Fund was made available to member states (European Parliament, 2020a), the Next Generation EU package was introduced (European Commission, 2020a European Parliament, 2020b) and temporary unemployment reinsurance schemes were implemented (Schmid, 2020). Likewise, there were prominent examples of transnational bilateral cooperation to help national healthcare systems crippled by the number of hospitalized individuals (European Commission, 2020b; Tidey, 2020). Yet, there is no information on how European citizens viewed these transnational measures and the underlying principle: extending help to others within Europe during the COVID-19 pandemic.

The concept of citizens' attitudes towards European solidarity is a multidimensional one and covers a broad spectrum of topics, such as attitudes to fiscal solidarity, to welfare solidarity or to specific social policies related to various issues. European solidarity related to the COVID-19 pandemic thus joins the ranks of other forms of European solidarity and expands our understanding of it. Moreover, information about how European solidarity in this new context (i.e. the pandemic context) relates to other forms of European solidarity deepens our understanding of the concept. Such knowledge is especially helpful to validate and adjust models that were proposed on European solidarity prior to the pandemic. Hence, at the theoretical level, this knowledge is valuable as it offers insights that may be used by future studies investigating European solidarity in general and improves existing conceptualizations of European solidarity.

In line with this reasoning, this study provides empirical insights on European solidarity related to the COVID-19 pandemic and its connection to other forms of solidarity. It utilizes data from a survey fielded in March and April 2020 in Germany. At this time, Germany was experiencing its first pandemic-related lockdown. The paper investigates how different forms of European solidarity relate to one another by employing confirmatory factor analysis. It identifies the factor structure that best describes the empirical data at hand. In doing so, it also offers some theoretical insights into European solidarity in general.

The following section describes the theoretical considerations that help embed European solidarity related to the COVID-19 pandemic into the existing research focusing on European solidarity. It highlights prominent dimensions that structure different forms of solidarity and derives corresponding hypotheses for empirical verification. The third section presents the research design and analytical steps. The fourth section reports the corresponding results. The final section concludes and critically discusses the insights gained.

2. Patterns in European solidarity

European solidarity refers to a variety of behaviours and attitudes expressed by citizens about transnational and supranational support within the European Union and/or Europe. For instance, European solidarity might be expressed by favouring the provision of fiscal support for European member states or by supporting measures that may lead to the development of a European welfare state system. At the same time, European solidarity can refer to either a general notion of support or support of specific policies implemented at the European level (Ignácz, 2019). For the purposes of this study, we focus exclusively on generalized attitudes. They are less likely to be altered by media coverage and personal

circumstances and reflect how the general public relates to the principles underlying European solidarity.

Overall, there is a steadily growing body of literature focusing on generalized attitudes towards European solidarity (Baute et al., 2018; Ciornei & Recchi, 2017; Díez Medrano et al., 2019; Ferrera & Pellegata, 2019; Gerhards et al., 2019a; Hooghe & Verhaegen, 2017). Most research has singled out one form of European solidarity (for instance, attitudes towards fiscal solidarity or towards migration within the European Union) and analysed the chosen form in depth, i.e. it has looked at what explanatory factors are connected to that particular form of European solidarity. However, when research has focused on a single form of European solidarity in isolation from other forms, it is often difficult to assess how attitudes towards different forms of European solidarity interrelate with each other. This problem is exacerbated whenever a new form of solidarity is introduced into the scientific discourse, for example, European solidarity related to the COVID-19 pandemic.

To date, conceptual frameworks that postulate a universe of interrelated forms of European solidarity have been rare. Few studies have addressed the fact that multiple forms of European solidarity exist (Baute et al., 2018; Ciornei & Recchi, 2017; Genschel & Hemerijck, 2018; Gerhards et al., 2019a; Reinl, 2020). An even smaller set of papers has assessed the relation between the different forms of solidarity or identified an underlying structure that systematically orders the different forms of European solidarity.

According to some scholars, we can theoretically structure forms of European solidarity according to several dimensions. One such dimension centres on the *triggers* for extending solidarity to others in the European social space. For instance, an event such as a natural disaster might prompt individuals to provide support beyond the nation state. Genschel and Hemerijck (2018) have shown that support for international solidarity is greatest when the issue is externally caused, like a natural disaster, but lowest in cases of excessive national debt; however, they did not provide an in-depth analysis of support rates. Like Genschel and Hemerijck, Gerhards and colleagues (2019a) differentiated European solidarity according to triggers. The authors stressed that recent EU crises have been the main triggers for European solidarity. These crises made the topic salient among the general population. They provided the contexts and reasons for individuals (i.e. Europeans and European member states) to express their support for extending solidarity to certain recipients, thereby anchoring European solidarity in particular themes.

The study by Gerhards and colleagues is notable for several reasons. First, it used a systematic conceptual framework and introduced four forms of European solidarity. Each of the forms of European solidarity is associated with a recent EU crisis. Second, Gerhards et al. (2019a) employed a benchmark system to empirically validate the existence and strength of each form of European solidarity. Yet, despite the complex framework developed for European solidarity, Gerhards and colleagues only investigated the four forms of European solidarity as singular phenomena, isolated from one another.

A second dimension that scholars (Baute et al., 2018; Ciornei & Recchi, 2017) have identified as structuring forms of European solidarity concerns the *type of actor* that receives support when extending solidarity. While both sets of authors in this field differ in the terminology they use and how they operationalize forms of European solidarity, they all differentiate between two forms of European solidarity: transnational solidarity (or interpersonal solidarity) and international (or member-state) solidarity. Transnational solidarity means extending support to Europeans living in other countries (i.e. individual actors), while international solidarity means extending help to other countries (i.e. collective actors). Baute and colleagues (2018) showed that these two forms of European solidarity are conceptually distinct and Ciornei and Recchi (2017) highlight that the determinants of transnational and international solidarity often do not overlap empirically.

Lastly, a third dimension that, according to scholars, structures forms of European solidarity relates to the *guiding principle* behind extending solidarity to others. This differentiation is well-known in the research on national welfare states. The two main goals of welfare states are (1) to provide protection against and compensation for social risks (e.g. the risk of being sick, unemployed or old) (Pettersen, 1998), and (2) to reduce social inequality via redistributive policies (Roller, 1998). The guiding principle behind the former is risk sharing, aid is extended on a one-off basis (with the exception of old-age pension) and the aim is to assist in an emergency. The guiding principle behind the latter goal is redistribution, aid is provided continuously over the long term and the aim is to change society structurally. This differentiation has spilled over into the research field on European solidarity. *Risk-sharing* European solidarity means extending support within the European social space to shield recipients from the aftermath of certain emergencies. In contrast, *redistributive* European solidarity aims to reduce existing structural differences in the long term. Correspondingly, Reinl (2020) has isolated these two forms of European solidarity by running a confirmatory factor analysis on an international survey fielded in Austria, Germany and Greece. Reinl's findings are especially important, as they show that such structures are not unique to a certain country but is equivalent across countries.

Overall, there is a lack of both research and evidence about the structure underlying European solidarity. The current state-of-the-art research suggests that European solidarity could be structured along any of the three dimensions above. This makes it difficult to anchor a potentially new iteration of European solidarity in previous discussions. Empirically examining *how* European solidarity related to the COVID-19 pandemic fits with other forms of European solidarity gives us clues about European solidarity that go beyond the context of the pandemic and also hint at the underlying structure for different forms of European solidarity. Thus, in this paper, we focus on the above-described dimensions: the trigger for support, the type of actor and the guiding principle behind support and consider how European solidarity related to the COVID-19 pandemic can be placed in each of the three dimensions.

2.1 European solidarity related to the COVID-19 pandemic: the newest form of European solidarity?

The COVID-19 pandemic is a novel situation for Europeans and has presented the EU with unique challenges. Moreover, it has raised the question of whether European solidarity related to the COVID-19 pandemic is a new form of European solidarity or whether it can be subsumed under one of the existing forms. The pandemic shares similarities with other recent crises in the EU, but it also has some unique attributes. For instance, like the Great Recession and the sovereign debt crises that plagued many EU member states during 2008–2010, the pandemic has affected European member states unequally and forced different groups of individuals into precarious circumstances. Yet, we can identify major differences compared to previous crises. While inequalities in previous crises mapped onto EU member state's geographical or economic centre-periphery positions, inequalities in the pandemic do not. Furthermore, the pandemic has the potential to unify Europeans: the largely shared experience of personal mobility restrictions, school shutdowns and transformed workplace environments have connected Europeans in a manner untypical of other crises. These characteristics have helped shape expectations related to European solidarity during the pandemic. In the following, we will present arguments that can enable us to understand how European solidarity related to the COVID-19 pandemic fits with other forms of European solidarity. Given the limited empirical knowledge available about the underlying structure of the forms of European solidarity, each of the competing arguments are equally plausible. The key task of the empirical analysis is to assess whether one of the arguments is more plausible than the others.

One argument suggests that the COVID-19 pandemic could be a new trigger for European solidarity. Following the logic of Gerhards and colleagues (2019a), the pandemic could create a new context for extending solidarity both to European citizens and EU member states. As such, we could plausibly expect this to be distinct from other forms of European solidarity. Based on this, we can conclude that if solidarity related to the COVID-19 pandemic can be clearly distinguished from other forms of solidarity, then the trigger for solidarity plays a decisive role in structuring European solidarity.

> *H1. Forms of European solidarity are structured according to triggers for extending solidarity.*

Alternatively, European solidarity related to the COVID-19 pandemic may not necessarily constitute a new form of European solidarity. Instead, it could be subsumed under existing forms of European solidarity. After all, we can identify mechanisms that resemble those of other forms of European solidarity. For instance, ensuring the right to access decent healthcare is a well-known form of European solidarity; becoming sick with the novel coronavirus is simply a more specific reason to need high-quality healthcare. Moreover, extending financial support to countries facing economic hardship is another way to offer European solidarity. The reason why a given country needs economic aid might not be relevant and, hence, extending solidarity because of a banking crisis or a pandemic could be viewed as interrelated. In short, solidarity with financially troubled, lockdown-hit EU member states could be akin to fiscal solidarity. These thoughts are also underlined by Gerhards (2020), who draws on evidence of high support rates for European fiscal and welfare solidarity in previous crises to argue that similar positive responses from Europeans in the wake of the current pandemic should be expected. Therefore, it is reasonable to assume that attitudes towards European solidarity related to the COVID-19 pandemic would fit with these existing forms of European solidarity. This argument relates to the structuring of European solidarity by the type of actor. The pandemic is affecting both individuals and collective actors, so European solidarity related to the COVID-19 pandemic may need to be extended to both individuals and collective actors. Supporting measures to help COVID-19 patients means showing solidarity with individuals, while solidarity with EU member states dealing with high infection rates and economic difficulties resulting from the pandemic means showing solidarity with collective actors. So, if solidarity related to COVID-19 can be subsumed under the existing dimensions of welfare and fiscal solidarity respectively, then the type of actor receiving solidarity might impact the underlying structure of European solidarity.

> *H2. Forms of European solidarity are structured according to the type of actor that the recipient is.*

Finally, in broad terms, the pandemic gives reason to extend short-term solidarity to others in vulnerable positions and is dictated by a risk-sharing principle, i.e. by the fact that individual and collective actors face a state of emergency due to the pandemic. As far as individuals are concerned, supporting the right to access decent healthcare and receive treatment is a way of extending solidarity with people suffering a personal *health emergency*. Second, as far as collectives are concerned, supporting EU member states in financially difficult positions when their healthcare systems are facing economic difficulties due to pandemic lockdowns is a way of extending solidarity to member states in an *economic emergency*. Extending help in these circumstances means individuals are ready to collectively share the risks of the pandemic. From this, we can conclude that if forms of European solidarity, such as European welfare solidarity and European fiscal solidarity and solidarity related to the COVID-19 pandemic all fit together, then the guiding principle decisively structures European solidarity.

H3. Forms of European solidarity are structured according to the guiding principle for extending solidarity.

