T-AP Workshops, May 15-16, 2025

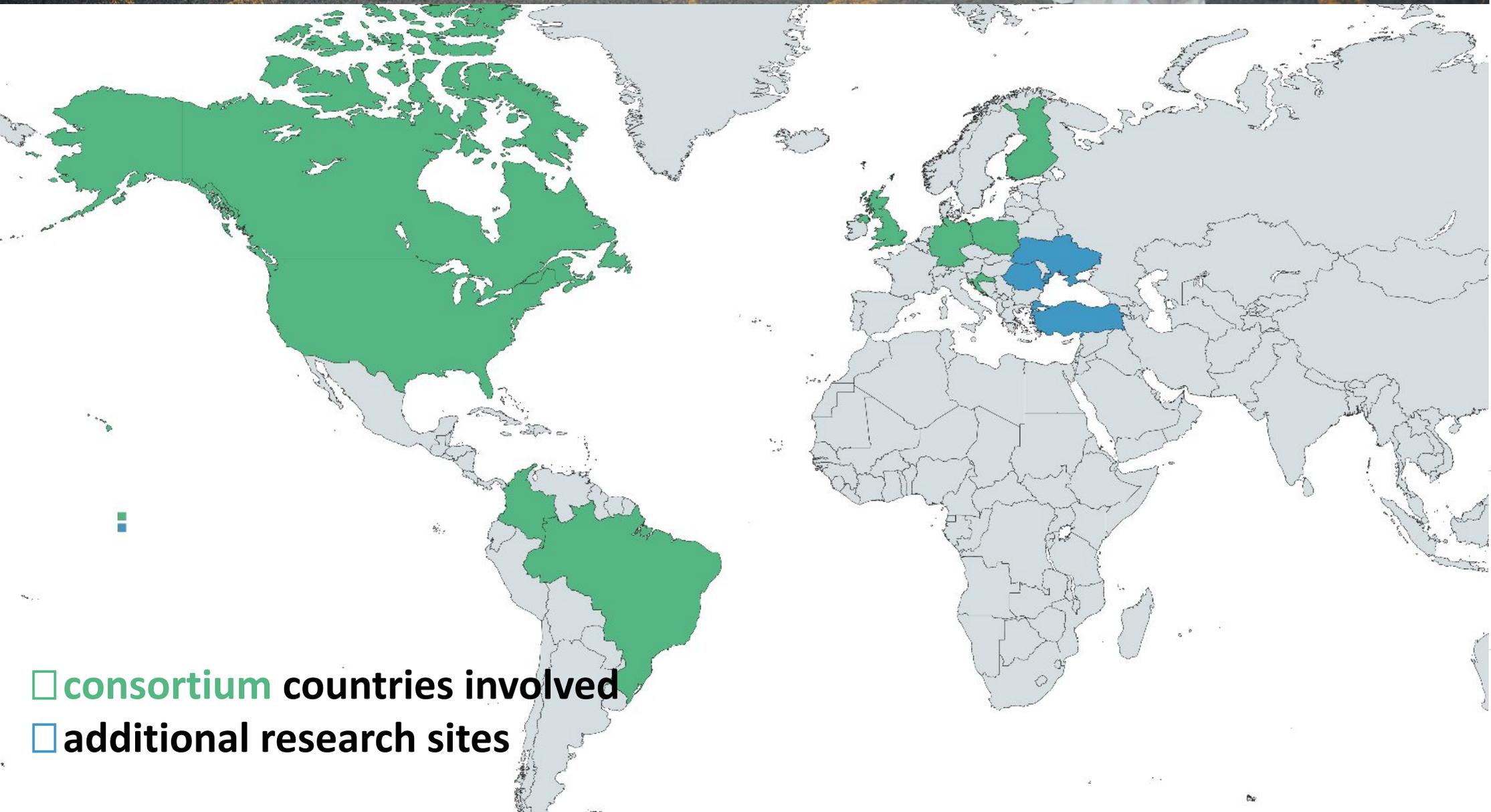ENDURE

Inequalities, Community Resilience and New Governance Modalities in a Post-Pandemic World

Trans-Atlantic Platform
Social Sciences and Humanities

Inequalities, Community Resilience and New Governance Modalities in a Post-Pandemic World

☐ **consortium** countries involved
☐ additional research sites

Cluster 1: Governing the pandemic? (Fieldwork/data: Croatia, Germany, Poland, Turkey UK, USA; plus data on non-consortium countries South Africa and South Korea)

- Case studies of implementing and communicating pandemic-containing measures in several countries

FINDINGS

- Authority paradox (diffusing authority accountability while nevertheless imposing authority): Evidence of an incentive for authorities to diffuse accountability in multilevel governance structures while democratic participation and contestation are limited and social media facilitate the heavy contestation of data, measures etc. (gov't not able anymore to control how science is interpreted and turned into policy)
- multi-level governance falsely 'problematizing' minorities as lacking knowledge, language skills, and 'will' to implement pandemic-containing measures; self-defeating strategy as it limits minority organization involvement in managing the crisis
- While top-down crisis measures were implemented with little room for dissent, some civil society actors radicalized while others developed bottom-up practices correcting and subverting top-down policies