2.2 Salient structure across diverse social groups

Lastly, if we wish to claim that different forms of European solidarity are structured according to one particular dimension, it is important to examine whether the identified structure is salient across diverse social groups. Unfortunately, we currently lack information on how European solidarity is structured across social groups and whether we can expect differences. To assess whether the identified structure is salient, we can only look at empirical studies that focus on how the *level* of support for different forms of European solidarity diverges. Thus, if we observe that the structure of European solidarity is the same across social groups *despite* the fact that we would expect different levels of support for European solidarity, this indicates that the structure is salient. To this end, we wish to identify one final aspect, namely the most prominent social groups that exhibit distinct support for (or disapproval of) European solidarity.

Psychological studies show that the social framing of prosocial behaviour has a stronger reinforcing effect for women compared to men (Espinosa & Kovářík, 2015). Furthermore, women still hold disadvantaged labour market positions and more often rely on a strong welfare system in all European countries (Dernberger & Pepin, 2020; Witkowska, 2013). The COVID-19 pandemic has reinforced this pattern of gender inequality on the labour market (Alon et al., 2020; Collins et al., 2020). Education is a major predictor of socioeconomic status and may also be a factor influencing attitudes towards European solidarity. Studies show that higher education exerts a strong influence on welfare state preferences and on solidarity with migrants (Hainmueller & Hiscox, 2007; Häusermann et al., 2015; Mau & Burkhardt, 2009). Others have identified personal identification with Europe as an important predictor of European solidarity (Ciornei & Recchi, 2017). As argued by Ciornei and Recchi, further studies showed that identification is positively associated with supporting a supranational fiscal government and a Europeanization of social policy (Kuhn & Stoeckel, 2014; Mau, 2005). Finally, studies on generational differences in attitudes have highlighted the role of birth cohort for attitudes towards European solidarity. Most notably, some authors have identified substantial differences regarding fiscal solidarity between generations (Daniele & Geys, 2015). These scholars note that younger generations seem to favour the European project and be more open to fiscal integration than older generations in creditor countries in the Eurozone crisis.

If one specific structure prevails across social groups despite their different levels of support for European solidarity, we can expect that the interrelatedness of different forms of European solidarity (including European solidarity related to the COVID-19 pandemic) to be salient.

H4. The dominant structure of European solidarity does not vary across social groups.

3. Data and methods

In order to investigate the research question at hand, we utilized an online survey conducted between 27 March and 26 April 2020 in Germany. The survey started shortly after the German government introduced nationwide social distancing policies: most stores, public venues, schools and childcare facilities were ordered to close. At the time, there was wide media coverage of the situation in Germany and other EU member states. Hence, the survey takes advantage of the social situation prevailing in the EU in the spring of 2020 and the salient debate on European solidarity. The survey was advertised in a press release by Goethe University Frankfurt, which was promoted on the university's Facebook page and on official Facebook pages of German municipalities. Furthermore, the study was

shared on the *Psychologie Heute* website. After listwise deletion, this sampling strategy resulted in 1951 respondents. Data from the online survey are stored at the GESIS Data Archive (Langenkamp, 2020).

Women dominated the sample, making up roughly 74 percent. For both genders, younger individuals with higher educational degrees were oversampled. For this reason, the data cannot be used to draw any generalizable conclusions about the German public's support for European solidarity. However, as the study primarily sought to assess the structure within which forms of European solidarity relate to one another, the sample's lack of representativeness is not a fundamental issue. The study did not aim to draw any generalized conclusions for the German population. Furthermore, it tested for the robustness of the results by looking at whether the findings were sensitive to selection effects relating to gender, level of education, identity, and cohort. Still, as in all convenience samples, the findings need to be replicated with other representative datasets for validation purposes (Peterson & Merunka, 2014).

3.1 Operationalization

The framework introduced by Gerhards and colleagues (2019a) provides the best foundation for empirically measuring attitudes towards European solidarity related to the COVID-19 pandemic and other forms of European solidarity. This study theoretically structured European solidarity by triggers (i.e. crises) and adopted a multidimensional approach that covered many forms of European solidarity. This multidimensional approach is useful for understanding where European solidarity related to the COVID-19 pandemic fits with other forms of European solidarity. Furthermore, the use of a thirteen-country survey means the findings could be considered cross-nationally validated. Thus, this approach serves as a starting point for the development of the items to measure attitudes towards European solidarity.

The online survey included an item battery focusing on citizens' attitudes towards European solidarity. The items are 5-point Likert scales. The lowest value (1) meant respondents did not agree with the statement, while the highest value (5) meant they agreed totally with the statement. In particular, the survey incorporated established items like welfare state solidarity and fiscal solidarity along with some new items, which contextualized the COVID-19 pandemic. The survey thus included items associated with different triggers. It also included items that captured the type of actor – individual or collective – to which solidarity is extended. Lastly, some items examined attitudes towards risk-sharing solidarity – items that refer to redistributive solidarity were excluded. See Table A1 in the Appendix for a complete overview of the items and their relations to the three theoretical dimensions.

The established items were taken from the Transnational European Solidarity Survey (TESS) (Gerhards et al., [unpublished]), as these items have been validated in thirteen EU countries. The wording of the established items reads as follows (abbreviations in the squared brackets refer to how the items are identified in the figures).

- The European Union should guarantee a decent standard of living for the elderly in the EU. [ELDER]
- The European Union should guarantee access to healthcare for everyone in the EU. [SICK]
- The European Union should guarantee a decent standard of living for the unemployed in the EU. [UNEMP]
- In times of crisis, EU member states facing severe economic difficulties should receive financial help. [ECON]

New items linking European solidarity to the COVID-19 pandemic were formulated based on these established items. The new items followed a similar grammatical syntax and included as few modifications as possible. Essentially, they specify the reason why support would need to be extended – because of the COVID-19 pandemic. In total, three items were fielded.

- The European Union should guarantee access to healthcare for everyone in the EU who is ill because of the novel coronavirus. [COV-SICK]
- During the coronavirus pandemic, every member state of the European Union is responsible for the spread of the virus in their own country. [COV-NATR]
- During the coronavirus pandemic, EU member states should support each other beyond financial means. [COV-ECON]

The second to last item in this list aimed to capture a lack of European solidarity, as it emphasized how each member state is responsible on its own. Thus, *not* agreeing with this item would reflect more support for European solidarity and should relate negatively to other items. Hence, this item measures European solidarity indirectly. For an overview of the descriptive statistics for each of the items, see Table 1.

Table 1: Descriptive statistics

Variable	**Mean/ Pct.**	**Std. Dev.**	**Min.**	**Max.**
European solidarity				
EU: ensure decent standard of living for elderly	4.076	1.022	1	5
EU: guarantee healthcare for people in the EU	4.483	0.824	1	5
EU: ensure decent standard of living for unemployed	3.871	1.084	1	5
EU: guarantee healthcare for people infected with coronavirus	4.451	0.871	1	5
During crisis support EU member states with financial aid	3.992	0.952	1	5
All member states responsible for spread of the virus in their own country	3.932	1.114	1	5
During the pandemic member states should support each other beyond financial means	4.377	0.817	1	5
Gender				
Male	0.254	-	-	-
Female	0.746	-	-	-
Education				
Secondary or less	0.385	-	-	-
Tertiary	0.615	-	-	-
Year of birth				
After 1990	0.307	-	-	-
Between 1961 and 1990	0.597	-	-	-
Before 1961	0.097	-	-	-
Identification				
Primarily German	0.665	-	-	-
Primarily European	0.208	-	-	-
Neither German/European	0.128	-	-	-
N	1951			

Source: Own calculations. Link to data: https://doi.org/10.7802/2033.
Note: Item wording is shortened in the table. Respondents with primary and secondary level of education were pooled together because there were few respondents with primary level education (N=53).

3.2 Analytical strategy

We employed confirmatory factor analysis (CFA) to assess the dominant structure underpinning European solidarity. CFA is a theory-driven method to determine underlying, latent constructs that cannot be measured directly (Brown & Moore, 2015). In particular, the analysis used reflective measurement models to determine whether the items selected from the dataset load on a corresponding latent construct, i.e. whether the items represented one factor dimension or more. This method allowed us to assess whether a certain structure prevailed within our items (Lewis, 2017). For example, if different items measuring European solidarity were grouped according to two different factor dimensions, this would suggest that they were distinct from each other and would allow us to identify two forms of European solidarity.

CFA is based on the correlation matrix of the items included in the models (see Appendix Table A2 for correlation matrix of the items), but it also considers the relevance of measurement errors for each item. CFA allowed us to test whether a certain way of grouping items corresponded to any of our theorized divisions. Indeed, our hypothesis testing sought to assess whether the theorized model was consistent with the empirically observed model. CFA provided us with a set of goodness-of-fit measures, which stem from the log-likelihood value of the maximum likelihood estimation and the nonparametric Chi-square value (Brown, 2015). The global fit indices – CFI, RMSEA and SRMR – further assisted in assessing the estimated models with cut-off points (following the guidelines from Hu & Bentler, 1999). A common approach is to start out with an "unstructured" CFA (where all items load on to one factor dimension) and then assess whether the model fits improve if the items are grouped together in different configurations with more than one factor dimension.

Once we had assessed the overall structure of the items, we also tested whether the structure was salient across social groups. To this end, we split the sample according to gender (men and women), level of education (secondary level or lower and tertiary), identity (European or German) and cohort (born before 1961, 1961–1990, and after 1990). (For an overview of the descriptive statistics for the grouping variables, see Table 1). Then, we performed multiple group CFA to assess whether the factor weights of the items can be regarded as equal across all groups. Here, the chi-square difference test was employed to compare different factor solutions in the multi-group comparison (Kline, 2011), while also considering the unstandardized factor weights (Cheung & Rensvold, 2002).

The dataset was prepared in Stata 16 and the analysis was conducted in R (R Core Team, 2019) and Mplus (Muthén & Muthén, 1998-2019). The R package MplusAutomation (Hallquist & Wiley, 2018) was used for the CFA; the semPlot package (Epskamp, 2019) was used to depict the measurement models and ggplot2 (Wickham, 2016) was used to visualize the support rates.

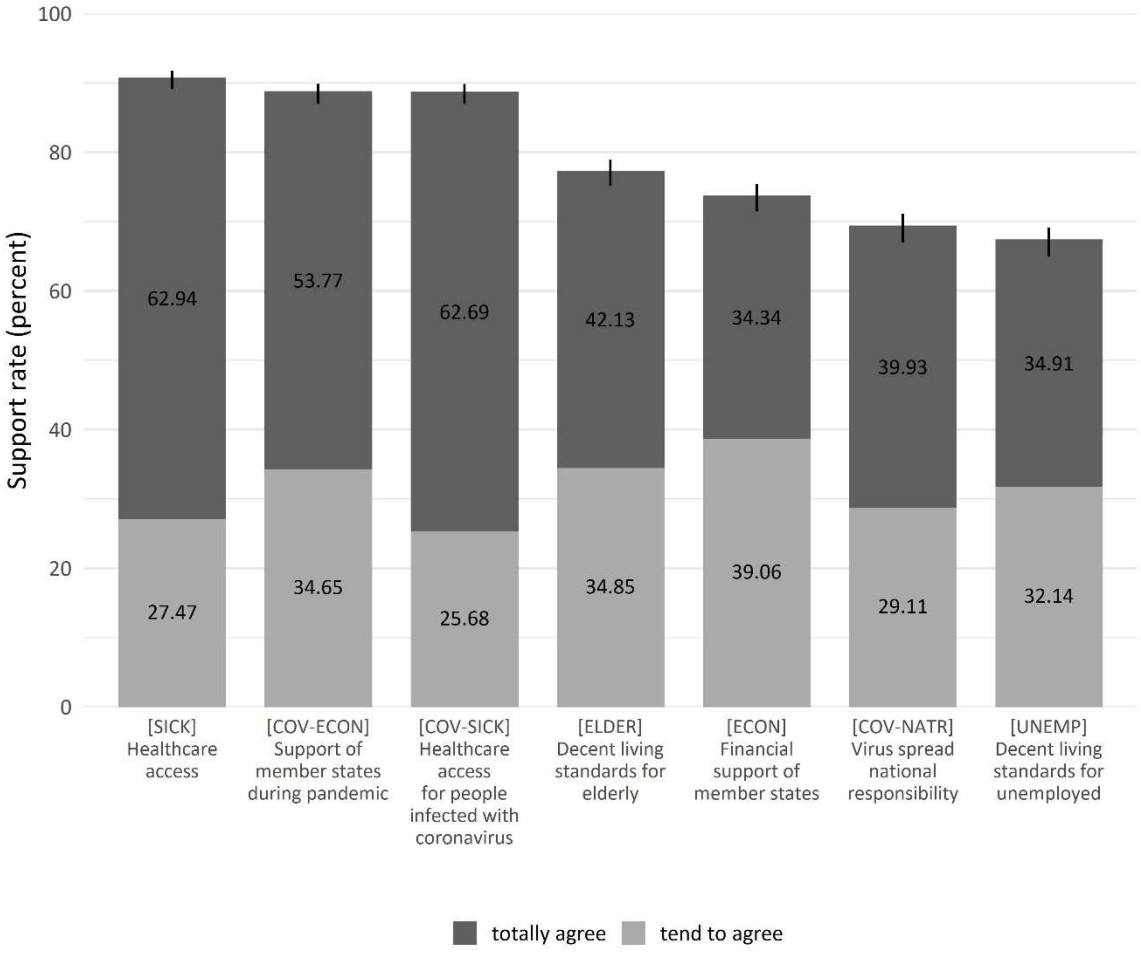
4. Results

Before investigating the structure of European solidarity, we begin in this first section by giving a brief overview of the support rates for each item included in the analysis. Figure 1 captures the prevalence of the responses to the seven items on European solidarity (four previously used and three new items, operationalized to apply to the COVID-19 pandemic). The graph shows support rates: the rate of respondents who agreed with the statements in the items (i.e. "tend to agree" or "fully agree"). The height of the bar provides the total support rate for each item, while the division within each bar reflects the rates per response category.

The results of previous studies (Ferrera & Pellegata, 2019; Gerhards et al., 2019a; Gerhards et al., 2019b; Vasilopoulou & Talving, 2020) suggested that support rates for European solidarity were well over 50 percent, although they vary greatly across studies depending on

the operationalization of European solidarity. The results of the current survey also indicated strong support for European solidarity. For every item directly measuring European solidarity, the support rates showed approval by an overwhelming majority. Very high support rates were evident for three items; close to 90 percent of the respondents favoured extending solidarity to Europeans who are sick in general, to those who are infected with the novel coronavirus more specifically, and to EU member states that are struggling financially due to the COVID-19 pandemic. Support for extending solidarity to elderly Europeans was about 10 percentage points lower. The least supported items asked about extending solidarity to unemployed Europeans and to EU member states facing financial difficulties due to a sovereign debt crisis. These rates were at about 70 percent. However, all of these support rates are high overall and suggest positive attitudes to European solidarity. Finally, note that the item on national responsibility stood out from other items: it had moderate support rates. About 70 percent of respondents believed that EU member states are responsible for preventing the spread of the virus within their own countries.

Figure 1: Support rates for European solidarity



Source: Own calculations. Link to data: https://doi.org/10.7802/2033.
Notes: N=1951. Error terms depict 95% confidence intervals for overall support rates.

What is noteworthy is that the support rates for being sick in general or being sick with the novel coronavirus were similar. In contrast, there were larger disparities in support rates for helping EU member states during the COVID-19 pandemic and helping EU member states in a sovereign debt crisis. This could potentially reflect the salience of the issues related to COVID-19 but may also hint that individuals are more sceptical about extending solidarity to collective actors. The salience of the pandemic is also clear when looking at

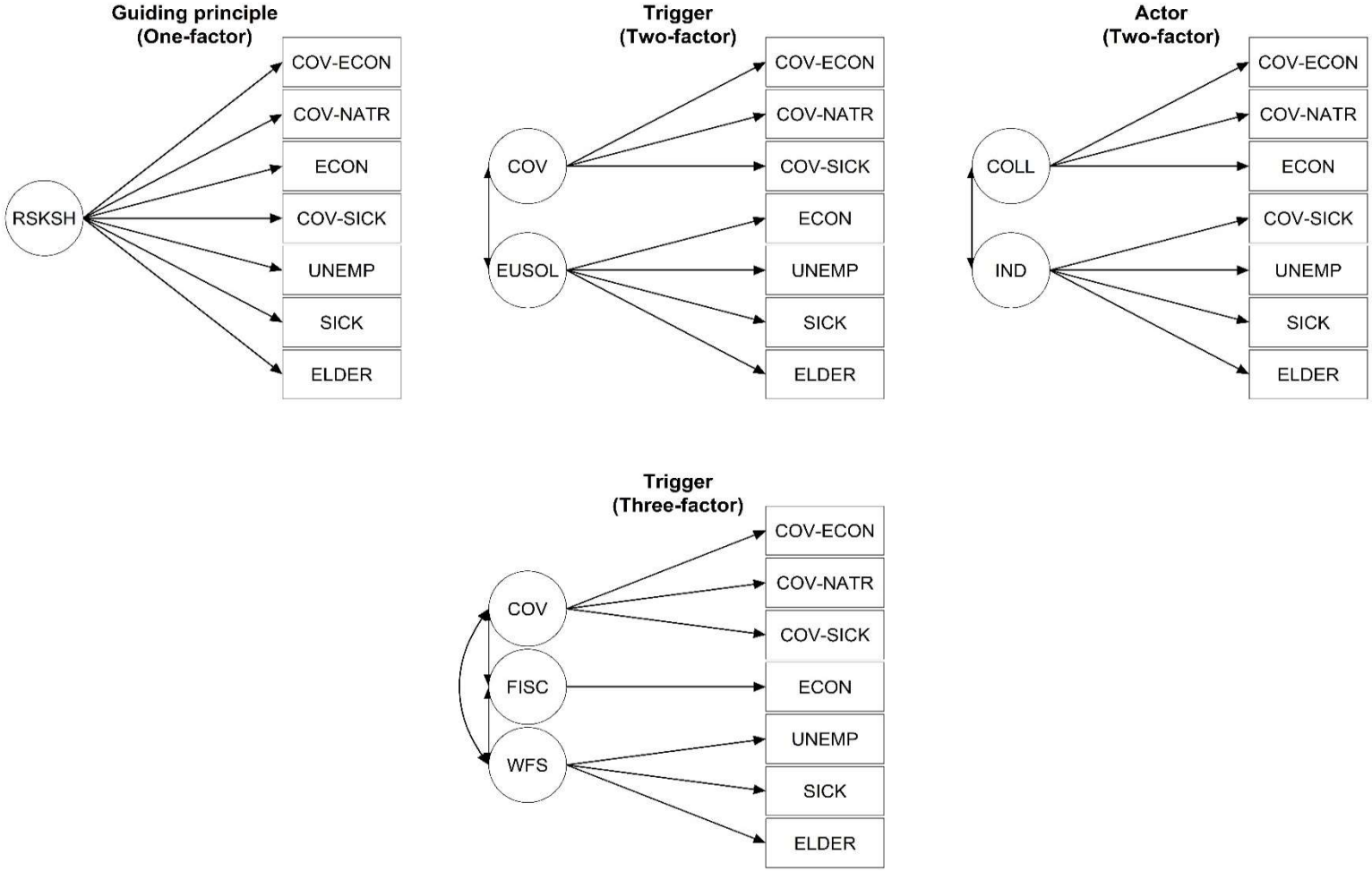
how the rates of those who "fully agree" with pandemic-related European solidarity measures compared to the rates of those who only "tend to agree" with the statements. The differences between the two response categories were even more evident for the non-pandemic items.

4.1 Structure of European solidarity

Beyond looking at descriptive statistics on support rates, this study principally aimed to identify the underlying structure that connects items on European solidarity and to assess how items related to the COVID-19 pandemic are linked to established measures of European solidarity. To that end, we systematically went through theoretically derived factor solutions to assess which solution best fit the survey data. To investigate how forms of European solidarity interrelate (including European solidarity related to the COVID-19 pandemic), we entered all seven items into the CFA to assess their relation to each other. We tested different configurations of the items (i.e. factor solutions) that corresponded to our hypotheses (See Table 2 for an overview of the tested factor solutions).

In the theoretical section of the paper, we argued that the forms of European solidarity may be structured according to three different dimensions. This translated into roughly three different configurations for the CFA models. The first dimension distinguished forms of European solidarity based on triggers. This would mean that items related to the COVID-19 pandemic should constitute a distinct factor from other items. Furthermore, the established items corresponded to the concepts of fiscal and welfare state solidarity, so they should also be distinct factors in the model. This would result in a three-factor solution. The second dimension distinguished forms of European solidarity according to the type of actor that needs help. Correspondingly, items referring to extending European solidarity to individuals were regarded as a distinct factor, as were items measuring extending help to European member states (or the lack thereof). Lastly, the third dimension according to which forms of European solidarity may be distinguished was the guiding principle behind solidarity. Since all of the items included in the analysis referred to short-term assistance, this would mean defining a unidimensional CFA model (See Figure 2 for an overview of the estimated models).

Figure 2: Overview of theoretical CFA models



Source: Own depiction.

Following the conventional CFA approach, we first tested whether all items loaded on the same factor dimension – that is, we tested whether the item structure reflected that European solidarity is structured by the principle guiding the extension of solidarity and whether all items loaded on the factor dimension for risk-sharing solidarity. However, this one-factor solution had a very bad fit. None of the established incremental fit indices reached the established cut-off values. Thus, we can discard the argument that European solidarity is structured according to the guiding principle behind solidarity. The next step was to assess whether other factor solutions better fit the single-factor solution. To this end, we split the items according to the two other dimensions to see which solution resulted in a more noticeable improvement in model fits. Splitting the items based on the triggers meant first splitting the factors to distinguish the established items and the new items related to the COVID-19 pandemic and then splitting for each trigger separately. Both the two- and three-factor-solution indicated a poor fit. Allocating the items based on the trigger for solidarity led to a very small improvement compared to the single-factor solution. In fact, the factors identified by the CFA were highly correlated, which again indicated that structuring based on the trigger dimension was not viable. This suggests that the new items do not constitute a distinct form of European solidarity. In contrast, they likely fit with existing forms of European solidarity. To this end, we also split the items according to the type of actor in a two-factor solution. The measurement model that distinguished items depending on whether they concerned individual and collective actors showed a significant improvement in the model fit. TLI, CFI and SRMR all exceeded the desired cut-off points. In fact, the solution that divided the actors based on the type receiving solidarity exhibited the best fit of all the models. Yet, while this two-factor solution yielded the most acceptable results, the RMSEA (0.116) was still far from the established threshold of 0.05. While a logical solution would have been to exclude the items with low standardized factor values (COV-NATR), this did not improve the model fit. Instead, we divided the factor capturing items about solidarity towards individuals further into two factors: healthcare solidarity and social security solidarity (i.e. solidarity with vulnerable groups). This three-factor model once again significantly improved the fit. Table 2 reflects the model fits for these described models.