Cluster 2: Resilience and Resistance (Fieldwork/data: Brazil, Colombia, Croatia, Germany, Poland, Romania, Turkey)

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- Fieldwork studies using biographical interviews with workers in "essential" sectors

FINDINGS

- Work on individual resilience shows how resilience necessitates its own resources (support from family, internalized motivational aspects and commitment to beneficiaries, experiences from other crises etc.); these resources can be depleted; we found that especially workers in "essential" sectors – care, health, education – risk losing such resources, the longer they are exposed to crises and experience conflicts over whom to protect (their beneficiaries or their families); conflicting commitments undermine resilience, but workplace networks and relationships can mitigate the impact of crises and foster resilience despite workers' feeling insufficient recognition of their efforts in hospitals, schools etc.; the commitment to their colleagues and beneficiaries (pupils, patients etc) is what supports their motivation
- Migrant workers in "essential" sectors (care, deliveries etc.) faced disproportionate risks–amplified by gender, precarious occupation, lack of social security; increased care responsibilities reinforced gender inequalities, while returnee migrant women struggled with reintegration, facing job scarcity and social stigma;
- despite these challenges, many maintained transnational ties and engaged in resistance through mutual aid and collective action, fostering solidarity; their experiences highlight the cyclical nature of migrant precarity and the ongoing reconfiguration of identity, citizenship, and economic survival across borders

Cluster 3: Report civic and democratic attitudes, political mobilization, and resilience following the COVID-19 pandemic via six-country survey: Brazil, Croatia, Germany, Poland, the UK, and the USA

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- based on stratified survey data collected at the end of 2024 and beginning of 2025
- The study provides insights into attitudes and behaviors in the wake of the pandemic; we describe attitudes towards democracy, political mobilization, immigration, awareness of sexual harassment, and compliance with national norms. By comparing findings across these countries, this report offers a broader understanding of political and social resilience in times of crisis.

FINDINGS
- concerns about democratic support as the pandemic left a large shares of people distrusting vaccination and democratic institutions, ethnic diversity etc.: those who think the risks of vaccination outweigh the benefits are more likely to think that democratic political systems are bad; among those who are concerned about vaccines we find the highest rates of people considering ethnic diversity is harmful to their countries etc.;
- No apathetic publics, despite large majorities in a few countries claiming to be uninterested in politics: likelihood of mobilizing and protesting higher among respondents perceiving increasing anomia in their communities (anomia as problems in their neighborhoods such as drinking in public), same positive perceptions of ethnic diversity

Cluster 4: government communication and the interaction between authorities and the public during the COVID-19 pandemic in Brazil, Finland, Germany, Poland

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- We built a 6 million tweets database to show how political discourses shaped public perceptions and compliance with health measures

FINDINGS
- the study highlights the importance of coherent, transparent, and scientifically grounded communication to limit polarisation and increase public compliance
- our findings underscored how official health communications became deeply enmeshed with political-electoral discourses; this politicisation and the deliberate spread of misinformation on platforms such as Twitter/X contributed to public confusion and fragmentation in policy responses; in Brazil, our analysis showed how discourses from opposing power centers differed substantially and actively undermined each other, impacting public health outcomes and democratic cohesion; in Poland, the social media (X/Twitter) discourse around COVID-19 (e.g. on lockdowns and face masks) was deeply shaped by earlier political polarisation; wearing a mask became a symbolic act, loaded with identity and affiliation rather than public health concern. Rather than fostering collective responsibility, the debate often turned into mutual accusations and partisan signalling

Cluster 5: Pandemic-containment policies and institutional capacity (across all 10 ENDURE countries)

FINDINGS
- Variations that emerged in societal transformation/policies between ENDURE countries included policies and treatment towards mandatory vaccination, non-scientific approaches, partisan laws, minimum wage laws, energy spending, welfare, housing, immigration (skilled worker, asylum seekers, other), societal cleavages/unity. Common responses earlier on included restrictions on travel, social distancing, financial programs, vaccine campaigns, sunset clauses, and healthcare changes. For some countries, these policies could vary internally by region. Policies and measures put in place were reliant upon who had power and how willing they were to listen to health experts.
- Spatial-Temporal Analysis of Resilience to COVID-19 studied resilience to COVID-19 between ENDURE countries by assessing preparedness and economic recovery. The findings show that Europe showed a more structured response with financial support mechanisms, robust healthcare systems, and coordinated vaccination strategies contributing to higher resilience. The Americas faced greater disparities, with North America showing mixed results, while Latin America experienced high mortality and economic hardship due to weaker healthcare systems and economic instability.