Table 2: Overview of CFA Models

Model	χ^2	df	BIC	TLI	CFI	SRMR	RMSEA
Guiding principle (One-factor)	764.122	14	32160.41	0.814	0.876	0.065	0.166
Trigger (Two-factor)	763.104	13	32166.97	0.799	0.876	0.065	0.172
Trigger (Three-factor)	735.288	13	32139.16	0.807	0.88	0.073	0.169
Actor (Two-factor)	358.742	13	31762.61	0.908	0.943	0.033	0.117
Actor (Three-factor)	138.179	11	31557.198	0.96	0.979	0.027	0.077

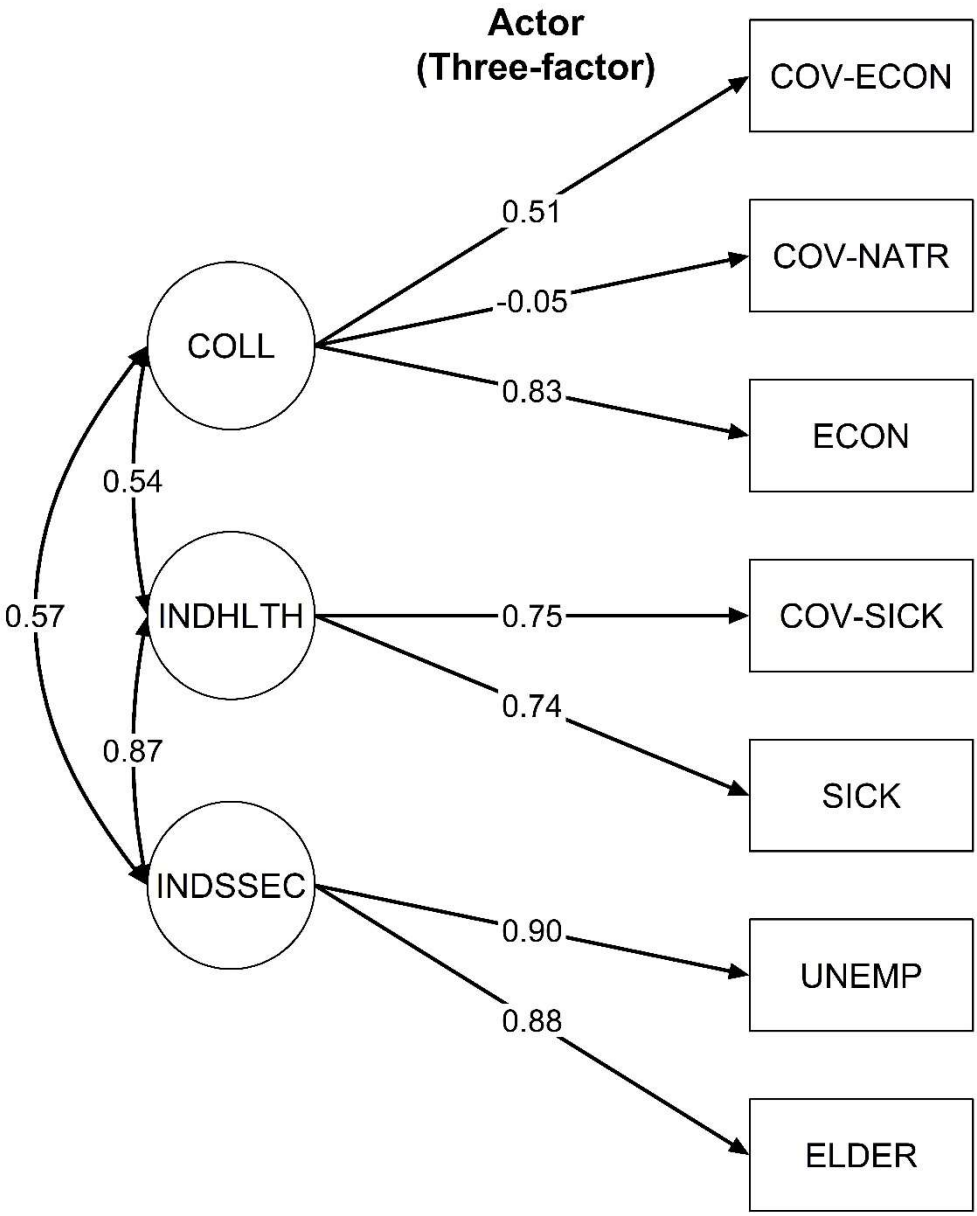
Source: Own calculations. Link to data: https://doi.org/10.7802/2033.

Notes: Widely used cut-off points for incremental fit-indicies: TLI>0.95; CFI>0.95; SRMR<0.05, RMSEA>0.05 (based on Hu & Bentler, 1999).

Thus, the final factor solution captures three underlying factors: solidarity with collective actors, social security solidarity and healthcare solidarity (Figure 3). The factors for the three concepts were highly and positively correlated. A high score (i.e. high support) for a certain form of solidarity results in a high score for another form and vice versa. The strong correlation between the factors indicated that incorporating them under the umbrella

term European solidarity was a valid choice. However, since these are distinct forms of solidarity, there will also be different mechanisms that influence each of these factors.
All in all, the confirmatory factor analysis highlighted several important findings. First, attitudes towards European solidarity are not encapsulated by one single factor. Second, the trigger for European solidarity does not play a defining role in shaping attitudes. Instead, we could distinguish attitudes from one another by looking at whether solidarity targeted collective actors (i.e. member states) and individuals (i.e. other Europeans). Lastly, solidarity with individuals can be further broken down into healthcare-related attitudes and support for vulnerable groups (i.e. the elderly and the unemployed).

Figure 3: Final factor solution of CFA models with standardized coefficients



Model	χ^2	df	BIC	TLI	CFI	SRMR	RMSEA
Actor (Three-factor)	138.179	11	31557.2	0.96	0.979	0.027	0.077

Source: Own calculations. Link to data: https://doi.org/10.7802/2033.

4.2 Salience of the factor structure

A final step when seeking to verify the identified factor structure is to test whether the structure is salient across social groups. This means examining whether the final model can be generalized to the subgroups of the survey sample. To this end, we employed multi-group CFA. The method investigates whether the factor weights correspond across the designated groups. As previously discussed, we tested this for gender, level of education, identity and cohorts. This analysis also indicated whether our results were sensitive to the social groups that our survey oversamples, namely highly educated people and women.

Table 3 displays the model fit indices of the multi-group confirmatory factor analysis (MGCFA) models by sets of subgroups. For each set of subgroups (e.g. gender is divided into two subgroups: men and women, for an overview of subgroups see Table 1), we tested a configural and metric invariant model. The configural model allowed all the factor weights to be determined freely in each subgroup and served as the baseline model. The metric invariant model constrained the factor weights for corresponding items to be equal across all subgroups. The metric invariant model needed to estimate considerably fewer parameters and was a more parsimonious model. Thus, if the metric invariant model for a certain subgroup set was not significantly worse than the configural model, we could regard it as evidence that the factors' meaning did not significantly differ across the subgroups and that the structure is salient.

Table 3: Overview of MGCFA models

Model	χ^2	df	BIC	TLI	CFI	SRMR	RMSEA
Gender							
Configural	159.541	22	31578.127	0.957	0.977	0.033	0.08
Metric invariant	167.099	26	31555.381	0.962	0.977	0.035	0.075
Education							
Configural	137.553	22	31341.839	0.963	0.98	0.032	0.073
Metric invariant	159.645	26	31333.627	0.963	0.977	0.043	0.073
Identity							
Configural	161.931	33	31306.254	0.959	0.978	0.032	0.078
Metric invariant	170.502	41	31254.216	0.967	0.978	0.034	0.07
Birth cohort							
Configural	170.217	33	31374.545	0.955	0.976	0.033	0.08
Metric invariant	192.722	41	31336.441	0.96	0.974	0.041	0.075

Source: Own calculations. Link to data: https://doi.org/10.7802/2033.

As summarized in Table 3, the baseline models exhibited good model fits. Values for TLI, CFI and SRMR were all also within the desired cut-off points. More importantly, comparing the configural and metric invariant model solutions led us to conclude that the metric invariant model was preferable to the configural models in all of our MGCFAs. While the TLI, CFI and SRMR did not differ substantially, the Bayesian information criterion (BIC) indicated that the additional model complexity did not worsen the model fit considerably. Overall, the multi-group analysis indicated that the three-factor solution (see Figure 3) has a structure that is robust across major socio-demographic groups and that the forms of European solidarity are indeed persistent across gender, educational levels, cohort groups and, most importantly, identification with the European project.

5. Discussion

Due to the COVID-19 pandemic, policymakers face the question of how willing European citizens are to support one another and in what respects. This study uses this period and the salient topic of European solidarity to investigate the structure underlying European solidarity and how different forms of European solidarity are related. The fundamental insight of the current study is that European solidarity is not comprised of a single factor and that social scientists must consider the complex nature of European solidarity when analysing the issue. This study underlines that differentiating between individual actors or collective actors at the member-state level as recipients of support is particularly relevant. This empirical contribution extends the theoretical insights of previous scholars and shows the complexity of European solidarity during the COVID-19 pandemic. Furthermore, it highlights how European solidarity related to the COVID-19 pandemic is strongly interrelated to other forms of solidarity.

Substantively, our empirical study has confirmed the multidimensionality of European solidarity. European solidarity related to the COVID-19 pandemic fits with other forms of European solidarity. Thus, we rejected H1, which hypothesized that triggers would be a decisive factor in structuring European solidarity and that European solidarity related to the COVID-19 pandemic is a form of European solidarity on its own. Moreover, we rejected H3, because the items did not load onto one single risk-sharing factor. Although we only formally tested one dimension of the guiding principles (and did not investigate items related to redistributive support), this sufficed to reject H3, which suggested that European solidarity would be structured by the guiding principle behind solidarity. Yet, even if the surveyed items had loaded on to one factor, we could have only partially verified H3, as the study lacks information about whether redistributive items come together to form a second single factor. Thus, the analysis supports H2: forms of European solidarity seem to be divided based on the type of actor to whom solidarity is extended. Moreover, we identified that this structure of European solidarity is consistent across various socio-economic groups; therefore, H4 is supported as well.

Further important results include the finding that the type of actor is not the *sole* factor structuring patterns of European solidarity according to the final model: solidarity with individual actors is further divided into healthcare solidarity and social security solidarity. We interpret this additional distinction of support for individual actors into the subtopics of healthcare and support of vulnerable groups as evidence that European solidarity is partially shaped by the public discourse and framing. Such findings suggest that European solidarity has a dynamic structure and that there is still much to explore regarding the underlying patterns of solidarity. Furthermore, the respondents also emphasized the importance of national responsibility in the pandemic. The support rates for the item regarding countries' duty to halt the spread of the virus indicates the importance of responsibility when extending solidarity. In other words, holding member states accountable for their own state is an important feature complementing the extension of solidarity to collective actors.

Of course, our study has some limitations. As discussed, we rely on a convenience sample and replications are needed to verify our insights. Although the multi-group CFA confirms that the results are similar across the considered socio-economic groups, we cannot rule out the possibility that selection based of other unobserved variables would have yielded different results due to unobserved confounders. Likewise, our results are based on a purely German sample and should only be generalized to other settings with caution. Therefore, replicating our findings in other nations would be an interesting complement to our work. This is necessary to ascertain that the results were not confounded by the public discourse taking place in Europe and Germany at the time of sampling. Likewise, the cross-sectional sample prevents us from drawing any conclusions about the durability and

possible changes of the results during the course of the crisis. As people and governments adapt to the pandemic on an almost daily basis, longitudinal studies would be helpful to investigate whether and how the domains change in relation to one another.

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Appendix

Table A1: Overview of items

Item	Item wording	Trigger	Actor	Guiding principle
ELDER	The European Union should guarantee a decent standard of living for the elderly in the EU	Welfare state	Individual	Risk-sharing
SICK	The European Union should guarantee access to healthcare for everyone in the EU	Welfare state	Individual	Risk-sharing
UNEMP	The European Union should guarantee a decent standard of living for the unemployed in the EU	Welfare state	Individual	Risk-sharing
ECON	In times of crisis, EU member states facing severe economic difficulties should receive financial help	Fiscal	Collective	Risk-sharing
COV-SICK	The European Union should guarantee access to healthcare for everyone in the EU who is ill because of the novel coronavirus	COVID-19 related	Individual	Risk-sharing
COV-NATR	During the coronavirus pandemic, every member state of the European Union is responsible for the spread of the virus in their own country	COVID-19 related	Collective	Risk-sharing
COV-ECON	During the coronavirus pandemic, EU member states should support each other beyond financial means	COVID-19 related	Collective	Risk-sharing

Source: Own description. Link to data: https://doi.org/10.7802/2033.

Table A2: Correlation matrix of items

	ELDER	UNEMP	SICK	COV-SICK	ECON	COV-NATR	COV-ECON
ELDER	1						
UNEMP	0.715	1					
SICK	0.685	0.635	1				
COV-SICK	0.641	0.612	0.77	1			
ECON	0.379	0.473	0.395	0.431	1		
COV-NATR	-0.023	-0.089	-0.046	-0.038	-0.054	1	
COV-ECON	0.251	0.326	0.297	0.345	0.541	0.042	1

Source: Own calculations. Link to data: https://doi.org/10.7802/2033.

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The revival of solidarity in disasters—a theoretical approach

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During the COVID-19 pandemic, the term solidarity has been on everyone's lips. We are also witnessing changes at record speed in the institutionalized solidarity provided by the welfare state (e.g., temporary emergency allowances or special regulations in tenancy law) along with the emergence of new forms of solidary local communal relationships. All this has triggered a host of empirical research on practices of solidarity all over the world. What we lack, however, is a theoretically based explanation for the overarching question of *why* this crisis is associated with a rise in solidarity. The article aims to address this research gap by supplementing solidarity theories in the context of social policy with a disaster-research perspective. To this end, the current coronavirus pandemic is understood not only as a crisis but as a global catastrophe consisting of different local disasters. To understand these processes, the paper revisits various approaches from disaster research to derive theoretical propositions about the current pandemic and to provide a deeper understanding of the emergence of solidarity in disasters. Specifically, I adapt Lars Clausen's macrosociological model of disaster figurations (*PERDUE* model) to solidarity research. This model enables an interdisciplinary analysis of the changes in solidarity for different national societies and from a European comparative perspective. The objective of this theory paper is to collect preliminary considerations that would need to be incorporated into an adequate analytical model of solidarity practices in the current COVID-19 pandemic.

Keywords: Solidarity, disaster, institution, sociological theory

1. Introduction

The current COVID-19 pandemic has not only revived solidarity practices but also long familiar theoretical questions. There seems to be a "gold rush" in the field of disaster research (Alexander, 2020) and even in such niche disciplines as medical history. Suddenly, researchers from these fields are very much in demand as interview guests (Borck, 2020). Questions about how people behaved in past pandemics and whether their behaviour in such states of emergency can be predicted are becoming relevant not only in TV shows but even more so in the political arena. Especially, when an ongoing catastrophe calls for countermeasures that depend on the social behaviour of people, the question of why people in crises behave in solidarity is perhaps even more important than the empirical description of increased solidarity practices. This is especially true when the term solidarity is used to describe a wide range of practices at both the level of civil society and government as was the case around the world last year. Across countries, for example, digitally disseminated expressions of solidarity under various hashtags and applause for the heroines and heroes of the pandemic characterized the initial phase in the spring of 2020. Social

distancing and staying home were seen as acts of solidarity not only with at-risk groups but also with systemically important individuals who went on to work for everyone else. In contrast, what is most striking in the current debate is the absence of substantial acts of solidarity by the state with these applauded groups of individuals and professions. Financial compensation for the extraordinary burdens or other structural improvements especially in the overburdened health-care systems have been very modest at best and oriented toward the short term compared to the huge rescue packages for the economy. In principle, however, the institutional solidarity practices that could be observed outshine any of the responses to similar situations before, including those to the 2008 financial crisis. Both the speed, the financial amount and the depth of state intervention are unprecedented in recent times and have been readily justified on grounds of solidarity.

While much empirical research has been launched to investigate current events throughout Europe, theoretical considerations to answer the question of *why* we are observing a revival of solidarity and what follows from this have been rather rare so far. If social trends really do show up more clearly under the burning glass of crises and catastrophes (for a critical view of this see Stehrenberger, 2020), as can be heard everywhere, then we should be able to find theoretically profound reasons for this in the body of almost one hundred years of disaster research. If one takes the time to sort through the existent research on solidarity and social behaviour in times of crisis, it quickly becomes clear that the question of population behaviour in crises and disasters has been a classic question since the beginnings of disaster research and that we may not have to reinvent the wheel to understand behaviour in the current pandemic. This was shown only recently by Daniel Lorenz and Cordula Dittmer in their article on prosocial behaviour in disasters, in which they discuss the phenomena of “utopian moments” in affected communities (Lorenz & Dittmer, 2020), demonstrating the chances for future research on this topic.

The following article presents theoretical considerations of disaster research and adapts them to solidarity research. The aim is to provide a collection of preliminary theoretical considerations that would need to be incorporated into a model for analyzing solidarity practices in the current COVID-19 pandemic.

This theory paper is structured as follows. I demonstrate that the institutional framework of the current COVID-19 pandemic itself suggests that it is useful to adopt a differentiated disaster sociological perspective and thereby distinguish between the categories of disaster and catastrophe. This will be deepened in the second section. The third section is devoted to making the general findings of disaster research on the analytical categories of time and on expected prosocial behaviour in disasters fruitful for the analysis of disaster-specific practices of solidarity. The fourth part addresses solidarity in pandemics and discusses some theoretical explanations from previous disaster research on private disaster-specific solidarity from below before I reflect on the prerequisites for a systematic analysis of the currently extremely rapidly changing state of institutional solidarity. Concluding that such an analytical model would have to allow for both exogenous and endogenous causes of disaster, I introduce Lars Clausen’s macrosociological process model called ‘PERDUE’. The fifth part briefly demonstrates its potential as a basis for a detailed case study by referring to selected German examples for the purpose of illustration. I close by outlining an interdisciplinary research perspective for a systematic analysis of pandemic-specific solidarity.

At first glance, the question of the structural conditions of the COVID-19 pandemic seems to be easy to answer given that the WHO has already declared an international disaster on 30 January 2020 and speaks of a public-health emergency of international concern. It is the highest alert level on its scale and explicitly adopts a global perspective. Since 11 March 2020, COVID-19 is officially a global pandemic (WHO, 2020). The EU Civil Protection

Mechanism has also been activated at the European level, so that the EU is not only officially experiencing a crisis but also legally in a state of disaster (DG ECHO, 2020).
At the national level, however, the responses of the member states vary considerably. The consequential damage of the pandemic has already been visible for months at various levels, and many governments have declared a legal state of emergency, enabling them to take far-reaching political measures (for a currently available overview see: Wikipedia, 2020). In France, for example, Macron "declared war" (Erlanger, 2020) on the virus early on and has now extended the state of emergency until February 2021. After a pause during the summer that was ended by increasing infection numbers, Spain is now also in a state of emergency again without a completely new disaster having occurred (DW, 2020). Due to the federal structure of the Federal Republic of Germany, only the federal states and regional authorities can declare a state of emergency, which only a few did (e.g., the state of Bavaria or the city of Halle). The federal government in Germany is responsible for civil protection only in the event of war and can provide funds for the federal states only in the event of a disaster through disaster relief but is not itself authorized to issue directives (ZSKG). At the local level, the region of Bergamo in northern Italy or New York in the USA are examples of special cases in terms of how the COVID-19 pandemic was interpreted as the respective health-care systems were rapidly overburdened early on. Here, the pandemic quickly took the shape of a local disaster with all the consequences that this entails such as the deployment of civil-protection or military forces and the request for federal assistance (Riegert, 2021; Pitzke, 2020; Wikipedia 2020).
These examples show very clearly that the COVID-19 pandemic is categorized differently depending on its location and for this reason alone cannot simply be investigated using a standardized model of disasters. Any detailed case study on the solidarity practices during COVID-19 must consider these specific local conditions.
Throughout the history of mankind, much has been written about past epidemics. Specific to the current pandemic, is not the disease but the global political reactions to it. COVID-19 is not even particularly mortal compared to the plague or Ebola, but since the infection can occur with no or hardly any noticeable symptoms, its spread is very difficult to predict. Because of this potential for uncontrolled mass spread, even small percentages of severe and lethal cases can become crucial for maintaining the capacities of health-care systems. The fight is therefore being fought against excessively high predicted figures and rather rarely against the visible effects of the virus itself. The political responses and reactions to COVID-19 worldwide are largely preventive precautionary policies designed to prevent a collapse of health-care systems. They include several measures that can be understood implicitly or explicitly as *institutional solidarity*. Since the institutionalization of solidarity instruments usually proceeds in an incremental fashion and has historically developed along culturally different paths over exceptionally long periods of time (Esping-Andersen, 1990; Kaufmann, 2013), there is a need to explain how this disaster-specific, very rapid institutional solidarity change took place. Moreover, the solidarity practices from below that have been unleashed during this pandemic are also extraordinary, even for disaster research, because "in the current pandemic crisis, we are witnessing this flowering of social solidarity and creativity on a heretofore almost unimaginable scale" (Tierney, 2020, 4). This leads to the following question. What can we conclude about the COVID-19 pandemic from previous social-science disaster research? To address this question, however, we first need to clarify another one. What *is* a pandemic seen from a disaster-research perspective? Should it be considered a crisis, a disaster or a catastrophe? The next section will deal with these questions in detail.

2. Pandemics in disaster research— crisis, catastrophe or disaster?

The last truly global pandemic—the Spanish flu from 1918–1920—dates back more than one hundred years ago to a time when there was no systematic disaster research with findings on pandemics that we could draw on today for COVID-19. However, there is a vast body of research on social factors in other collective crises (Geenen, 2003) that can be employed to understand the social dynamics of the current pandemic. Even if the scale of this pandemic is entirely new, we can revisit insights from nearly one hundred years of disaster research. Many findings are controversial, but the consensus is that "the knowledge base of social science disaster research is relevant to the current coronavirus crisis" (Tierney, 2020, 2).

Samuel Prince is considered a pioneer of disaster research and one of the first to take a closer look at communities in a case of emergency (Scanlon, 1988). He based his disaster research on a study of the Halifax explosion and, as early as 1920, called it *Catastrophe and social change*. A few years later, in 1932, Lowell Juillard Carr was "the first in the field to try to understand disasters in terms of social action" (Dombrowsky, 1998, 18). In his research, he concentrated on ´cultural protections' and not just on physical impacts (Carr 1932). Since World War II and the US National Opinion Research Center (NORC) studies at the latest, which examined population behaviour in the event of war, research on social behaviour in disasters and not physical destruction has been the core area of the discipline (Dombrowsky, 2008, 53).

Thus, today's disaster research has long agreed that there are no purely natural hazards but socially constructed disasters and catastrophes (Quarantelli & Dynes, 1977; Clausen et al., 2003; Voss, 2006; Dombrowsky, 2010; Oliver-Smith & Hoffman, 2020). Yet how the term *disaster* is to be defined and how it differs from collective crises (Geenen, 2003, 12ff.) and catastrophes is still disputed within the discipline (Quarantelli, 1998; Perry & Quarantelli, 2005; Clausen et. al., 2003; Oliver-Smith, 2020; Montano & Savitt, 2020).

A widespread pragmatic distinction between "everyday emergencies", "disasters" and "catastrophes" (Geenen, 2003,13) was made, especially in the English-speaking world, by Enrico Quarantelli:

> "*Just as there are major differences between behaviours in everyday emergencies and community disasters, there are also differences between disasters and catastrophes. For example in the typical disaster, the homeless seek shelter with local friends and relatives; in catastrophes since most everyone is homeless that cannot occur. So, the facilities and operational bases of almost all emergency organizations are often directly hit in a catastrophe; this seldom occurs in a disaster. Different planning for the managing of a catastrophic occasion than of a disaster is required. Of course, what would be catastrophic for a small town might be only disastrous for a metropolitan area." (Quarantelli cited in Geenen, 2003, 13)*

According to Geenen, Quarantelli draws her classical distinction between "disaster" and "catastrophe" along the lines of the *magnitude* of events, the dimensions of *affectedness* and the *restriction of the ability to act*. For events to qualify as a catastrophe in this view, the following four requirements must be met:

> *"1. The entire community is affected, so that almost everyone is in a similar situation (without shelter); 2. most of the facilities and operational bases of the emergency response and emergency organizations are themselves affected; 3. local authorities are also unable to assume their usual working roles, not only in the course of the SAR (search and rescue) phase but also during recovery and reconstruction; 4. most of the community's daily functions are simultaneously and sharply disrupted." (Geenen, 2003, 13, own translation)*

In this sense, the COVID-19 pandemic is neither a typical disaster nor a catastrophe. Instead, it combines characteristics of both types. The global scope and the extensive involvement of all actors and emergency organizations speak for a catastrophe. While the temporally and spatially differentiated spread of the virus creates many local disasters.
This conflicted question of the categorization of the COVID-19 pandemic and its consequences has recently been discussed in detail by Samantha Montano and Amanda Savitt (2020). In their article, they use the traditional differentiation between emergencies, disasters and catastrophes as different types of hazards and discuss why the pandemic does not really fit any one of these categories. They point out what kinds of problems are involved in handling this event in general and in emergency management and disaster response in particular. Moreover, following Quarantelli, they stress that for the discipline "this is not just a theoretical exercise, but a practical one" (Montano & Savitt, 2020, 4). As the focus here is on solidarity, I will not go into these details further but want to follow the authors' line of reasoning. They conclude: "Although the ongoing pandemic does not fit neatly into a category, as discussed above, it is most appropriate to view it through the lens of catastrophe, rather than a more localized and less impactful disaster" (ibid.). In this vein, I will use the term 'catastrophe' in referring to the global pandemic.
This linguistic distinction also reveals a difference in the development of what in German sociology has been termed *Katastrophensoziologie* and the American *disaster studies*. The former is characterized by the theoretical macrosociological perspective of the founder of German disaster research, Lars Clausen, while the latter is particularly characterized by numerous state-financed practice-oriented American case studies of the 1950's (Dombrowsky, 1995, 2008, 53ff.; Clausen & Dombrowsky, 1983). Since both of these lines of research would designate a global pandemic a catastrophe, I will use the term disaster in the context of the current collective crisis only for locally limited outbreaks and stick to the term catastrophe when referring to the overall phenomenon. I will specify this usage in more detail in the last section on the basis of Lars Clausen's *PERDUE* model.

3. General findings of disaster research

In the daily practice of disaster management, concepts have long since been in place that regard disasters as exogenous events occurring more or less unpredictably and therefore requiring professional preparation. In the same way that one would think about controlling or containing the spatial or temporal extension of the disaster, the anticipated behaviour of the affected people had to be considered. For practitioners, population in this context has long been just a single factor among others. Therefore, models were particularly popular in empirical case studies that divide these events into temporal phases of a pre-impact and post-impact event and into geographical areas (often in circles) around an impact area. Researchers have conducted numerous case studies and developed various disaster models to predict population behaviour in certain scenarios such as (nuclear) bomb attacks, earthquakes, tsunamis, wildfires and the like in order to establish solid theoretical foundations and explanations for civil protection and disaster control, ultimately in the hope of devising a universal disaster scheme. Even though this attempt to classify these models for the American Federal Emergency Management Agency (*FEMA*) was abandoned in the 1970s because of the excessive complexity and diversity of the individual cases (Dombrowsky, 1983, 28), this body of work still provides a general overview of the current situation and some useful points of reference for deriving insights on solidarity practices.

3.1 Typologies

Russell Dynes (1976) tried to classify catastrophes in relation to their "causes", "frequency of occurrence", "predictability" and "controllability". He developed a typology of disasters in which he expected the degree of destruction and reactions to vary from type to type

depending on their respective characteristics in terms of “rapidity”, “early warning time”, “duration of effect” and “spatial extent” (quoted in Dombrowsky, 1983, 26–27; own translation). In this typology, the current pandemic would fall into type 4 of *a long-lasting cause with an increasing threat*, as this characterizes epidemics or droughts in general. By contrast, we would expect different social behaviour in type 1 disasters, for example, which are characterized by *a single cause with a limited duration* such as tsunamis or explosions. Even if this typology itself does not make precise statements on solidarity in pandemics, the temporal duration of the threat is of great importance for any considerations on solidarity in the current situation. A first aspect that we need to think about in a systematic analysis of solidarity in crisis situations should therefore be how the temporal persistence of a threat is likely to have an impact on solidarity practices. Taking into account this temporal aspect, it is likely that different phases of solidarity practices may occur that vary widely in expression and intensity. And it can be expected that some practices are only short-term phenomena. On the basis of these considerations the paper will discuss *successive phases* of different solidarity practices. In considering these phases, we should bear in mind that initial empirical observations may not extend throughout the pandemic.

Besides the temporal aspect during a disaster, its long-term development is also interesting. According to Michael Barkun’s (1977) cross-epochal categorization of disasters in history, the quality of disasters has changed in terms of both their causes and their temporal and spatial boundaries. He distinguishes between “three disaster modalities between c. 1750 and the present” (Barkun, 1977, 219) and links this to changes in these six dimensions:

> *“Pervasiveness versus boundedness; transitoriness versus chronicity (i.e. short- v. long-term); randomness versus expectability; natural causes versus artificial causes; perceived solvability versus perceived insolvability; and substantive content (whether political, economic, social etc.).” (ibid.)*

Barkun (1977, 220) believes that, in the wake of the industrial revolution, the once prevalent “homeostatic disasters”, which automatically return to an equilibrium, have been displaced by a new type of “metastatic disasters”, which he describes as an “artificial catastrophe caused by human behavior and whose unclear spatial and temporal boundaries make [the] return to equilibrium problematic” (ibid.). All natural disasters are instances of the homeostatic type, whereas “explosions, local economic fluctuations, and most conventional warfare” (ibid.) are examples of the metastatic type. The current pandemic, however, falls within a third, new type that emerged in the 20th century and which Barkun calls “hyperstatic disasters”. He defines this type of disaster as an “artificial catastrophe intensified to the point of completely obliterating discernible spatial and temporal boundaries, through global extension and system-destroying properties” (ibid).

Unlike past epidemics in the history of mankind, the COVID-19 pandemic is no longer a homeostatic disaster. Compared to ‘natural’ epidemics, which were geographically relatively limited by long travel times and low population density, the pandemic will not end on its own and is driven by human activity. The new report of the Intergovernmental Science-Policy Platform on Biodiversity and Ecosystem Services (*IPBES*) explicitly warns of a coming “era of pandemics” (IPBES, 2020) with up to 827,000 zoonoses that could have the ability to infect people. To prevent them, the platform recommends that the world’s governments take concrete action to address those same human activities that are driving climate change and biodiversity loss. Climate change, human civilization and globalization are causes of the growing potential danger of pandemics (IPBES, 2020). With this in mind, I interpret the current COVID-19 pandemic, which has already spread globally and has consequences for all social systems, as being a partly artificial catastrophe in Barkun’s sense. According to his definition, it qualifies as a hyperstatic catastrophe. It is not expected to

disappear by itself, rather the whole world is waiting for artificial vaccines to provide a technical solution to contain the disease. In the context of the debate on climate change and the Anthropocene, awareness of the long-term effects of pandemics is increasing and a kind of public awareness of the growing risks of similar viruses is taking place. It can be assumed that this particular type of catastrophe will shape the social behaviour of populations in the long term and cast new doubts on the controllability of nature.

This impact on behaviour gives reason to harbour a second expectation with respect to the social effects of the current pandemic. The spatial and temporal dissolution of boundaries has entailed changes in the qualities of disasters over the course of history. This applies to pandemics as well. Because the COVID-19 pandemic will not end automatically, some of the social changes that it will have brought about can be assumed to be long-term and here to stay. Among those changes is a growing awareness of vulnerability of societies to highly infectious diseases. This sensitization to new risks can lead to an increased search for either technical or non-technical solutions. Either way, the COVID-19 pandemic makes it clear that success in the domination of nature—in this case in the form of controlling or eradicating a highly infectious disease by means of vaccines and other technical remedies—cannot be taken for granted. The already tarnished narrative of the control of nature and technical solutions to all problems continues to lose plausibility and appeal, a development which may have consequences for non-technical solutions. As the plausibility of the technical control narrative erodes, it is likely that alternative non-technical solutions such as cooperative disease-related social solidarity practices might become more attractive.

3.2 Disaster myths and prosocial behaviour

Apart from the disaster typologies mentioned above, the results of the numerous case studies on disasters are especially interesting for an analysis of solidarity practices in the current situation. For decades it has been considered a proven fact that most disaster situations involve no panic and looting but rather prosocial behaviour and increasing solidarity and willingness to cooperate (Quarantelli & Dynes, 1977, 43ff.; Hoffman, 2020a, 144ff., 2020b; Geenen, 2010, 75–77; Quarantelli, 2003; Holenstein & Köng, 2014; Tierney, 2020, 2). Many different studies have shown that the reports of panic, looting and chaos are persistent disaster myths kept alive by the mass media (Quarantelli & Dynes, 1977; Geenen, 2003, 14; Prisching, 2005, 171; Lorenz 2010, 73). From the perspective of disaster research, the increased willingness to cooperate and the phenomena of solidarity are thus less a remarkable exception than the norm when it comes to behaviour in the event of disaster.

However, these studies have largely been conducted in Western societies (Geenen, 2010; Holenstein & Köng, 2014), mostly in the USA, so that we cannot know for sure whether such an increase in solidarity in the event of disaster can be generalized to other settings as well. The basic idea informing these studies is that the stability and condition of a society before the occurrence of a disaster highly influences social behaviour and norms in a subsequent disastrous event. The given state of a society is therefore decisive for the moral values and norms applied in an emergency. On a cultural level, it can be assumed that people in rich societies with a political high stability and a strong welfare state in principle place more trust in the authorities (Geenen, 2010, 121ff; Prisching, 2005, 59f.; Prainsack, 2020, 130). The classic ideas of social unrest and looting in disasters are no more than empirically untenable disaster myths pushed mainly by journalists. They were the ones to be caught off guard by the massive worldwide prosocial behaviour in the beginning of the current pandemic. Even though decades of empirical research have shown that it should come as no surprise to disaster researchers that COVID-19 has given rise to solidarity

practices, it still is not well understood *why* this increase in solidarity occurs in the event of a crisis. In the following, I will put some theoretical explanations up for discussion.

4. Solidarity in pandemics

Ever since Emile Durkheim (1964 [1893]) distinguished between mechanical and organic solidarity, the concepts of solidarity have been contested in the social sciences. Until today there are many different definitions and scientific approaches (Bayertz, 1998; Prisching, 2003; Hondrich & Koch-Arzberger, 1992). Solidarity is usually conceived differently at the micro, meso and macro levels. This does not mean, however, that these concepts must be mutually exclusive. In a constructivist understanding, solidarity is seen as a dynamic process in which the conditions of the formation and construction of affiliations can become the focus of analysis (Börner, 2018, 27ff.). In this perspective initial solidarity practices on a micro level can be institutionalized over time, even to the point of a state structure such as the welfare state. In this paper, institutionalization is also understood as an ongoing process involving smooth transitions from the micro to the macro level. Accordingly, an analysis can range from solidarity practices at the private micro level to the (supra-)state macro level. Groups and organizations on the meso level can of course be private as well as public or governmental. Many intermediate levels are also possible.

Regardless of the respective interpretation of solidarity, the phenomenon of solidarity is naturally linked to crises, also in social-policy and welfare-state research, since both private and state solidarity are in demand in moments of need. Solidarity is called for when something goes wrong. Solidarity practices are always practices of support. The difference between everyday forms of solidarity and solidarity in disasters is that the former typically comes with much less extreme time pressure than the latter. Individual actors and civil-society groups can spontaneously emerge on the private level when a problem is pressing, but one can also plan long-term solidarity structures and networks. At the state level, by contrast, the institutionalization of solidarity takes a long time, and institutionalized practices have usually grown historically over long periods (Dallinger, 2009; Börner, 2013; Prainsack, 2020).

The assertion made here is that the differing temporal structure in disasters has consequences for disaster-specific solidarity at the micro level of private individual actors as well as at an institutional meso level and the macro level of the state. Furthermore, the current disaster-specific solidarity as opposed to solidarity in 'normal times' is influenced by some special characteristics of a pandemic as a specific type of disaster. Besides physical factors, like the risk of contagion, there are many aspects of an institutional framework that need to be taken into consideration. For example, the aforementioned legal provisions in pandemics implemented as local, regional, national and international institutionalized law are relevant to the possible practices of solidarity. The institutional framework and its condition thus enables or prevents solidarity practices *on all levels*. Sections 4.1 and 4.2 discuss these characteristics and their implications for private and institutional solidarity practices.

4.1 Private solidarity: Individual and group solidarity at the micro level

Wolf Dombrowsky dealt with the problem of solidarity both empirically and theoretically in 1981 on the occasion of a snow disaster of unusual magnitude for northern Germany. Drawing on Ferdinand Tönnies (1887), Dombrowsky argued that disaster-specific solidarity must be conceived as deliberate act of *Vergemeinschaftung* by individuals to prevent the socially problematic consequences of disasters (Dombrowsky, 1981, 27). He explicitly sees no place in disasters for the principle of anonymous *Vergesellschaftung*, which underpins state or institutional forms of solidarity and works behind people's backs (ibid.). This kind of solidarity as part of an institutional order is just as much at risk of collapse in the event of a disaster as are other important social functions. This line of theorizing thus expects

little power at the meso and macro level to explain solidarity phenomena. In this perspective, individual and group solidarity at the micro level increase as a result of processes of *Vergemeinschaftung* in the pandemic. When institutional order and welfare functions collapse, institutional solidarity at the meso and macro level, which are based on processes of *Vergesellschaftung* and a functional division of labour, also breaks down. This could also occur, for example, if the worst-case scenario were not a direct collapse of the state but if the local welfare authorities, such as the job centres for the unemployed, were no longer able to function due to a pandemic. Functionality is understood here as a continuum between the poles of unrestricted readiness for action and total collapse.

Dombrowsky differentiates even further drawing on Durkheim's distinction between "mechanical" and "organic solidarity" (Dombrowsky, 1981, 28). If newly emerging individual solidarity practices are a reaction to the consequences of a disaster, they no longer replace everyday routines but can be understood as special programmes of social action to accommodate extraordinary circumstances. An example in the pandemic would be neighbourhood cooperation in the form of self-organized childcare or home schooling. These spontaneously emerging solidarity practices respond to dysfunction of professional childcare and education, which is otherwise organized via a division of labour. On the micro level, they can be conceived of as mechanical solidarity based on local communities that compensate for the loss of organic solidarity.

The switch to new routines does not apply equally to all members of society. Not all everyday routines break down; for some, they only change into disaster routines. This is especially true for members of civil protection, fire departments and other institutions, who in their professional role always work with special programmes of social action to address crisis situations. Yet a pandemic is not an everyday scenario for these professional helpers either, so that they too may be restricted and affected in their functionality. In times of a pandemic, for example, the solidarity of a volunteer fire department in a small village may well break down for a lack of infection protection. Some professional disaster relief workers, however, may routinely be offered special training courses, say by the Red Cross, for dealing with highly infectious diseases, in which medical and technical personnel, for example, learn how to handle and work with full-body protective equipment. Workers trained in this way, who may have rehearsed these techniques for relief operations such as Ebola epidemics abroad, can of course also apply these special programmes of social action in a COVID-19 pandemic at home. We can therefore conclude that increased solidarity practices depend on the respective group affiliation and the competencies of the actors. Furthermore, the collapse of institutional solidarity at the meso and macro levels is highly dependent on the disaster scenario and should therefore never be viewed in a generalized but rather in a differentiated manner.

Ralph Turner (1967) offered a similar theoretical perspective when he reinterpreted Durkheim's distinction between mechanical and organic solidarity with regard to group reactions to disasters:

> *"Apparently, when the division of labor which supports organic solidarity breaks down, there is often a resurgence of mechanical solidarity, based upon the vital sense of shared sentiment among the victims and other persons directly or indirectly involved in the disaster." (Turner, 1967, 62)*

In contrast to Dombrowsky's reading, Turner emphasizes the differences between in- and out-group distinctions in mechanical solidarity. As early as 1967, he described the phenomenon of an "intolerance of outsiders" towards disaster-relief workers and assumed that "the discovery of heightened solidarity within crucial group boundaries [takes place], and especially among persons believed to share the common sentiments of disaster victims" (ibid, 61). Thus, although disasters can lead people to overcome differences and

conflict, the prerequisite for this is a shared experience of the situation and mutual recognition as victims or at least as being affected. In this sense, the resulting solidarity is exclusive. Being affected and recognized as a jointly affected group is a prerequisite for the increase in exclusive group solidarity in disaster.

Turner's considerations, however, go far beyond mechanical solidarity. His focus is on the relationship between mechanical and organic solidarity. With this focus, he contradicts Durkheim's evolutionary model and instead posits mechanical solidarity as a functional "precondition to the activation of an organized division of labor" (ibid, 62). On the basis of the assumption that mechanical solidarity must be present as a necessary "effective substratum" for organic solidarity, Turner is concerned with the visibility of solidarity in a society. He concludes that it is sufficient if organic solidarity is implicitly given and "merely to the degree to which a common consciousness has come to be taken for granted" (ibid, 62). Building on this, he sees the necessity of the "enactment of solidarity" in crises and disasters in which organic solidarity and the division of labour are endangered or when this acceptance of a common set of standards no longer exists (ibid, 63). In this vein, the highly visible expressions of solidarity in public discourse during the current pandemic can be read as social acts of reassurance that basic mechanical solidarity still exists. At the same time, the permanent invocation of and appeal to solidarity during the previous year are a sign of the fragility of organic solidarity. The discussion about the systemic relevance of certain professions and the associated expressions of solidarity with medical personnel that have accompanied the pandemic is a vivid illustration of this. If one's own role in the division of labour is not considered to be systemically relevant, being reassured, via a joint expression of underlying mechanical solidarity, that one belongs to the group of those affected appears to be particularly comforting.

In summary, in this theoretical perspective, declarations of solidarity and the public display of solidarity are a necessary reaction to the threat to organic solidarity in a society based on the division of labour. They have a stabilizing and reaffirming function, especially in pandemics that lead to severe isolation.

In her literature study on population behaviour in multicultural societies, Elke M. Geenen (2010) proposes a socio-psychological explanation of the rise of solidarity practices on an individual level to which many theoretical approaches to solidarity refer. Drawing on Hugh Miller's anthropological group theory (1964), which assumes that people in groups had evolutionary advantages through "insulation from selective pressures" (quoted in Claessens, 2013, 96), she argues that "hundreds of thousands of years of cultural development in permanent and spontaneous group formation" still have an effect today (Geenen, 2010, 79ff., own translation). The protection afforded by the group allowed humans to specialize less and adapt to the group instead. In this anthropological socio-psychological reading, which assumes an influence of millennia-old processes of socialization, the spontaneous solidarity practices of groups in disasters could thus be expected to be the 'normal' reaction of the human species and would not require further explanation. In view of challenges associated with the current pandemic, however, another one of Geenen's thoughts on solidarity is particularly interesting. For her, the

> *"cultural and civilisational challenge in multicultural societies today is to rethink group boundaries in the face of a globalising world and to overcome archaic insulations that are essential for survival in the early phases of human development and to create cross-cultural forms of 'we' based on solidarity" (Geenen, 2010, 81, translation by USZ).*

Similar to Turner's reflections on solidarity in in- and out-groups, this idea provides a further argument for not overestimating global and transnational solidarity practices in the pandemic. Instead, we can assume that identity constructions and group boundaries play

an important role in exclusive solidarities. Although identity constructions and group membership in general are crucial for most concepts of solidarity, there are some indications for specific group affiliations in disasters. The sequence model of disasters that I will present below vividly shows how identity constructions like 'being a full victim', which are disputed along group boundaries, can have an enormous influence on solidarity practices. To the first insight gained in this paper that solidarity practices depend on the temporal development of a disaster, I would like to add another relevant perspective at this point. Susanna Hoffman's (2020a, 2020b) *model of cultural response to disaster* comprises different phases of a disaster that are characterized by very different behaviours among those affected. In her model, a very short phase of "extreme individuation" (Hoffman, 2020a, 143) is followed by an initial phase of solidary group formation (ibid, 144ff.), which is characterized by prosocial supportive behaviour among the affected individuals and overcomes all previous differences. Of particular interest, however, is the later shift from solidarity to processes of de-solidarization (ibid, 150f.). In this phase of conflict, group affiliations are renegotiated and redefine who is considered a full victim of the disaster and who is not. In addition, the groups set themselves apart and are set apart from the outside world. At the same time opponents are sought. "The perceived foe is generally whatever agency brings or embodies, and consequently controls, restricts, or denies, restitution. Most commonly [...] it is the government" (ibid, 149). It is only during an even later phase of recovery that one observes a "dissolution of survivor unity" (ibid, 153) and the "victims to one degree or another reintegrate with the whole society" (ibid.). Turner, too, assumes that a phase of increasing solidarity is followed by a phase of bitter conflict, characterized by the search for scapegoats and the emergence of old factionalisms and widely manifested hostility (Turner, 1967, 61). This leads to my last hypothesis on individual solidarity practices. One can expect a solidarity phase of *Vergemeinschaftung* to be followed by a conflict phase during the disaster process. This phase will end only if and once the pandemic-specific groups disintegrate again and integrate into society as a whole. Disaster-specific solidarity practices at the micro level can thus be ended by processes of *Vergesellschaftung*.

In principle, the hypotheses on individual solidarity practices outlined above also apply to the meso level. Disaster-specific emergent groups, which over time become institutionalized as civil-society organizations, can sustain the conflict far beyond the actual disaster. An example would be the self-help groups in Hoffman's case study, which not only fought the insurance companies in the wake of the disaster that they themselves experienced, the Oakland firestorm, but also advised victims of other disasters years later in their struggle against their insurance companies. This shows very well that the institutionalization of formerly private solidarity practices can take decades and should be understood as a continuum of sedimentation. It can take even longer for private practices to proceed through various intermediate public stages to finally reach the level of the welfare state (see, for example, Börner, 2013, on health insurance). This makes the current rapid changes in state solidarity actions during COVID-19 even more difficult to explain—a task to which we will now turn.

4.2 Institutional solidarity: Meso and state macro levels

As described in the introduction, a society's institutional framework limits or enables practices of solidarity during a pandemic. In contrast to Wolf Dombrowsky who assumes that institutional solidarity cannot be disaster-specific solidarity, I believe that this depends very much on which parts of the institutional order are restricted in their functioning depending on the scenario. This may vary greatly depending on the location and structural conditions of a specific disaster.

In general, institutional solidarity in the welfare states of the Western world varies in terms of how it is organized, which depends on historical developments and path dependencies (Esping-Andersen, 1990). These differences notwithstanding, we have witnessed an extremely rapid deployment of *similar institutional forms of solidarity* in response to the pandemic in a range of different countries throughout the world. In the following, I will take a systematizing look at typical pandemic responses by drawing on a few selective examples from Germany. These examples serve the purpose of illustration and could be easily supplemented or replaced by similar examples from other countries.
If we look at current responses to the pandemic, we can observe institutional solidarity in at least three dimensions:

1. The use of *proven solidarity tools* such as 'temporary allowances' that have been created to address such exceptional situations.
2. *New institutionalizations of solidarity* in which completely new measures are used that have been 'invented' especially for the pandemic. One example would be the legal 'mask obligation'.
3. *Solidarity through de-institutionalization* where bureaucratic processes are simplified or immediately suspended. Examples in Germany are the simplified application procedure for unemployment benefits (often publicly referred to as '*Corona-Hartz-IV*') or the temporary suspension of tenant evictions and insolvency law.

Analogous to the above question about solidarity-based population behaviour, the interesting question about this extremely accelerated institutional change in solidarity is again *why* is it happening and the related question of how this change can be grasped theoretically.
Classical institutional analytical models usually draw on arguments about functionality and legitimacy from the fields of economics, pragmatism or neo-institutionalism. They are not designed to investigate this kind of extremely rapid institutional change and are therefore not sufficient to adequately explain the institutional solidarity practices during the COVID-19 pandemic. All perspectives take either very short-term or very long-term changes into account, but what is needed is a model suitable for the analysis of long-term everyday life and 'normality' on the one hand *and* for the analysis of short-term exceptional situations on the other.
Furthermore, such a model should capture the effects of institutional solidarity measures themselves. In a dynamic catastrophic event in the form of a long-lasting pandemic, it is unclear to what extent the reactions to the catastrophe also constitute it. Sandra Pfister puts her finger on this point in her social constructivist reading of the current COVID-19 pandemic:

> *"While Stallings considers disaster responses to be disruption routines aimed at stabilising disrupted routines, the response to the Corona pandemic actually consists in the disruption of routines. Paradoxically, the suspension of order is considered the means of salvaging it. This is not to deem such measures as unnecessary. But if the experience of disaster actually consists in the disruption of the taken-for-granted order, then the response is a constituent element as well—at least to the same extent as the biological effects of the virus itself." (Pfister, 2020)*

A systematic comparative analysis of institutional solidarity practices during COVID-19 calls for a theoretical model that can take *exogenous causes* of disaster such as the virus into account as well as *endogenous causes* such as the catalytic effects of the measures. To examine the expected shifts in private solidarity practices over time, a *process model* of the pandemic is indispensable.

The macrosociological process model of catastrophes by Lars Clausen fulfils these requirements. It will be presented below as a theoretical framework to address questions concerning the relations of catastrophes and the dynamics of institutional solidarity.

4.3 The macrosociological PERDUE model

In line with current disaster research, Lars Clausen assumes that "all disasters are cultural" (Clausen, 1992, 183). In his perspective, there are no purely natural disasters which, as exogenous factors, lead to the collapse of societies. In reference to Wolf Dombrowsky, he adopts the formulation that "large scale disasters can be taken as full-scale 'falsifications of whole societies'" (ibid.). This means that in the case of "crass social change" (Clausen, 1994) knowledge and routines of action that are taken for granted suddenly cease to function and expectations lose their validity. In this sense, catastrophes can also have purely endogenous causes as a "normal outcome of social change" (Clausen, 1992, 182). In principle, knowledge about rare disasters is lost over time as part of the formation of everyday routines. Former dangers are no longer consciously taken into account even by experts in everyday life and in the formation of new routines of action. When disaster strikes, this leads to a conflict between experts and laypeople that is characterized by mistrust. Thus, even very slow social change over the course of centuries can lead to invisible threats to a society.

Drawing on Norbert Elias' concept of figuration (Elias, 1970, 139ff.), Clausen designed a model of catastrophe as a process with which crass social change can be analyzed in three dimensions. The model employs the two dimensions of rapidity and radicality that are also common in other disaster models and supplements them by a third dimension of rituality. A visualization of the model became known in Germany as *Kieler Würfel* (Kiel Cube), where the corners of the cube form the respective ends of the poles (Clausen, 1992, 187).

In the dimension of rapidity, social change can range from the poles of deceleration to acceleration on a visualized X-axis in a coordinate system. Social change can thus take place very quickly or very slowly. The dimension of radicality on the Y-axis ranges from isolated social acts to very strong interdependence. Isolated changes in social acts are not very radical at the macro level of society. The more networked and comprehensive the respective process of change, the more radical it is for societies. The additional dimension on the Z-axis in the model is that of rituality. It allows statements about the kind of explanations that a society turns to in order to make sense of events. "One extreme is a highly rational, highly secular way of explaining things; the opposite extreme covers highly 'magical' explanations." (Clausen, 1992, 186)

With the help of these three dimensions, Clausen determined six possible paths that social change can take during a catastrophe. These are the stages:

(1) **P**eace is founded;
(2) **E**veryday routine;
(3) **R**ising class struggle;
(4) **D**isasters strike;
(5) **U**nconditional surrender of collective defence; and
(6) **E**vaporation of common values.

It is important to recognize that not every catastrophe has to pass through all these phases but that there can be different 'solutions' to the situation and these can be applied repeatedly (ibid, 188).

The *PERDUE* model allows us to systematically analyze how pandemic-induced solidarity practices take shape at the micro, meso and macro level in each case and how they change over time. The model is explicitly designed to include cultural and national characteristics

of societies in the analysis of social change as endogenous causes of catastrophes. The coronavirus itself can also be included in considering a figuration as a rarely occurring external factor that affects a society with a certain degree of vulnerability.
In the following, I will use this process model to examine the German case of the current COVID-19 pandemic. In principle, the coronavirus pandemic could be analyzed globally as well as in a comparative manner. For a comparative approach between nation states, the respective expert–layperson conflict could be particularly revealing in the analysis and lends itself to further research.

5. COVID-19 and the German case

Since a complete systematic analysis of the German COVID-19 case is not possible in the context of this paper, the theoretical model presented here will be illustrated selectively by providing anecdotal examples from current public discourse in Germany. A comprehensive analysis to empirically test the hypotheses put forward here and the practical applicability of the model must be left to a future paper. Accordingly, the following remarks are intended to indicate what issues a fruitful future project might address.
If one approaches the current situation from a historical perspective, Germany experienced the last comparable pandemic when the Spanish flu hit in several waves of infections in 1918–1920. It, too, was a truly global pandemic that attracted comparable attention. “Since 1918, at least six other pandemics have affected public health, including three caused by influenza viruses, the HIV/AIDS pandemic, SARS and now Covid-19.” (IPBES, 2020, 16). Even back then, one could observe social practices such as wearing a face mask or regional ‘flu vaccinations’ at schools to protect oneself from the virus. The end of the last pandemic and the increasing medical achievements in the fight against other infectious diseases, such as vaccinations and other measures, led to a solution to the general problem of ‘pandemics’ and the entry of the first stage in the process model: peace is founded. This was followed by a phase of social change lasting over a hundred years, in which social practices in dealing with infectious diseases were partly forgotten by the population as well as by the responsible elites such as politicians, physicians and epidemiologists. In this second stage, everyday routines emerged that no longer took into account potential protection against infection because it no longer seemed necessary. Examples of such changed everyday practices would be the use of large-capacity carriages in trains as opposed to earlier compartments or, more generally, the use of air conditioning instead of opening windows in vehicles and buildings. As these inventions were introduced, simply no one thought that these practices posed new dangers. These are typical unintended side effects. These examples of hidden reasons are further purely endogenous factors that have increased the vulnerability of German society to disasters and catastrophes stemming from epidemics and pandemics. It goes without saying that medical knowledge in microbiology and neighbouring fields is more advanced today than one hundred years ago. Yet knowledge about the effectiveness of everyday practices such as self-stitched face masks was still extremely controversial among experts at the beginning of the current pandemic. And just as there were early advocates, there were also sceptics in the ranks of politics and science from the outset who strongly doubted the effectiveness of the masks. Even in the dimension of rituality, completely irrational rumours and fears quickly gained currency that— similar to the anti-vaccination debate—attributed harmful effects to the masks, including the death of children. Ultimately, it took until the end of April 2020 before masks became mandatory in Germany.
The third stage, which according to Clausen is characterized by growing class conflict, can be described very clearly in Germany by reference to the homeopathy controversy. Even before the COVID-19 pandemic, there was mistrust in what some call ‘orthodox medicine’. Alternative methods of treating diseases are very popular among large parts of the

population, and even the public health-insurance providers partly cover the costs of homeopathic treatment, the effectiveness and coverage of which is highly controversial. In the dimension of rituality this would be an example of a current conflict between explanations bordering on the 'magical' and the 'rational' ones favoured by the health-care system. The neoliberal reforms of the German health-care system in recent years, which introduced profit orientation in hospitals, for example, can be interpreted as endogenous causes of rising class struggles in the German health-care system. In this context, it would seem logical to examine the differences between privately and state-insured persons, a distinction that is colloquially referred to as *Zwei-Klassen-Medizin* (the implication being that this involves a first- and a second-class medical treatment).

The fourth stage is the striking of the current disaster and coincides with the first COVID-19 cases in Bavaria at the end of January 2020. It continues still today. The reactions of the population and the measures taken by the government can be interpreted as acute collective defence. So far there has been no fifth stage of collective 'surrender' and therefore no sixth stage of an evaporation of common values.

Quite to the contrary, I would like to argue that 'solidarity' in stage four still serves as the central shared normative value for the figuration of the German COVID-19 case. Both experts and laypeople employ the concept of solidarity as a strategy of legitimation. Social distancing and the wearing of face masks are considered acts of solidarity towards risk groups. Solidarity practices from below, like self-organized childcare or the increased activities of already existing or spontaneously emerging civil-society groups, are labelled as local solidarity. Even though the pandemic may affect people to different degrees, it is first and foremost perceived as an event that has come upon all citizens as one large group. Financial economic aid and the use of proven solidarity tools such as temporary allowances are framed as solidarity with the economically affected. Interestingly, however, they are also more likely to be affected by the consequences of government countermeasures than by the virus itself. At this point, the relevance of considering endogenous causes and not only the virus as an external factor once again becomes particularly clear. Even if the appropriateness of such solidarity with, for example, the Lufthansa airline immediately raised public doubts, the notion of solidarity nevertheless constitutes a value shared by both the advocates and opponents of extending support to the airline. The temporary suspension of eviction or insolvency laws are two other examples of governmental solidarization with those affected by the pandemic, in this case by means of de-institutionalization as explained above.

If we recall the theoretical insights and propositions about time and group boundaries described in the first part of this paper, there is reason to assume that Germany might still be awaiting a conflict-laden phase in which the practices of solidarity will reach their limits and there will be a shift toward de-solidarization. In Clausen's model, such a phase can be expected to occur only in the fifth stage, when the shared normative basis erodes. The thesis proposed here is that the concept of solidarity fulfils a dual function in preventing German society from drifting into this phase. On the one hand, it serves as a culturally guiding value in processes of *Vergemeinschaftung* and promotes the formation of groups and identities from below. On the other hand, it is part of the normative basis of a community for processes of *Vergesellschaftung* from above. This reciprocal influence has a stabilizing effect on remaining in the fourth stage of the catastrophe.

Whatever the case may be, the structure of the disaster as a long-lasting pandemic, in which even the development of a vaccine cannot rapidly pacify the situation and return life to stage 1, can be expected to induce an increasing loss of confidence and mistrust in experts and the government during the next period of the pandemic. Moreover, the above considerations about a long-term increase in the attractiveness of non-technical strategies of addressing catastrophes (3.1) could be supplemented with the dimension of rituality in

Clausen's model. In addition to the assumption that social practices could play an enhanced role in political strategies, the idea of a general increase in practices that are not just rational could be added. In this regard, alternative ideas both of a religious and magical kind could be considered in a future analysis. A systematic analysis of the solidarity practices in the current pandemic would have to include the theoretical considerations and propositions put forward so far as well as to examine more closely how the interrelationships of the German figuration present themselves. This would appear to be a useful undertaking for disaster *and* solidarity research in the future.

6. Conclusion

In this article, I have proposed a theoretical framework to conceptualize the changes in solidarity practices induced by the current pandemic. The proposal involved assumptions about both private solidarity practices at an individual level and governmental solidarity practices at an institutional level. Drawing on findings from disaster research, I identified *time* as a key category for a systematic analysis of solidarity practices in the COVID-19 pandemic. In addition to *duration* and *sequence* as elements of a disaster that need to be considered, *speed* emerged as another influential factor on solidarity. The empirical findings of previous research, corroborated over decades, suggest that we can expect *prosocial behaviour* in disasters. This observation proved to be particularly relevant to the considerations on individual solidarity practices and their potential change over time. Apart from the insight that the analysis of solidarity in disasters requires a process model, the main result of the theoretical reflections on changes in institutional solidarity was that understanding solidarity in disasters requires considering endogenous and exogenous factors. Since Lars Clausen's macrosociological process model (*PERDUE*) meets all these requirements, its analytical potential was discussed using anecdotal evidence from a case study on the COVID-19 pandemic in Germany. The discussion showed that this model can be used to carry out a figurative analysis that takes a comparative look at the current solidarity practices in the pandemic. Whether the model can prove its worth in practice and what problems might emerge when a systematic analysis is performed in detail is an open question that will have to be answered in the future. A combination of the theoretical approach presented here with a comprehensive discourse analysis of the expert–layperson conflict on COVID-19 would seem interesting and promising in any case.

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